It is not time to panic: It is time to act

It is undoubtedly discouraging and disheartening to those who have been victimized by the PAS and to those professionals who are regularly confronted by the devastating effects to its child and alienated parent victims that the DSM 5 task force has determined not to accept the PAS as a syndrome in the upcoming edition of the DSM, which is expected to be published some time next year. J Michael Bone posted an articulate and methodical accounting of the underlying cultural, social, political, economic, and self-serving pressures that have influenced the decision of the DSM 5 task force and which, in my humble opinion, trumped the copious scientific evidence in support of the PAS.

At the same time that the PAS is being rejected for acceptance as a diagnosis, Dr. Reiger, a member of the DSM 5 task force, stated in the 9/21/12 AP article which disclosed this decision that he acknowledges the PAS to be “a relationship problem----parent-child or parent-parent.”

Dr. Reiger’s characterization of the PAS as a relationship problem is exceedingly significant. Let me explain why. The DSM is divided into two principal categories: one is the category of diagnostic codes for mental disorders and the other category is entitled “other conditions that may be a focus of clinical attention.” Relational problems fall into this latter category, and it addresses dysfunctional interactions among people in intimate relationships with each other and which “are related to the mental disorders described previously in this manual.” The determination as to which of the two categories to ascribe the focus of clinical attention is highly technical and not necessary to explain for purposes of this post. The reality is that I have been testifying all along on my alienation cases that the PAS is already in the DSM, in the latter category, and it has the diagnostic code, V61.20, parent–child relational problem. It has been my contention, and now apparently confirmed by Dr. Reiger, that the PAS is a dysfunctional family dynamic or relational problem, even if it is not specifically labeled as such to be a mental disorder. So whether we call it the PAS, crappy parenting, hostile parenting, destructive parenting, or the pathological triangle----this last description having been identified by the child psychiatrists in the 1950s when observing their psychotic child patients on the hospital ward when interacting with their families----the PAS needs to have its rightful place the DSM 5 as an example of “parent–child relational problem.” As I have many times stated previously, a rose by any other name is still a rose.

It is mystifying to me that Dr. Reiger on the one-hand acknowledged the PAS to be an example of a relational problem while simultaneously refusing to have it cited as an example of such in the DSM 5. As with any hypocrisy, professionals need to be challenged and confronted when they commit it. I am therefore suggesting that all victims of the PAS lobby your legislators, representatives, and the news media with your personal stories and with the hypocrisy that is being perpetrated about the DSM 5. Make noise. Make a lot of noise. Change results usually from only a crisis.