

The Diagnostic and Statistical Manual of Mental Disorders - DSM as a colonial legacy

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Abstract. This paper presents a brief summary of correlations between colonial discursive practices of depersonalization of the colonized subject and the descriptive classification format of symptoms present in the DSM (Diagnostic and Statistical Manuals of Mental Disorders), which gradually moved towards silencing the experience of the subject in psychological suffering. Through a dialogue between the concepts of Spivak, Said, Fanon and Michel Foucault, and contemporary thinkers in psychology and psychiatry, it was possible to observe the renewal of an authoritarian practice of control through the discourse. By placing the inferior Other in a stigmatized position that would, in contrast, sustain the existence of a position coined by the West as naturally superior. We conclude by highlighting the need to create devices to get closer to the subject and listen to them, in order to avoid repeating the cycle of deauthorization and subjugation.

Keywords. DSM, colonialism, mental-health, Fanon, Spivak, Said.

1. Introduction

Dominating tools intrinsic to colonial discourse, alienation, depersonalization and objectification, among other ways of emptying the colonized subject, viewed from the perspective of theorists such as Said, Fanon and Spivak, enable a better understanding of the impacts caused by colonialism on the identity of colonized people. A convergent point in the works of the aforementioned authors is that, as a consequence of the invasive presence of the Western socio-political-cultural framework brought by the colonizer, there is the introjection of distorted and diminished self-representations, disallowed and invalidated in relation to the values, customs and life experiences of the colonized themselves.

Under the prerogative of describing symptoms and behaviours in a systematized, standardized and atheoretical way [1], the Diagnostic and Statistical Manual of Mental Disorders - DSM underwent, especially since its third edition [2], an abrupt reformulation that resulted in a discursive set endowed with a similar erasure of the discourse, now not of the colonized, but of the patient. In taking the turn towards the neutrality of the biomedical model, the positions of symptom and phenomenon/behavior/thought were reversed [3], so that the offer of a merely descriptive diagnosis produces new possibilities of representation and superficial identification for the subject, alienating

them from and in their own way of life [4].

Based on Walter Mignolo's premise that the human being is not ontologically such, but is constituted as such by discourse [5], we can see proximities and similarities between the colonial discursive practices operating on the formation of identity and their inheritance in descriptive diagnostic manuals and their gradual distancing from listening and from the imperative of the unique subjective experience in the formation of psychic suffering, giving way to a knowledge previously established as true and validated in itself, through the erasure of the enunciative position in which it was established [3].

2. Colonial depersonalization

2.1 Gayatri Spivak and the subaltern

Spivak uses the term subaltern to describe a concept that goes beyond the oppressed. The author describes subalterns as subjects or groups deprived of their autonomy, subjected to a distinct group, delegitimized, with their access to instances of speech limited or nullified by cultural imperialism [6]. In addition, the author exposes the contradictions of "speaking for", in which the subaltern has the expression of their experience described, allowed and regulated by an intermediary who does not share their social dynamics, but rather observes and governs them from the outside [7].

Another relevant aspect of Spivak's work is her observation of the twice subordinated role of women in post-colonial society, since they share the silencing imposed on the colonized, at the same time as the marginalization imposed by the predominance of the masculine, in her own words: "There is no value attributed to women as a respectful item on global priority lists" [7]. The author makes explicit the imperial discourse to which Indians, women and blacks are subjected, questioning the asymmetry between subalterns and "masters" [6], denoting the need to create new ways of listening to the subjects marginalized by society, adapted to their voices and connected to their personal experiences [8].



Fig. 1 – Gayatri Spivak.

2.2 Edward Said's Orientalism

Said, in developing the thesis for which he is often cited, defines the representation of the other attributed to the Orient, as an inferior and necessary other in relation to the West [9]. In other words, Orientalism represents the Orient using imagery that is necessary for the momentary definition of its European counterpart, according to Haber: "The Orient was created so that the West could define itself in opposition to it, antagonizing itself as civilized in relation to the barbaric Orient [10].

Edward Said points out the arbitrary purposefulness of assigning roles and meanings, opposing an essentialism of culture[9], rejecting that it has the quality of a set instance defined by institutions or configurations without movement[11]. For the author, therefore, a complex dispute would be necessary in the field of "ideas, forms, images and representations [12].

2.3 Frantz Fanon and the non-being of black people

Throughout his work, Frantz Fanon observes racism as a fundamental characteristic of post-colonial societies, creating a division between superior and inferior men. This system imposes a qualification that precedes being a man: being black, Arab, and so on. [13], in an inferiorization that would be the natural correlate of the white superiority complex [14] and which would displace black people into a position of disauthorization in relation to their own

existence, called the zone of non-being.

In parallel with the dismantling of tradition and culture, there was the violence of the colonial discourse towards the colonized, who, endowed with natural inferiority, were the reason for their own oppression [15], disempowering them and pushing them into a space empty of rights and possibilities, a constant state of exception, justified and materialized by the state itself [16]. This displacement caused by the colonial racism described by Fanon would then make it possible to see psychic suffering as an expression of profound social exclusion and rebellion against the naturalization of the socially alienated experience of black people [17].

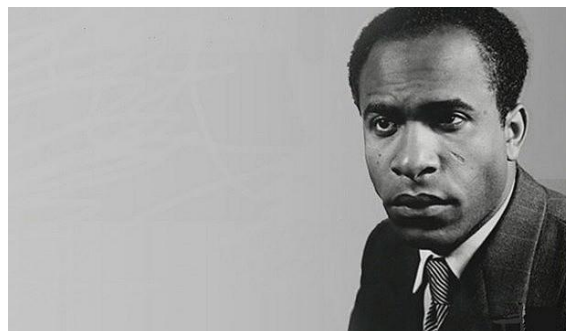


Fig. 2 – Frantz Fanon..

3. The DSM as heir to colonial discourse

3.1 Foucault and the insane as Other

Michel Foucault, in his work *The History of Madness*, allows us to see the insane from a perspective similar to that constructed by the colonial mechanisms of conceiving an inferior other, which therefore naturally validates the opposite superiority: "it is not the permanence of a truth that guarantees thought against madness, just as it would allow it to detach itself from an error or emerge from a dream; it is an impossibility of being mad, essential not to the object of thought but to the subject who thinks" [18].

In addition, the author points to the creation of a structure to suppress the phenomenon of madness, which would be marked by the founding of a series of internment houses across Europe, which had no medical intentions, but were administrative in nature, driving away beggars and the idle in order to purify them through forced labor[19]. Through this movement, Foucault shows that madness came to be seen as a representation and justification for social control of poverty, inability to produce, and maladjustment to the community [18].

3.2 Descriptive diagnosis, control and pathologization of life

Throughout the history of the Diagnostic and Statistical Manual of Mental Disorders (DSM), it is possible to observe a continuum of attempts to standardize and categorize mental illness in

response to different periods and needs. Along the way, there has been a gradual shift from listening to the subject's narrative as a constitutive factor in the diagnosis, as well as the predominance of a descriptive nature in the process, excluding the notion of a psychic reaction to the socio-economic-cultural factors involved in the individual's experience [20].

Remarking on the disconnection between individual experience and the classification of psychic suffering present in psychiatry, Berrios [21] points to the "set of narratives developed (mainly by Western societies) to configure, explain and deal with behavioural phenomena, which, based on social rather than neurobiological criteria, have been defined as deviant", highlighting the instrumentalization of madness previously pointed out by Foucault and applied according to the convictions and needs prevailing in Western society. Bruni [24], dissertating on Foucault's work, shows exclusion as the deepest subjection, pointing to pathologization, among other forms of arbitrary segregation of the Other by the most diverse institutions, resulting in the silence of those subjected, the first and strongest component of the situation of exclusion.

This administrative pathologization points to a fundamental reflection: the existing tension between the singularity of experience and the universality of knowledge, which is something typical of the clinic and disregarded by the DSM [1], and as a result, the persistent aspiration of descriptive diagnostic manuals to position themselves as universal models of psychopathology [22] fundamentally silences the subject's unique discourse [3], making the cause that triggers the suffering secondary [23].

4. Conclusion

Based on the brief exposition of correlations between the practices of the colonial discourse of depersonalizing the colonized and the silencing imposed by the merely descriptive universal classification attempt of the Diagnostic and Statistical Manuals of Mental Disorders - DSM, we can see the renewal of social regulation and control practices used over the last few centuries. In this renewal, there is certainly an adaptation to the new configuration of what used to be the colonizer-colonized relationship, presenting new and complex socio-political-cultural counter-positions based on a disparity of power.

In the mental health field, there is a need to build discursive devices that allow communication between different areas, professionals and institutions without erasing the discourse and experience particular to each patient. There is also an urgent need to combat corporal control through institutionalization, an inherent reflection of a pathologizing classification of psychological suffering, in order to avoid the situation exposed by Basaglia, when he described the space assumed by

the mentally ill and the institutionalized as the "expiation of a guilt for which they do not know the characteristics, the sentence or the length of their penalty" [24].



Fig. 3 – Franco Basaglia.

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