

BIOPOLITICS AND PSYCHITRIZATION OF LIFE

Biopolítica e psiquiatrização da vida

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ABSTRACT

This paper analyze the historical conditions that led to consider that a collection of daily and trivial facts, such as deep sadness, lack of attention of children at school, excessive concerns about work, changes in sleep and appetite patterns, namely, that are common elements of human existence, began to be regarded as indicators of a psychiatric pathology. In other words, I propose to analyze the consolidation of that space of knowledge and intervention that Michel Foucault called *medicine of the non-pathological*, a medicine where the borders between normal and pathological seem to have been vanished.

Keywords: Biopolitics. Psychiatry. Pathology. Genealogy. Knowledge. Normal. Madness. Degeneration.

RESUMO

Este artigo analisa as condições históricas que levaram a considerar que uma coleção de fatos diários e triviais, tais como tristeza profunda, a falta de atenção de crianças na escola, as preocupações excessivas com o trabalho, as mudanças nos padrões de sono e apetite, ou seja, fatos que são elementos comuns da existência humana, passaram a ser considerados como indicadores de uma patologia psiquiátrica. Em outras palavras, proponho analisar a consolidação desse espaço de conhecimento e intervenção que Michel Foucault chamou como *medicina do não-patológico*, uma medicina na qual as fronteiras entre o normal e o patológico parecem ter desaparecido quase completamente.

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Palavras-chave: Biopolítica. Psiquiatria. Patologia. Genealogia. Conhecimento. Normal. Loucura. Degeneração.

1. INTRODUCTION

Each lecture given by Michel Foucault at the *Collège de France* from 1970 until his death presented a carefully organized and obsessively documented strategy to demonstrate the convictions upon which some kinds of knowledge obtained their prestige and power.

Foucault dedicated himself to understanding how knowledges like psychiatry, medicine or criminology established ways to govern people. He was also interested in identifying spaces of freedom and resistance and analyzing the strategies through which these knowledges establish certain ways of constructing subjectivity. Indeed, “what is philosophy today if not a critical work of thinking about our thoughts? Or knowing how and how far it is possible to think differently instead of legitimate what is already known?” (Foucault,1984:14)

It is in this context that we must place a criticism of the biopolitics of population. This criticism encompasses the issues of racism, criticism against liberalism and neoliberalism, as well as the analysis of security measures that are designed to prevent and predict risks. Criticism of strategies for the psychiatrization of life were reiterated in Foucault’s work. He said: “The psychiatrist at school (...), to regarding sexual problems in teenagers, when a teen commits a punishable act. (...) In other words, psychiatry as a general instrument of subjection and normalization of individuals. That is my problem” (Foucault,1994: 793).

The proposal of his lectures at the *Collège de France* was to analyze these multiple dimensions of governing others, among which psychiatry plays a pivotal role. To conduct this analysis it was necessary to bring to the academic discussion texts, materials and documents that had usually been considered irrelevant: psychiatric reports, criminology studies and medical intervention protocols, which reveal an entire arsenal of institutional strategies in which knowledge and power are fully exposed. The genealogy of our present demands a new way of looking at the history of the sciences, since “it is neither in Hegel nor in Augusto Comte that the bourgeoisie speaks in a direct manner.

Along with those sacrosanct texts, an organized and reflected strategy is revealed in a large amount of unknown documents that constitute the effective speech of political action” (Foucault,1994:716).

Given that rules and regulations are now created to detect and identify mental illness in childhood and an enormous amount of children are diagnosed with mental illnesses and treated with amphetamine and anti-psychotics, his work has not lost its relevance and contemporaneity.

2. MADNESS AND DEGENERATION

I want to analyze that psychiatric discourse that refers not only to deliria or hallucinations, but also to daily conduct and behavior. I seek to understand the historical events that allow affirming that a collection of simple facts, such as deep sadness, lack of attention of children at school, excessive concerns about work, changes in sleep and appetite patterns, namely, facts that are common elements of human existence, began to be regarded as indicators of a psychiatric pathology. In other words, I intend to track the genealogy of the current proliferation of psychiatric diagnoses for common behavior and suffering, which Foucault called *medicine of the non-pathological*.

The Diagnostic and Statistical Manual of Mental Disorders, the DSM-IV (APA,1994) edited in 1994, multiplied the number of psychiatric diagnoses, based on considerably ambiguous clinical symptoms, as well as presumed etiologies and novel therapeutic approaches. In 2013, the latest version of the Manual was edited as DSM-5 (APA, 2013). Various criticisms have been made of this edition, which like previous versions, presented great epistemological weaknesses, enumerating a list of symptoms for an ever growing group of mental pathologies.² The line between normal and pathological seems to be increasingly unstable and uncertain. The medicalization of behavior has been extended to every domain of our existence.

I am interested in analyzing the historical events and conditions that made possible this psychiatrization of daily behaviors. That is I would like to

² Pignarre(2004), Elisabeth Roudinesco (2013), Phillips (2010), Paris & Phillips (2013), Sadler (2010), Frances (2013) , Hacking (2013), Horwitz (2007, 2002), Conrad (2007), Braunstein (2013), together with international groups such as *Stop DSM* (2013).

understand the moment when this new epistemological configuration of psychiatric knowledge emerged.

Michel Foucault analyzed the rise of this new expanded psychiatry, which, in the second half of the 19th century was constructed and articulated around the figure of “the abnormal.” He analyzed the consolidation of a space of knowledge and intervention of that *medicine of the non-pathological*. In this broadened psychiatry, which was designed to define and classify the *pathologies of the normal man* (Le Blanc,2008), the borders between normal and pathological seem to have vanished.

Based on a reading of the lecture ***The Abnormal***, I place the origin of this enlarged psychiatry at the publication of the *Traité des Dégénérescences Physiques, Intellectuelles et Morales de l'Espèce Humaine* by Morel (1857). In the second half of the 19th century a new way of understanding mental illness was born, which was not associated exclusively to deliria, hallucinations, or violent acts; facts that concentrated the attention of alienists and psychiatrists.

According to Foucault (1999), from the moment that degeneration theory was consolidated as a research program, psychiatry could begin to establish direct links between deviation from a behavior and an abnormal state (inherited and definitive), which required psychiatric intervention (Huertas,1987;2008). A wide variety of small abnormal, aberrant and deviant conduct integrated this new psychiatry. “What characterizes this new psychiatry was the power of physicians over the non-pathological” (Foucault, 1999:292). This new epistemological configuration of psychiatric knowledge emerged from the concept of degeneration, since “degeneration is the major theoretical element that justifies the medicalization of the abnormal. The degenerate is the abnormal, mythologically or better still, scientifically medicalized”.(Foucault, 1999:298). It is the starting point for the psychiatrization of deviant behavior.

3. MOREL, MAGNAN AND HEREDITRY DEGENERATION

For understanding the theory of degeneration, it is necessary to speak of a particular type of inheritance, an undefined inheritance, according to which any anomaly could arise and multiply, if a family member is identified as degenerate or abnormal. “The study of heredity as the origin of abnormalities constituted the

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'metasomatization' needed to lay the foundations of degeneration building" (Foucault, 1999:296). The "abnormals" were not considered to be carriers of a specific disease, but their peculiarity was that they anticipated an unlimited number of possible pathologies that could be transmitted to their descendants.

According to Morel and his followers, the 'abnormals' have their own non-viability engraved in their bodies, since degeneration would be manifested in a progressively aggravated manner throughout the generations of a family or in the successive stages of an individual's life. This process would culminate in a final scenario of irreversible mental alienation that would require psychiatric hospitalization. "Heredity is the vehicle of progressive transmission of all forms of degeneration acquired over four generations until the sterility of the last one". (Serpa, 2006)

Beginning with genealogic trees, organized to establish the heredity of the degenerates, psychiatry would establish a new field for action and novel intervention strategies. In that way, as Foucault points out: "from the moment that psychiatry acquired the ability to relate any deviation or irregularity to a state of degeneration, it would be rewarded with the possibility for indefinite power over human behavior" (Foucault, 1999:298).

Although explanations regarding heredity are fundamental for understanding the explicative structure of degeneration, Morel introduced a type of causal explanation, in which internal (hereditary) and external factors were articulated. Morel refers to the ingestion of toxic substances; alcohol, in particular. But he also refers to intoxications caused by pathogenic environments; which included swamps, dirt, as well as precarious working and living conditions. Studies on alcoholism indicated that alcohol abuse would lead to degeneration of the descendants. Morel, following Prosper Lucas, defended the idea of dissimilar heredity: a common cause, alcohol ingestion, for example, may cause several pathologies in the descendants, like mental retardation, delirium, criminal tendencies or prostitution.

In the field of psychiatry, the concept of degeneration gained force years later with Valentin Magnan and his followers. Magnan was a central figure in French psychiatry and presided over the *Société Médico-Psychologique de Paris* for more than 10 years. This society was a leading reference in world psychiatry in the second half of the 19th century. It could be considered

equivalent to the current American Psychiatric Association (APA). Presided by Magnan, the Société organized the first world classification of mental disorders. After four years of discussion and consultation with representatives from all of the world's leading national psychiatric societies, the classification was approved in Paris at 1889.

Magnan adopts the causal explanations studied by Morel, in which heredity is seen as the primary cause, with the anatomopathological explanations linked to general paralysis, and became the great hope of psychiatry. Magnan's research focused on three topics: 1) extending the explanation of general paralysis to other mental illnesses, 2) alcoholism and the relationship of external factors and morbid inheritance, and 3) the definition of a new pathological category, which would group together the heredo-degenerative pathologies.

Magnan defended this grouping of pathologies that he denominated "degeneration madness" or "heredo-degenerative madness", in different national and international forums. This pathological category significantly extended the number of disorders integrated in the classic psychiatric classifications. It would allow an increase from the four categories identified by Pinel (2005) (mania, dementia, melancholy and idiotism) to over fifty mental pathologies or syndromes, integrating some of the monomanias previously delineated by Esquirol and adding new syndromic scenarios. Magnan's principal work, *Recherches sur les centres nerveux*, published in 1893, includes the *Tableau synoptique* below. It was a synoptic table that displayed pathological conditions in descending order of severity.

Synoptic arrangement of mental degeneracies

Heredo-degenerates (Magnan, as 1893:150)

- 1- Idiocy, imbecility and mental debility.
- 2- (Unstableness) Cerebral anomalies: balance defect of the moral and intellectual faculties.
 - 3- Hereditary episodic syndromes
 - (a) Doubt madness
 - (b) Fear of touching
 - (c) Onomatomania: 1) agonizing search for a word, 2) irresistible impulse to repeat a word, 3) fear of using compromising words, etc.
 - (d) Arithmetomania
 - (e) Excessive love of animals: antivivisection madness
 - (f) Kleptomania, dipsomania, oniomania (buying mania)

- (g) Gambling mania
- (h) Pyromania and pyrophobia
- (i) Homicidal and suicidal impulses
- (j) Sexual aberrations, perversions,
- (k) Agoraphobia, claustrophobia, topophobia
- 4- (a) Manic thinking, moral insanity (paranoia)
- (b) Multiple deliria: delirium of ambition, religion, persecution, hypochondria.
- (c) Systematized Delusion. Obsessive ideas
- (e) Manic excitement, melancholic depression

In 1882, Magnan also began to study sexual perversions. He worked directly with famous neurologists such as Charcot (Magnan & Charcot, 1892), with whom he wrote several papers. His aim was to define a clinical form and later a neurological explanation for each sexual behavior, thus defining a series of syndromes such as onanism, pederasty, sodomy, fetishism, necrophilia and gerontophilia among others. These syndromes were understood to be manifestations of a more profound illness: degenerative insanity. It is true that insanity has always been linked to sexuality. However, as Coffin (2003) affirmed, sexual behavior had not previously been so meticulously classified into pathological categories. Since then, there has been an incontestable pathologicalization of daily behavior and sexual practice. (Coffin, 2003:131)

The same logical line of explanation permitted the rise of other syndromes, for instance, the antivivisection madness (Magnan, 1893:150). This pathological entity was considered an extreme response to a sentiment developing among some people in modern societies towards animal protection. With the rise of the first animal protection societies, according to Magnan, “extremely sensitive people with ill-balanced brains, the degenerates, find in them sources of worry that they exaggerate into true delirium” (Magnan, 1893:269). He did not hesitate to create, with the same logic, another episodic syndrome denominated “vegetarian madness”: subjects who opted to only eat vegetables to prevent unnecessary suffering of animals.

Magnan is also responsible for the concept of “onomathmania”: a preoccupation with words that can lead to agonizing anxiety. It occurs in specific forms, such as: (1) a desperate search for a word or a name; (2) an

uncontrollable impulse to repeat certain words; (3) the use of inappropriate words (often obscene).

This framework for the explanation of psychic pathologies would be adopted by Magnan's followers, who reorganized the research program on degenerations initiated by Morel in 1857. In a new form, this program spread worldwide. It had impact on psychiatry in Italy, Spain, Argentina, Brazil and Colombia until the second decade of the 20th century.

It is certain that in the last decades of the 19th century, psychiatry was strongly influenced by this new representation of pathologies that spoke of hereditary degeneracies. Studies focusing on clarifying and uncovering new syndromes, as well as physical and psychic stigmas were multiplying throughout the world.

The theory of degeneration triggered a shift in the focus of psychiatric intervention, from illness to conduct, from pathologies to anomalies, from symptoms that indicated organic lesions to those of degeneration syndromes. A vast dynasty of such degeneration "syndromes" as defined by the disciples and followers of Magnan would emerge: "at first agoraphobia appeared; soon after claustrophobias; arson disorders came into play in 1867; Kleptomania in 1879; exhibitionism in 1877; masochism in 1875; and homosexuality was first defined as a syndrome in 1870 in the neurology archives. This plethora of deviations could be indefinitely widened and new conducts that required psychiatric intervention could be added". (Foucault, 1999:293)

As stated by Coffin: "The notion of degeneration became a new paradigm of social analysis. All phenomena faced by society were questioned under this somber perspective. Are birth rates low? This is a confirmation of the biological degradation of the French race. Is the number of alcoholics increasing? This represents a France that will degenerate in the future. Are writers no longer able to write? Their mental status makes them inefficient in their artistic production. The examples could be multiplied *ad infinitum*". (Coffin, 2003:191).

There were also strong critics of degeneration theory, such as Jules Falret. He highlighted three major problems with the theory: 1) a difficulty to define the limits, which were unclear and diffuse, that separated small quotidian deviations from deep psychic disorders; 2) the insistence in regarding mental pathologies as a succession of morbid entities that were manifested in a single

individual throughout his or her life. This means that each small deviation was seen as an indication of a severe pathology that will arise in the future; and, 3) the unsuccessful search for the cerebral location of a multitude of unclear syndromes. Neither degeneration theory nor the psychiatry of current behavior would be able to answer the questions raised by Falret in 1898, that remain contemporary today.

3.1 Emil Kraepelin and the problem of degeneration

The same difficulties were found in the ideas of a man considered to be the founder of modern psychiatry, Emil Kraepelin (1907). The problems highlighted by Falret would reappear in Kraepelin's texts: the blurred borders between normal and pathological, the hope to locate the source of psychic suffering and behaviors in the brain, as well as the insistence in regarding mental illness as a succession of morbid entities of increasing severity. Nevertheless, this questioning would be dismissed by established psychiatric thinking at the time.

Morel, Magnan and Kraepelin shared the same medical viewpoint, which was concerned with finding specific brain lesions and analyzing mental pathologies from an evolutionary perspective. They developed a preventative approach that would allow any small gesture and conduct deviation to enter the field of psychiatry as early signs of an irreversible process of mental alienation. Therefore, Morel's ideas about behaviors that announce "an inevitable march towards madness" were often repeated throughout the 19th and 20th centuries". (Morel, 1857:57).

The theme of degeneration appears in different moments of Kraepelin's work, particularly in a text published in 1908 after a trip to the German colony of Java, where he lived from 1903 to 1904. Kraepelin also refers to Morel and Magnan in different texts, particularly in his *Clinical Psychiatry* (1907) textbook for medical students and physicians. In Kraepelin's work, degeneration is not a marginal subject, but a constant issue that would serve as a true organizational focus of his theory on mental illnesses.

In *On the question of degeneration* (2007), which he published in 1908, Kraepelin presented an explanation for the complex relationship between social

facts and the biological transformations from which illnesses were produced, bodies would become debilitated and families and races would degenerate (Engstrom, 2007). This concern was part of the agenda of physicians and alienists since the early 19th century. However, the articulations between biological and social factors would be analyzed by Kraepelin from a different perspective. As Roelke affirmed, Kraepelin sought to defend a true strategy of “biologization of social facts” (Roelke, 1997).

Kraepelin affirmed that cumulative social demands and an inability to fulfill required tasks could constitute the starting point of the rise of certain “degenerations”. But, for this to happen, these factors must act on a deficient or debilitated biological constitution. Therefore, he understood that there is a relationship between pathology and social facts, which is mediated by biological phenomena, analog to those identified by Morel and Magnan. According to Kraepelin, “In order to determine the etiology of a disease, it is decisive to analyze the role of natural predispositions, especially those defined by heredity” (Kraepelin, 1917:133).

What would allow the understanding of a psychiatric pathology was the relationship between inherited and external facts that begin the process. Nonetheless, for both Kraepelin and Morel or even Magnan: “the most important aspect in this relationship is to find the decisive role played by factors that are constitutional, especially the influence of heredity (...). It is therefore clear that the understanding of pathological manifestations should primarily begin by investigating inherited dispositions” (Kraepelin, 2009:174).

For both the degeneration theoreticians and for Kraepelin (and later with the neo-Kraepelians in a similar manner), the biologization of social facts highlighted the role of morbid heredity and the hope to find specific cerebral lesions or disturbances for each pathology. However, the most important fact was that it encouraged not paying attention to the descriptions made by the patients of the concrete situations of their lives that caused suffering. In this context, Kraepelin warned against paying heed to “the explanations, common in melancholic patients, that they have become ill because of this or that failure, or because they are worried about finances, or that they have become ill from missing their dear relatives from whom they have been separated (...). After the cure, we will have the opportunity to correct those mistaken ideas. But if we

accept the information provided by the patient as true, we will be led to many false conclusions”.

The same argument is repeated in different moments of Kraepelin's work. He said, for instance: “The so-called psychic causes: an unhappy love, failed businesses, excess work, are in fact the result and not the cause of the illness. They are the manifestations of a pre-existing condition and their effects depend upon the biological constitution of the subject” (Kraepelin, 1917:131).

We may ask: if the speech of patients is dubious, why should we believe in arguments based on a supposed objective and scientific observation of cerebral lesions or in pathological heredity, which remain uncertain until today?

4. TO CONCLUDE

In conclusion, it is possible to say that the history of the concept of degeneration -since its emergence in the field of psychiatric medicine and considering its transformations, rectifications and substitutions- reveals lines of permanence and of discontinuity in the genealogy of biological psychiatry. The concept of degeneration was not limited to establishing an articulation between mental pathologies and morbid heredity, it redefined the field of psychiatry, leaving deep marks that still remain in discourse and interventions in the field of mental health.

The biopolitics of populations initiated by Morel and Magnan remains, in that psychiatry currently defines an even greater number of intermediary pathologies as presenting a risk of causing severe and irreversible pathologies. The expanded understanding of psychiatric disturbances is what has led the psychiatric establishment to consider daily behavior and sufferings, inherent to human nature, to be pathologies that require psychiatric intervention.

The issue of risk and the desire to achieve early detection of individuals at risk of developing a psychiatric pathology that could have been prevented, are some of the important topics that have followed the evolution of modern psychiatry. The biopolitical strategy of anticipation of risks, permits and legitimates an increasing process of psychiatrization of childhood.

As in the era of Morel, Magnan or Kraepelin, current brain anatomopathology and neurophysiology studies have not helped us to understand the biological processes of mental illnesses. The difficulties in outlining the borders between normality and mental illness were already reported by Kraepelin in 1917 as one of the most serious problems of psychiatry. He said that “it is almost impossible to establish a fundamental distinction between normal status and mental morbidity” (Kraepelin, 1917:120).

The proliferation of new pathologies was the object of an implacable irony in Machado de Assis’s novel “The Alienist”. His character, Dr. Simão Bacamarte, seems to combine the aspiration of the classic alienists with those of the new degeneration theoreticians. Dr. Bacamarte diagnosed every little deviation according to a differential classification of psychiatric pathologies. In this expanded (ostensibly fictional) psychiatry: “Everything was madness. If a man were miserly or prodigal, in either case, he must go to *Casa Verde*. Thus, for Bacamarte there was no such thing as complete mental sanity”. (Machado do Assis, 1882:36)

At the same historical moment, an identical criticism was made in France by Charpentier. In 1893, he said that: “We should be careful with this trend [in psychiatry], because, otherwise, the small insanities of childhood and adolescence, the tics, all the more or less known disorders of will, emotional status, and small disturbances could attain the status of mental illness”. (Charpentier, apud Magnan, 1893: 130)

Even 120 years later, this criticism is surprisingly contemporary. We may raise the same objections to the current increased power of psychiatry over common behavior and suffering and to a psychiatry that seems obsessed with classifying and identifying pathologies in normal men and women.

REFERENCES

AMERICAN PSYCHIATRIC ASSOCIATION: Diagnostic and Statistical Manual of Mental Disorders, Fourth (DSM-IV). Washington, DC: American Psychiatric Association, 1994.

- AMERICAN PSYCHIATRIC ASSOCIATION: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Arlington, VA, American Psychiatric Association, 2013.
- BRAUNSTEIN, Nestor.2013. *Classificar em Psiquiatria*. México: Siglo XXI.
- CONRAD, Peter.2007. *The medicalization of society*. Baltimore: The Johns Hopkins University Press.
- COFFIN, Jean Cristophe.2003. *La Transmission de la Folie- 1850-1914*. Paris: Ed. Harmattan.
- ENGSTROM, E. 2007. "On the Question of Degeneration by Kraepelin". London: *History of Psychiatry*. V. 18, . p. 389-397.
- FOUCAULT, Michel. 1984.*Histoire de la sexualité, t.II, L'usage des plaisirs*. Paris: Gallimard.
- FOUCAULT, Michel. 1994. *Dits et Écrits*. V. 2. Paris: Gallimard.
- FOUCAULT, Michel. 1999. *Les anormaux*. Paris: Seuil,
- FRANCES, Allen. 2013. *Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life*.New-York: Harper Collins Publishe,.
- HACKING, Ian. 2013. "Lost in the forest". *London Review of Books*. London: v. 35, n. 15, p. 7-9.
- HORWITZ, Allan. 2002.*Creating Mental Illness*. Chicago: The University of Chicago Press,
- HORWITZ, Allan. & WAKEFIELD, Jerom. 2007.*The Loss of Sadness*. Oxford: Oxford University Press.
- HUERTAS, Rafael. 1987. *Locura y degeneración*. Madrid : Centro de Estudioa Históricos.
- HUERTAS, Rafael. 2008. *Los laboratorios de la norma*. Madrid : Centro de Estudios históricos.
- LE BLANC, Gilhome. 2007. *Les maladies de l'homme normal*. Paris :VRIN,
- KRAEPELIN, Emil. 2007."On the Question of Degeneration". London: *History of Psychiatry* . V. 18. p. 398-404
- KRAEPELIN, Emil. 1917. *One hundred years of psychiatry*. New York: Philosophical Library.
- KRAEPELIN, Emil. 2009. "As formas de manifestação da insanidade". *Revista Latino-americana Psicopatologia Fundamental.*, v. 12, n. 1, . p. 167-194

- KRAEPELIN, Emil. 1907. *Clinical Psychiatry. A Text book for students and physicians*. New York: Macmillan Company..
- MACHADO DE ASSIS. 2009. *O Alienista*. Porto Alegre: Editora L&PM.
- MAGNAN, Valentin. 1893. *Recherches sur les centres nerveux. Alcoolisme, folie des héréditaires dégénérés*. Paris : Masson.
- MAGNAN Valentin. & CHARCOT, Jean. 1892. “De l’onomatomanie”. *Archives de neurologie*, 23. n 69.
- MOREL, Benedict August. 1859. “Rapport fait à la Société medico-psicologique sur le Traité de Dégénérescence”. *Annales médico-psicologiques*, Paris: Masson, n. 3. p. 4
- PARIS, J. and PHILLIPS, J. 2013. *Making the DSM-5 Concepts and Controversies*.
New York: Springer.
- PIGNARRE, Philippe.2004. *Comment la dépression est devenue une épidémie*. Paris: Hachette.
- PINEL, Philippe. 2005. *Traité Médico- Philosophique sur l’aliénation mentale*. Paris. Les empecheurs de penser en rond.
- PHILLIPS, James. 2010. *Bulletin: Association for the Advancement of Philosophy and Psychiatry*. Volume17, Number 1,
- ROELCKE, Volker. 1997. “Biologizing Social Facts: an early 20th century debate of Kraepelin’s concepts of culture, neurasthenia and degeneration.” *Culture, Medicine and Psychiatry*. V. 21, p. 383-403
- ROUDINESCO, Elisabeth. 2013. *Por qué el psicoanálisis?*. Buenos Aires: Paidós, contextos.
- STOP DSM. “To oppose the DSM-5 is not to oppose psychiatry”. Disponível em: <http://www.stop-dsm.org/index.php/en/>. Acessado em 10/12/2013.
- SADLER, James. 2010. “Waiting for the Miracle”. In PHILLIPS, J. (Editor) *Bulletin: Association for the Advancement of Philosophy and Psychiatry*. Volume17, Number 1,
- SERPA, Otavio. 2006. “Dégénérescence”. In: ANDRIEU, B. (Org.). *Dictionnaire de corps dans les sciences*, Paris,CNRS..