

Notes & Information [The Chronicle of Éric Laurent : The Profound and Enduring Crisis of the DSM Zone LQ 219 : 6th June 2012](#) or [here](#)
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Translated by Frances Coates-Ruet

From LQ 219

The Chronicle of Éric Laurent

The Profound and Enduring Crisis of the DSM Zone

The very serious journal *La Recherche*, the voice of French scientific laboratories and French-speaking rival of *Scientific American*, strangely entitles its June 2012 issue: “Mental Illness: The Fraud”. The subtitle reads: Why one European in three is declared mentally ill”. The figures come from a study published in September 2011 in *European Neuropsychopharmacology*. These figures were obtained through a very DSM-style methodology. Academics from Dresden gathered together data from epidemiological enquiries conducted over thirty years in thirty different countries (27 from the EU as well as Switzerland, Iceland and Norway). They took into account 27 mental illnesses in a surprising list that groups together anxiety disorders and insomnia with dementia and ADHD (Attention Deficit Hyperactivity Disorder). This combination immediately bore fruit: 38% of the European population presents a mental illness. Even the WHO, which has a very broad view on mental health, which it defines as a “state of well-being”, **sees itself being led to temper such results. Its mental health expert in Brussels, Matt Muijen, comments: “**The figure of 38% is an indicator of stress in our society and not only of psychiatric disorders**”. This extension-dilution of the clinic by way of the**

disorder, the syndrome and the item is characteristic of the contemporary epidemiological movement where one doesn't really know what one is measuring. Why, however, speak of fraud? ***La Recherche* denounces the willingness of the DSM-5 (see the Chronicle in LQ no. 208) "to continually extend the territory of mental illness"**. Sylvie Sargueil, journalist and doctor, supports the theses of Roland Gori and Christopher Lane on the medicalisation of human existence and emotions. She shows the limits of the DSM pseudoscience and draws a conclusion on the fabrication of so-called illnesses by the specific drugs that are proposed by the industry. "This scientific illusion, in effect, reassures a population that is claiming answers and simple solutions, and largely benefits the pharmaceutical industry". Finally, she warns against "the too frequent recourse to drugs of which the under-evaluated relationship between benefit and risk could lead to a new sanitary scandal". In response to this denunciation of the inflation mechanism inherent to the DSM zone, Christian Lajoux, President of the French union for the pharmaceutical industry, denounces those "who are doing business out of the systematic denigration of drug companies" and rejects any direct link between industry and marketing authorization. "To believe that they could be under the influence of the industry is to accord no importance to the eminent experts in these national and European agencies". Obviously, saying this in the times of the Mediator trial does not have all the credibility one would wish for. **The weight of the conflict of interests continues to hover sufficiently for the journal to use the title "fraud"**.

Allen Frances, who readers of *Lacan Quotidien* have come to know (LQ 207) [JE: links to LQ 207 & article on Frances are below] as the Chair of the Task-Force for the DSM-III and the DSM-IV and who unceasingly criticises the Task-Force Chair for the DSM-5, comes to the rescue of the industry in order to condemn all the more the errors of the new Task-Force. "Numerous critics are formulating the abusive hypothesis that the DSM is working for the pharmaceutical industry. This is false. The errors come rather from an intellectual conflict of interests; the experts always over-estimate their preferred domain and want to extend its perimeter, to the point where daily life problems are wrongly qualified as mental illnesses". The same as he rejects the pernicious influence of *Big Pharma* as being the cause, **Frances continues to think that the foundations of the DSM are healthy. "Psychiatric diagnosis was a professional embarrassment before the publication in 1980 of the DSM-III**. Before that, diagnosis was very heavily influenced by psychoanalysis, psychiatrists rarely agreed upon diagnosis and no one really worried about it anyway. The DSM-III raised great interest amongst professionals and the public by specifying the exact criteria for each disorder... The fourth edition of the manual, published in 1994, tried to contain the diagnostic inflation which had followed the preceding edition. It succeeded on the side of adult disorders but did not succeed in anticipating or in controlling the trend of over-diagnosis of autism, attention deficit disorders and bipolar disorders amongst children, which have been produced since then". **He refuses to see that it is the very mechanism of the dismantling of the great frameworks of psychopathology, their reduction to simple items, empirical, clearly observable and without any equivocation, that is in itself inflationist**. The empiricism of disorders, proud of its empiricism, went liberated from any hypotheses other than a biological foundation to be discovered one day, is like a common epidemiological currency without governance. Without any "theoretical" discussions on what is a mental illness and what is not, the only debates are about the quantity of items to control. **Allen Frances is simply counting on good regulation to solve the DSM zone problems**. When he himself directed the DSM Committee of the

American Psychiatry Association (APA), he considers that he was *doing the job*, but that now it no longer works. He therefore wants to take the DSM out of the hands of the APA in order to confide it to an independent agency linked to the Ministry of Health or to the WHO. The miracles expected from regulation by independent agencies constitute the most widespread belief amongst the great health bureaucracies. It is without doubt an illness to add to the catalogue of disorders, an obsession of those in charge. The DSM zone will need more radical measures in order to constitute a reliable and responsible governance, which will be able to take into account the perverse effects of classification and the adverse effects on the population it encompasses.

These perverse effects are particularly noticeable at the intersection with the juridical field. The DSM is not, in effect, merely a classificatory system like any other. It authorises obligatory follow-up care to insurance companies and is used as a directive text for justice in order to determine psychiatric commitment.

Because of this juridical function, the criteria that are maintained in order to define the category of “sexual disorders” are particularly numerous. The old stigmatising and out-dated identifications, like “homosexuality”, were removed from the DSM-IV in 1994, and the invention of new categories producing effects of segregation are interesting to follow in detail, which is what Allen Frances is doing, in one of his chronicles for the *Huffington Post*, which can be found on the website of the US edition. The working group for these themes proposed three new categories to the DSM-5: “hyper sexuality” (Sexual Addiction), “rape” (Paraphilic Coercive Disorder) and the corruption of a minor (Statutory Rape or Hebephilia). These three categories were eventually rejected because they introduced confusion at the limit between mental illness and occasional crime. Their perverted legal consequences, the increased possibility of abusive commitment, were particularly predictable. **The USA Supreme Court has, in a recent legislation, reminded us that the distinction to be made between an offense or a crime and an illness must be preserved**, otherwise subjects will be sentenced to psychiatric commitment even before committing any criminal sexual act, right from the first offense. Also, the definition of paedophilia as: “Over a period of at least 6 months, an equal or greater sexual arousal from prepubescent or early pubescent children rather than from physically mature persons, as manifested by fantasies, urges, or behaviors” creates the problem of distinguishing between sexual predators who attack no matter who, including children -who are an easier prey- and a genuine fixation. Frances pleads for the substitution of “preferred or obligatory” by “equal or greater” of which he denounces the false idea of measure, conveyed by a mathematical vocabulary. By adding the “early pubescent” category, up until the age of 14, the DSM-5 thus extends the number of subjects who enter into the category of “paedophile”. The Task-Force leaders deny this, but the medico-legal problem subsists and is of importance. It is not only the retained disorders that are caught up in **an inflationary spiral**: 100 pathologies in the DSM-I, 400 in the DSM-IV, maybe 500 in the DSM-5. The mnemotechnical rule is simple: **One takes the number of the DSM and multiplies it by 100 in order to get an idea of what one is going to find as items.** By the mechanical application of definitions, of which the inclusive categories are increasing because we do not see clearly why, without theoretical discussions, we would limit them, more and more subjects will then fall under the scope of medico-legal decisions.

The DSM zone intends to manage the field of mental health according to a system that proposes classifications in the form of hypotheses which incorporate the current state of knowledge recognised by a consensus at the moment when it formulates

them. In fact, **it is a population management instrument that cannot ignore the consequences of its classificatory authoritarianism going forth masked as false science.** It is not the “scientific” hypotheses that the system put in place tests. **It tests the effect of segregative standardisation that it produces, and the social tolerance of this effect.**

The number of “paraphiliacs” (ex-perverts), on the increase from one DSM to the next, is a particularly sensitive subject, but all discussion on the eventual decrease in the number of autistic subjects testifies to this just as much. The method, in detail, leans upon the logic of the inclusive or exclusive *or*. In the DSM-IV, the Asperger’s category, in its first criterion A, enumerates four items, of which only two are sufficient in order to be inscribed within this category. In the DSM-5 there are only three items (deficits in social-emotional reciprocity, in the use of non-verbal communicative behaviours, and in relationship development). But it is necessary that the three criteria be present at the same time. The criterion A is completed by the criterion B (Stereotypic Movement Disorder). Yet, it is necessary to cross out one of the two criteria in the DSM-IV and both of them in the DSM-5. The number of possible combinations is mathematically very limited. **It has been calculated that with the DSM-IV there were 2688 combinations to obtain a diagnosis of autism. There are no more than six with the DSM-5.** There is then a mechanical reduction of the number of cases inscribed in this category. Yet, diagnosis has a legal value in order to give access to programs and care especially reserved for autistic subjects. Doctor Volkmar, of the Yale Child Study Center, (cf. Chronicle in the LQ no. 194) calculated that only 45% of subjects who qualified as autistic in the DSM-IV will be carried over in the DSM-5, in all of the categories of the spectrum. For the specific Asperger’s disorder spectrum, the figures reach 75% of subjects who don’t qualify as such. There is now evidently an acute contradiction between the claims of testing scientific hypotheses on the definition and the nature of autism and the disastrous effects at a medico-legal level of the management of populations. Without the diagnosis of Asperger’s disorder, a child can no longer have access to “inclusive” teaching programs. He will be left outside by sheer classificatory arbitrariness. **This movement, brutally deflationist, reminds us of the management of the financial crisis. After a period that was very tolerant towards the inflation of categories admitted in the DSM, between 1994 and 2010, we are hitting the brakes, regardless of the cost for the population.** The consequences will be the same as for the population excluded from the work force by brutal deflation. The number of paraphiliacs committed and the number of children excluded from care systems are the two sides of the coin of a scientific authoritarianism which people no longer trust. On this point, Allen Frances is making a mistake. **The DSM system was unhealthy from the very beginning.** The current derive of Task-Force leaders, who believe they have reabsorbed psychiatry into neurology and measure the intensity of mental illness “as one measures blood pressure and cholesterol” was already germinating in the initial project. **The crisis in the DSM zone will be enduring and profound.** Trust no longer seems to be able to be restored without strictly “theoretical” discussions about the dangers of confusing levels between uses and functions of the classificatory language which is spoken in this zone.

Translated by: *Frances Coates-Ruet*

LQ 207

<http://www.lacanquotidien.fr/blog/wp-content/uploads/2012/05/LQ-2071.pdf>

▪ PRESSE MONDE ▪

Diagnosing the DSM

by Allen Frances

&

présenté par Agnès Aflalo

Lacan Quotidien n°207 – “Diagnosing the DSM” by Allen Frances, suivi de “Le DSM est-il en train de pousser son chant du cygne ?” par Philippe La Sagna par [LA REDACTION](#) le 15 MAI 2012

▪ PRESSE MONDE ▪

DIAGNOSING THE DSM

Published : May 11 2012

Cet article, « Diagnosing the DSM » est d'Allen Frances, de l'Université de Duke. Il a révisé le DSM-III et dirigé le DSM-IV. Ce qu'il dit des précédents DSM et en particulier du DSM-IV est donc à prendre en compte :

"La quatrième édition, publiée en 1994, a essayé, dit-il, de contenir l'inflation de diagnostics. Elle a réussi au niveau des adultes, estime-t-il, mais elle n'a pas réussi à prévoir et contrôler le sur-diagnostic de l'autisme, des troubles déficitaires de l'attention avec hyperactivité (TDAH) et du trouble bipolaire chez les enfants.

"Il me semble qu'il faut publier l'intégralité de cet article. Non pas seulement parce qu'il confirme les thèses que je développe dans mon livre*, mais parce qu'il est -1-

important que ça se sache.

Malheureusement les innovations ne vont pas dans le bon sens." Agnès Aflalo.

* Agnès Aflalo Autisme : nouveaux spectres, nouveaux marchés, Navarin / Le Champ freudien, à paraître été 2012

<http://www.lacanquotidien.fr/blog/wp-content/uploads/2012/05/DSM-V-NYT-Break-Up-the-Psychiatric-Monopoly-NYTimes.com-copie.pdf>

<http://www.nytimes.com/2012/05/12/opinion/break-up-the-psychiatric-monopoly.html>

New York Times : The Opinion Pages

OP-ED CONTRIBUTOR

Diagnosing the D.S.M.

By ALLEN FRANCES

Published: May 11, 2012

AT its annual meeting this week, the American Psychiatric Association did two wonderful things: it rejected one reckless proposal that would have exposed nonpsychotic children to unnecessary and dangerous antipsychotic medication and

another that would have turned the existential worries and sadness of everyday life into an alleged mental disorder.

But the association is still proceeding with [other suggestions](#) that could potentially expand the boundaries of [psychiatry](#) to define as mentally ill tens of millions of people now considered normal. The proposals are part of a major undertaking: revisions to what is often called the “bible of psychiatry” — the [Diagnostic and Statistical Manual of Mental Disorders](#), or D.S.M. The [fifth edition](#) of the manual is scheduled for publication next May.

I was heavily involved in the third and fourth editions of the manual but have reluctantly concluded that the association should lose its nearly century-old monopoly on defining mental illness. Times have changed, the role of psychiatric diagnosis has changed, and the association has changed. It is no longer capable of being sole fiduciary of a task that has become so consequential to public health and public policy.

Psychiatric diagnosis was a professional embarrassment and cultural backwater until D.S.M.-3 was published in 1980. Before that, it was heavily influenced by psychoanalysis, [psychiatrists](#) could rarely agree on diagnoses and nobody much cared anyway.

D.S.M.-3 stirred great professional and public excitement by providing specific criteria for each disorder. Having everyone work from the same playbook facilitated treatment planning and revolutionized research in psychiatry and neuroscience. Surprisingly, D.S.M.-3 also caught on with the general public and became a runaway best seller, with more than a million copies sold, many more than were needed for professional use. Psychiatric diagnosis crossed over from the consulting room to the cocktail party. People who previously chatted about the meaning of their latest dreams began to ponder where they best fit among D.S.M.’s intriguing categories.

The fourth edition of the manual, released in 1994, tried to contain the diagnostic inflation that followed earlier editions. It succeeded on the adult side, but failed to anticipate or control the faddish over-diagnosis of [autism](#), attention deficit disorders and [bipolar disorder](#) in children that has since occurred.

Indeed, the D.S.M. is the victim of its own success and is accorded the authority of a bible in areas well beyond its competence. It has become the arbiter of who is ill and who is not — and often the primary determinant of treatment decisions, insurance eligibility, disability payments and who gets special school services. D.S.M. drives the direction of research and the approval of new drugs. It is widely used (and misused) in the courts.

Until now, the American Psychiatric Association seemed the entity best equipped to monitor the diagnostic system. Unfortunately, this is no longer true. D.S.M.-5 promises to be a disaster — even after the changes approved this week, it will introduce many new and unproven diagnoses that will medicalize normality and result in a glut of unnecessary and harmful drug prescription. The association has been largely deaf to the widespread criticism of D.S.M.-5, stubbornly refusing to subject the proposals to independent scientific review.

Many critics assume unfairly that D.S.M.-5 is shilling for drug companies. This is not true. The mistakes are rather the result of an intellectual conflict of interest; experts always overvalue their pet area and want to expand its purview, until the point that everyday problems come to be mislabeled as mental disorders. Arrogance, secretiveness, passive governance and administrative disorganization have also played a role.

New diagnoses in psychiatry can be far more dangerous than new drugs. We need some equivalent of the Food and Drug Administration to mind the store and control diagnostic exuberance. No existing organization is ready to replace the American Psychiatric Association. The most obvious candidate, the [National Institute of Mental Health](#), is too research-oriented and insensitive to the vicissitudes of clinical practice. A new structure will be needed, probably best placed under the auspices of the Department of Health and Human Services, the Institute of Medicine or the World Health Organization.

All mental-health disciplines need representation — not just psychiatrists but also [psychologists](#), counselors, social workers and nurses. The broader consequences of changes should be vetted by epidemiologists, health economists and public-policy and forensic experts. Primary care doctors prescribe the majority of psychotropic medication, often carelessly, and need to contribute to the diagnostic system if they are to use it correctly. Consumers should play an important role in the review process, and field testing should occur in real life settings, not just academic centers. Psychiatric diagnosis is simply too important to be left exclusively in the hands of psychiatrists. They will always be an essential part of the mix but should no longer be permitted to call all the shots.

Allen Frances, a former chairman of the psychiatry department at Duke University School of Medicine, led the task force that produced D.S.M.-4.

A version of this op-ed appeared in print on May 12, 2012, on page A19 of the New York edition with the headline: Diagnosing the D.S.M..

LQ 194 translation available

Lacan Quotidien n°194 : <http://www.lacanquotidien.fr/blog/2012/04/lacan-quotidien-n194-%E2%80%A2la-chronique-deric-laurent%E2%80%A2-autisme-epidemie-ou-etat-ordinaire-du-sujet/>

•LA CHRONIQUE D'ÉRIC LAURENT•

[Autisme : Épidémie ou état ordinaire du sujet ?]

Le jeudi 29 mars, les chiffres sont tombés. Non pas ceux du CAC 40 ou du NASDAQ, ni ceux des dernières vagues de sondages d'avant-présidentielle, mais ceux du CDC.

Dans son acronyme américain, le *Center for Disease Control and Prevention*, omet le P. Ces chiffres ne sont pas bons. La prévalence de l'autisme ne cesse d'augmenter. Elle est maintenant de 1 enfant sur 88, soit, étant donné la dissymétrie de la sensibilité des sexes, de 1 sur 54 garçons. [...]

Lacan Quotidien n°194 – •LA CHRONIQUE D'ÉRIC LAURENT• Autisme :
Épidémie ou état ordinaire du sujet ?
par [LA REDACTION](#) le 10 AVRIL 2012

Availability of English translation:

•[The Chronicle of Éric Laurent](#)• [Autism: Epidemic or Ordinary State of the Subject? LQ 194 : 10th April 2012](#) or [here http://www.lacanianworks.net/?p=12069](http://www.lacanianworks.net/?p=12069)

Further texts

By Éric Laurent [here http://www.lacanianworks.net/?cat=237](http://www.lacanianworks.net/?cat=237)

On autism [here http://www.lacanianworks.net/?cat=651](http://www.lacanianworks.net/?cat=651)

World Association of Psychoanalysis's Congress in 2012

The 2012 Congress's theme:

[The Symbolic Order in the XXI Century: Consequences for the Treatment : 9th July 2010: Éric Laurent](#) or [here http://www.lacanianworks.net/?p=295](http://www.lacanianworks.net/?p=295)

Comments on the World Association of Psychoanalysis's congress's theme are available [here http://www.lacanianworks.net/?cat=76](http://www.lacanianworks.net/?cat=76)

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[The real in the XXI st century: 27th April 2012: Jacques-Alain Miller](#)

Presented by Jacques-Alain Miller on 27th April 2012 in Buenos Aires on :

Presentation of the Theme of the IXth Congress of the World Association of

Psychoanalysis: 'A Great Disorder of the Real, in the 21st Century': to take place in Paris in 2014

Available [here http://www.lacanianworks.net/?p=381](http://www.lacanianworks.net/?p=381)