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René J. Muller, a clinician with a background in emergency room evaluations and in writing accounts of these encounters for the monthly publication *Psychiatric Times*, has produced a book severely critiquing the current reliance of the psychiatric profession on biological psychiatry. Subtitling this book *A Critical and Prescriptive Look at a Faltering Profession*, he invites us to a critical and prescriptive look at psychiatry, and to a critical and prescriptive look at his own book as well.

In his preface (p. ix), Muller states his purpose as that of showing that psychiatry is failing the fundamental Hippocratic injunction: “to help, or at least, to do no harm.” Not only, in his opinion, does psychiatry not help the majority of patients, it actually harms many of them. Muller then states that he will base much of his argument on his 10 years’ experience in evaluating psychiatric patients in hospital emergency rooms. He raises the potential objection that his evidence is anecdotal and does not meet the standards of statistical proof, only to counter-argue that the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* pays homage to mathematical operations in an effort to try to achieve an objective result, but itself fails to access or assess the pathological phenomena it purports to describe. His criticism of the *DSM* is often pointed and relevant (it does not attempt to reach the essence of the phenomena in question), but a limitation or even a destruction of the *DSM* does not automatically lead to the validity of Muller’s view. His use of anecdotal data may or may not justify his conclusions; these conclusions and their evidence will have to examined on their own merits, but this is independent of his criticism of the *DSM*.

The preface concludes with a revealing note about the content and the title. He writes (p. x): “I have chased four previous books to completion, but the text that eventually became this book *chased me*. Mornings, I awakened gifted with key words, phrases, chapter titles, and then the title of the book itself. As if some “Deep Throat” had come during the night. Writing was mostly a channeling of past clinical experience: listening to thousands of patients tell their stories had gradually coalesced into a larger story that itself demanded telling.”

Muller attacks the illusion of biological psychiatry, what he sees as the governing paradigm of contemporary psychiatry. Biological psychiatry, in his view, has minimized and discarded the value of the liberal arts, the insights of philosophy, the benefits of the creative arts and of literary criticism, the findings of psychoanalysis, and the contributions of psychodynamic and existential theories of
the mind. In addition to his critique of the *Diagnostic and Statistical Manual*, he challenges the accuracy of many psychiatric diagnoses, the influence of large pharmaceutical companies (what he calls Big Pharma) on psychiatric research and psychiatric practice, and the excessive zeal of certain biological psychiatrists, whom he describes as responsible for psychiatry’s losing the mind.

Muller reaches into his clinical emergency room experience to conclude that contemporary psychiatry has abdicated the search to uncover the meaning of psychiatric symptoms. Instead, diagnosis is based on whether the patient’s signs and symptoms meet enough criteria to satisfy a menu listing: so many symptoms from Criterion A, so many from Criterion B, etc., without attempting to find the meaning of the symptoms for the individual patient. The so-called objective DSM diagnostic criteria have made diagnosis not better but, in his view, less accurate and even harmful.

Many of Muller’s comments about the DSM manuals are accurate. The manuals do not search for the meaning of symptoms, but attempt to prescind from the questions of meaning and, usually, from questions of etiology. They purport to do so on the basis of what might be seen as a shadow of a phenomenological reduction, “a descriptive approach that attempted to be neutral with respect to theories of etiology” (American Psychiatric Association, *DSM-IV*, 1994, pp. xvii–xviii). Being “neutral” thus means ignoring etiological theories, and may often result in an implicit endorsement of biological etiological theory and a premature closing-off of the full reality of the patient’s experience.

As a consequence, Muller argues, “research based on the DSM’s meaningless diagnostic categories . . . fails to reflect a patient’s lived reality” (p. 28). Muller provides several detailed case studies of individuals who were misdiagnosed with schizophrenia, Bipolar I (Major Depressive Disorder with episodes of mania), or Bipolar II Disorder (Major Depressive Disorder with episodes of hypomania). The misdiagnosis was often the result of failure to address the meaning of the patient’s symptoms. In the over-eagerness of some clinicians to diagnose these conditions, a tendency that he calls the “bipolar dispensation” (p. 49), they may erroneously find hypomania when it does not exist and may misinterpret mood lability because they do not attempt to trace the dynamics of the patient’s symptoms (see esp. pp. 93–95). Muller is effective in arguing that Bipolar II Disorder and other conditions with mood swings should not be misinterpreted through a process of “definitional creep” as forms of Bipolar I Disorder (pp. 45–55).

Muller concludes that the only benefit from research using DSM’s diagnostic categories goes, not to patients, but to the careers of the researchers themselves. There certainly are dangers from excessive reliance on DSM criteria in organizing research. If multiple researchers define schizophrenia solely as that psychiatric condition which satisfies such-and-such DSM diagnostic criteria, then research