

thorough (but insane) reader who might also fix on that phrase and go out and harm others. I remind the professor that at least one politician blamed the acts of the Columbine shooters on the fact that they were taught evolution in school. If that kind of leap can be made, then anything I might write about anything might be blamed for bad events.

For what it is worth, the Philadelphia audience chuckled at the remark, as I imagine The Queen's hearers did. With wits like Disraeli around, even conservative politicians of that time could afford to accept an occasional laugh on themselves.

My renewed thanks to Professor Brakel for paying such close attention.

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Editor:

Joel Dvoskin's legendary wit is at its lambent and penetrating peak when he pretends that my didactic article on boundaries¹ is some sort of forensic report requiring objectivity and a comprehensive database; an artist at the top of his form is always a treat to read.²

For those who missed the irony, in my article, I described and analyzed six vignettes of patients with boundary issues. The material was presented in the service of dynamic understanding and risk management instruction.

In his commentary, Dr. Dvoskin correctly pointed out that, when presenting the clinical material, I omitted the individual sources of the data. Because the article is clearly risk management advice and a form of warning for the practitioner—and equally clearly not a forensic opinion—I omitted individual sources in the interests of space and efficiency and the wish to avoid diluting the central points of focus.

However, to heighten the satire, Dr. Dvoskin ignored the fact that—since the cases in question went to actual trials and hearings—due to my function as expert, I did have access to a large database in each case, which I employed to validate my opinions. I had to summarize or even ignore most of that vast data to save space, and highlight only the material relevant to my core risk management point. Dr.

Dvoskin also pretended that I did not know that one cannot take the unilateral claims of a litigant as factual.

In reality, Dr. Dvoskin expresses some doubt about the rule, in the foreign country I mentioned, that a consultant had a duty to report a consultee who disclosed a boundary issue, including sitting in an office while the patient masturbated. I did not merely accept the litigant's claim that a consultant in the foreign country would have to report him. Instead, I checked the regulations and interviewed some native practitioners. The defendant was right. Of course, this represents a terrible solution to the misconduct problem, in my opinion, since it deprives the practitioner of the benefits of consultation.

Finally, since my aim was not to persuade (which would fail) but to teach, I am left with the hope that that aspect of the piece succeeded. I offer my renewed thanks to Dr. Dvoskin for his brilliant satire.

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References

1. Gutheil TG: Boundaries, blackmail, and double binds: a pattern observed in malpractice consultation. *J Am Acad Psychiatry Law* 33:476–81, 2005
2. Dvoskin JA: Commentary: two sides to every story—the need for objectivity and evidence. *J Am Acad Psychiatry Law* 33:482–3, 2005

Editor:

We read with interest the article by Dike *et al.*,¹ on pathological lying, as well as the excellent commentary provided by Professor Grubin.² We feel that, while the concept of pathological lying serves as a great debate within academia, Dr. Dike and his colleagues missed the opportunity to advocate for the removal of the pejoratively and medically unproductive adjective “pathological,” which has been colloquially ingrained in psychiatric literature. The adjective dates back to the “moral viewpoint” of psychiatric disorders rather than the “disease viewpoint,” and its removal would be a necessary first step toward jettisoning our negative and countertransference emotion about liars, thus facilitating the search for medical interventions for the sufferers.

Just like any other universal behavioral concept, lying cuts across cultures and may be part of normal