Editor:

I would like to congratulate Dr. Houchin and his colleagues[1] for the fine article published in the January issue. Truly, the parental alienation syndrome (PAS; or disorder, it doesn't matter which) deserves not only to be buried and forgotten, but buried in potter's field, the final repository for the homeless and nameless poor.

As a professor of clinical psychiatry at Columbia, working also in forensics, I have had occasion over the years to serve as an expert witness in some 30 or so child custody cases. I have been a vigorous opponent of PAS, although I have not written on the topic. It is difficult to write about cases *in extenso* without either including identifying details or disguising and distorting them (to safeguard confidentiality) to such an extent as to be submitting novels (of no scientific merit) rather than accurately depicted case histories.

The pocket-lining abuses Dr. Houchin alludes to are often even worse than he suggests. I have at times come up against court-appointed psychiatrists who regarded themselves as flag-bearers in the pro-PAS Army, castigating one of the parents as an alienator who was actually a model parent (usually a mother) and who went to considerable lengths not to speak negatively about the father. But the father was wealthy (in some cases, even contributing hugely to the psychiatric department to which the court-appointed man belonged), bringing his thumb down quite heavily on his side of the balance. What I see more often, if there is any diagnostic entity to discern in these gladiatorial, last-man-standing court battles, is a parent with a distinctly narcissistic personality (to the point of a disorder *à la* DSM (Diagnostic and Statistical Manual of Mental Disorders)). Occasionally, it is the mother, but far more often it is the father. I have seen numerous fathers end up with full custody, using PAS as a weapon to wrest primary care of a small child from its worthy mother, just for spite. That is, the father subsequently has little interest in and spends little time with the child, exulting meanwhile in his delight at obtaining custody.

Serious people in our field, people with integrity, have had to go to considerable lengths to disprove, in highly referenced and highly respected journals, the breezy and self-serving assertions of those supporting PAS. And the committee compiling the Diagnostic and Statistical Manual of Mental Disorders (DSM-5),[2] rather than laughing PAS out of court, are actu-ally looking into it for possible inclusion. One is reminded of the great efforts reputable people must expend in combating flash-in-the-pan theories.

I share with Dr. Houchin and his colleagues the hope that the DSM committee drops the folly about PAS, which has affected adversely the lives of so many families.

References

1. Houchin T, Ranseen J, Hash PAK, *et al*: The parental alienation debate belongs in the courtroom, not in DSM-5. J Am Acad Psychiatry Law 40:127–31, 2012
2. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Washington, DC: American Psychiatric Association. Available at www.dsm5.org

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Reply

Editor:

We would first like to thank the readers who responded to "The Parental Alienation Debate Belongs in the Courtroom, Not in DSM-5," which was published in the January issue.[1] We heard from many renowned clinicians on both sides of the parental alienation debate, which has now raged for nearly 30 years since Dr. Gardner first proposed it as a mental health diagnosis. We would also like to use this forum to respond briefly to some criticisms raised by Ms. Gottlieb and Dr. Pilla in their respective letters.

In her letter, Gottlieb implied that we were dismissive of evidence and research supportive of parental alienation as a psychiatric diagnosis. To the contrary, we performed a broad review of the literature on the subject. We found that, despite the vast amount of oral and written commentary on the topic, there remains a lack of statistically sound, peer-reviewed scientific research to support its inclusion in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).[2] We are arguing that quantity of writing is not equal to scientifically based research, and the DSM-5 Task Force should take this fact into consideration.

In her letter, Pilla criticized the article for its "use of confusingly inconsistent acronyms." We agree with her that having interchangeable acronyms for the proposed

disorder is confusing. However, the responsibility for this confusion does not belong to us, but to those who transformed Dr. Gardner's parental alienation syndrome into parental alienation disorder shortly before formally proposing its inclusion in the DSM-5.

We stand firm in our opinion regarding the seemingly never-ending debate on parental alienation. We agree that parents sometimes engage in inappropriate persuasion of their children (as do advertisers, educators, coaches, and others). We do not agree that the elevation of parental alienation disorder to the status of a *bona fide* mental illness is appropriate. In the authors' view, PAD represents both an unproven and unnecessary expansion of the DSM-5.

References

1. Houchin T, Ranseen J, Hash PAK, *et al*: The parental alienation debate belongs in the courtroom, not in DSM-5. J Am Acad Psychiatry Law 40:127–31, 2012

2. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Washington, DC: American Psychiatric Association. Available at www.dsm5.org

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