



The position of the Spanish Association for Multidisciplinary Research on Parental Interference (ASEMIP) concerning the inclusion of Parental Alienation Disorder in the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Bearing in mind that the American Psychiatric Association is in the process of drafting the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which will be published in May 2013, and its approval to study and review of the proposal of including Parental Alienation Disorder as formulated in August 2008¹, the Board of ASEMIP has agreed to endorse the inclusion of this disorder in this review within the terms defined by the authors of the recently published article “Parental alienation, DSM-V, and ICD-11”².

This proposal, which has been presented for the first time to the Research Groups responsible for designing this instrument, encompasses the contributions of a wide range of mental health professionals who work in a several countries around the world and have worldwide recognition. The attested scientific criteria in terms validity and reliability optimize the diagnosis and treatment of this problematic disorder, and advance our understanding through the application of innovative research.

According to the authors of this article, the essential feature of Parental Alienation Disorder is that the child is often dragged into the conflict of rupture of the parental relationship, leading to a strong allegiance with one parent and the rejection of the other without any legitimate justification. From a behavioural point of view, the primary symptom is that the child refuses contact with one parent or the relationship with the rejected parent is characterized by gross contempt. Clinically, the main symptom of the child is irrational anxiety and/or hostility towards the rejected parent.

The condition is considered a serious mental disorder with a predictable outcome which may cause severe psychological and emotional disturbance during adulthood as well as distressing the mental health of families.

Finally, we wish to express our utter rejection of the people or groups who use this clinical category for ideological motives or for reasons alien to the sphere of scientific and professional debate in order to oppose the inclusion of this disorder within the realm of scientific research; thus, hindering the appropriate prevention and treatment of this serious mental health disorder in infancy and adolescence.

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THE GOVERNING BODY OF ASEMIP

¹ Bernet W. Parental alienation disorder and DSM-V. The American Journal of Family Therapy 2008;36:349-66.

² Bernet W, von Boch-Galhau W, Baker AJL, Morrison SL. Parental alienation, DSM-V, and ICD-11. The American Journal of Family Therapy 2010;38(2):76-187.