



American Psychiatric Association
Dilip Jeste, M.D.
1000 Wilson Blvd
Arlington, Va 22209

Dear Dr. Jeste,

On behalf of the MISS Foundation's 75 worldwide chapters and our many constituents, our board of directors, and our advisory board, we write to publicly and emphatically oppose the proposed removal of the bereavement exclusion in the Diagnostic and Statistical Manual version 5 (DSM-5).

After lengthy evaluation by many on our clinical team and by the experts, our bereaved parent members, we have concluded that there is no empirical standing for the change, and this proposal not only contradicts good common sense but also rests on weak scientific evidence. In addition, we feel that bereaved parents are at an increased risk of being misdiagnosed with Major Depressive Disorder. The literature is clear: long-term psychological distress is common in this population and other populations suffering traumatic deaths. The psychological distress in the bereaved parent population endures for much longer and is much more intense than other types of bereavement, yet this is congruent and appropriate in anachronistic loss (see Sanders, 1979; DeFrain, 1986; Qin & Mortenson, 2012; Cacciatore, Lacasse, Lietz, & McPherson, in press). Thus, we oppose its pathologization. As an advocacy organization, we feel that the DSM 5 proposal is radical, unnecessary, challenges what it means to be human, and is a dangerous move for our families who are already vulnerable to inappropriate and misguided psychiatric care.

The DSM-5 would require a distinction between normal grief and depression shortly after the death of a loved one. This is often impossible to discern for even the most experienced clinicians. This then increases the likelihood of false positives- and may cause further harm to an already vulnerable population. The proposed footnote will never satisfy our concerns nor provide enough assurance for the protection of our very vulnerable grieving families.

Should the DSM-5 stubbornly ignore the evidence and the mounting professional and public opposition, our only alternative will be to call for more direct action. We will join a concerted boycott against the use of the DSM-5 in treating bereaved families facing the death of a child. We will make our outcry very public and warn our families and clinicians worldwide of these dangers.

On behalf of hundreds of thousands of bereaved people around the world, we implore you to reverse this poorly conceived and unnecessary decision. We await your response.

Barry Kluger, Chief Executive Officer
Joanne Cacciatore, PhD, Chairman
Kelli Montgomery, Executive Director

PH 602.279.MISS (6477)

TF 888.455.MISS (6477)

77 E THOMAS ROAD
SUITE 112
PHOENIX AZ 85012