**Letter to PAS DSM Taskforce**

By Linda Gottlieb, LMFT, LSCW-r

Dear PAS task force:

We are mystified by your apparent contradictory explanation for the decision not to include the PAS in the DSM 5 as an example of parent–child relational problem. We do appreciate your position as quoted by David Crary in the 9/21/12 AP article that “It is not a disorder within one individual,” but rather “it's a relationship problem----parent–child or parent-parent.” We do, however, respectfully disagree that the PAS is not an Axis I diagnosis: we maintain this because the consequences of this family dynamic do create serious symptomatology within the child----as noted by the many psychiatrists who founded the family therapy movement, such as Murray Bowen, who labeled the dynamic as the “pathological triangle” and which created psychosis in the child.

If the task force was concerned about labeling a child with a mental illness, it is manifestly obvious that, in the absence of the PAS label, the child is nonetheless being labeled----and with very stigmatizing diagnoses such as “folie a deux.”

But leaving aside our disagreement about assessing the PAS to be an Axis I diagnosis, we categorically concur with your assessment that it is an example of a parent–child relationship problem. So we are, therefore, understandably puzzled as to why the DSM 5 task force has determined not to include it as an example of family relationship problems.

We recognize that there will always be many social, economic, and political influences and lobbying on the DSM task force; but the far-reaching impact of the DSM requires that decisions about what to include and what to exclude must be made strictly on the basis of scientific evidence. In her recent article in the 9/1/12 *Journal of the American Academy of Psychiatry and the Law,* Linda Gottlieb, LMFT, LCSW-r, responded to some of these self-interests, as expressed by Dr. Houchin. She stated, “Indeed, it is the lack of clarity that has led to the excessive ‘money trail.’ Ambiguity creates an environment for litigation. Clarity [*of a diagnosis*] would mitigate the likelihood of the need for forensic evaluations and adversarial court proceedings.”

Ms. Gottlieb further disputes NOW’s position that a diagnosis of PAS will harm women by affording domestic violence abusers the opportunity to claim it as a defense. Certainly we can agree that the purpose of a diagnosis is not only to rule in a syndrome; its purpose is also to rule out a syndrome. Once again, having a diagnosis will dispel ambiguity and consequently the possibility for the false claim that the PAS is present when it is not.

Given the overwhelming scientific support and anecdotal evidence as noted from the practices of mental health professionals and matrimonial attorneys for the existence of the highly dysfunctional family dynamic of the PAS, we urge that the DSM 5 task force reconsider its decision not to include it as an example of parent–child relationship problem. We have overwhelming examples of the severe pathology it creates in children resulting from this breakdown in healthy family functioning. The sooner this dynamic is identified as occurring in a particular family situation, the sooner its innocent child victims will receive the necessary interventions to counteract the effects.