Rearing the Sad or Mad: Differentiating the Family Environments of Depressed Versus Conduct Disordered Youth

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Abstract

The following review examines the current literature on parental depression and its characteristic family environment and parenting styles that may be related to the development of Conduct Disorder (CD) or depression in children. A description of the depressed parent and the general effects of depression on parenting and discipline practices are discussed. Studies on the relationship between parental depression and child psychopathology are reviewed. The family environment variables related to CD are discussed as well as the commonalities between families with depressed children and those with disruptive behavior disorders.

Keywords: Conduct Disorder, Parent Depression, Childhood Depression, Family Environment

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The Depressed Parent

As any parent will attest, raising one or more children is a task that requires a great deal of energy, patience and attention. For those parents who suffer from depression, such a task may seem overwhelming and even hopeless at times (Sheppard, 1994). The symptoms of depression most often include listlessness, inattention, lack of motivation and a general self-centeredness that is focused on the needs of the person who is depressed (DSM-IV-TR, 2000). Depressed persons may also exhibit irritability, anger and frustration often due to their feelings of hopelessness and their inability to effectively deal with others. Gizynski (1985) offers the following description of a depressed mother's relationship with her infant, "Her attention is turned inward, seeing only the bleak winter landscape of the chronically depressed person, so that she does not notice the cues that the baby is sending her about being hungry or cold or upset (p. 105)."

However, as this author explains, the child of the depressed parent is not only the recipient of the parent's frustration; the child is also perceived as a cause of the frustration. Parents who are depressed often yearn for someone to love them unconditionally and care for them, and may seek to fulfill these needs through their children. However, when the child disobeys or is inattentive to the parent's emotional needs, the parent resents the child while at the same time feeling guilty and incompetent as a parent (Gizynski, 1985).

It is important to note that there are two seemingly paradoxical effects of depression on a person, as previously alluded to. First, there is behavior that stems from feelings of dysphoria, which communicates sadness and emotional and physical withdrawal. This behavior is more self-focused, although it may elicit support from others. Second, there is aggressive behavior that communicates anger and irritation. This behavior is focused outward and often serves to alienate and distance the depressed person from others (Hops et al., 1987). These two apparently different behaviors manifest themselves in various ways regarding parenting and other family interactions, and appear in much of the following research reviewed.

A study by Forehand, Lautenschlager, Faust, and Graziano (1986) found a significant correlation between depressive symptomology in parents and harsh and controlling statements made toward their children. Other research has also found this paradoxical effect of parent depression as Cohn, Matias,

Tronick, Connell, and Lyons-Ruth (1996) found that depressed mothers more commonly displayed anger and intrusion or withdrawal toward their infants when compared to nondepressed mothers. The authors theorize that the withdrawal of the depressed mothers may actually be adaptive, if the alternative behavior expected from these parents is impatience and anger. Such behavior regulation may reduce the likelihood of the parent being emotionally or physically abusive toward the child.

Many studies have attempted to quantify and describe the behaviors of depressed parents, to better understand the impact of the disorder. A study by Cox, Puckering, Pound, and Mills (1987) examined various differences in parent-child interactions when comparing depressed to nondepressed parents. An interesting result of this study was that while depressed parents and children engaged in more physical play and affectionate touching, they both established fewer "links" (a cycle of appropriate parent-child responses, also known as reciprocity) when compared to the control group. Therefore, depressed parents appear to be less attentive and positive when dealing with their children, as well as more controlling.

The previously mentioned variable of parent-child links is an important one that should be explored further in regard to parental depression. Again, a link can be composed of one or more verbal interactions between a parent and child, which have some direct bearing on what the other is doing. The construct of a link can measure a number of things, such as the congruence of parent-child interaction, the general level of interaction, and the responsiveness of the parent or child to the other. In a study by Mills, Puckering, Pound, and Cox (1985) children of depressed parents were less likely to respond to mother's links compared to children in control groups. These results paint the picture of a depressed mother who is emotionally and socially disconnected from her child, and in fact these authors state "depressed mothers spend longer staring vacantly into space and doing nothing during observations (p. 14)."

A longitudinal study by Kochanska, Kuczynski, and Maguire (1989) observed children of depressed and nondepressed mothers at about age 2-1/2 (Time 1) and 5 years old (Time 2). At Time 1, depressed mothers' interactions were significantly more withdrawn, submissive and generally conflict avoidant. These results can be understood in that depressed mothers may lack the energy, motivation, and confidence to deal directly with their toddlers, especially when conflict may be involved. At Time 2, depressed mothers were observed using more direct commands and reprimands compared to the nondepressed group. This result can be viewed from a developmental perspective, in that direct commands and reprimands are less likely to arouse conflict in a 5-year-old, and are a less effortful way of interacting. This and other studies make two important points. First, results confirm the notion that depressed mothers seem to avoid effort in dealing with their children possibly due to their lack of energy and motivation. Specifically, research has shown that depressed mothers are relatively more withdrawn, inattentive, and controlling when dealing with their children. Second, this avoidance of effort is displayed very differently depending on the age of the child, underscoring the need for research in this field to take a developmental perspective.

Parental Depression's Effect on Discipline Practices

While the previous section explored depression's effect on the parent's style of interacting with their child, this section will examine discipline style, focusing specifically on inconsistent discipline. A review by Barker (1993) provides a description of depression's effects on parenting, where withdrawal and aggression interact to produce a discipline style that is erratic and inconsistent. From the child's point of view, this type of parent appears emotionally and physically withdrawn and disconnected. Therefore, there is very little reward or attention for positive behavior. Alternatively, negative behaviors are generally ignored except for apparently random situations when the parent suddenly "comes to life" and imposes discipline that is inappropriately harsh, and yet this discipline is often not followed through (Cummings, 1995).

What are the consequences of an inconsistent and erratic discipline style such as this on the child? Research has generally shown that inconsistent discipline elicits more behavior problems in youth than any other discipline style, including harshly punitive discipline (Feehan, McGee, Stanton & Silva, 1991). In fact, one study revealed that in youth with behavior problems, 43% of the mother's time spent in conflict with the child involved the mother's inconsistency, compared to 5.5% in the control group (Gardner, 1989). Another longitudinal study by Loeber, Green, Keenan, and Lahey (1995) reported that in families of elementary school children who later were diagnosed with CD, 45% of their parents had reported using inconsistent discipline and 37% reported poor supervision of these youth. These rates of poor parenting practices were significantly higher than the parents of the non- disordered youth.

Parental depression effects discipline in a number of other ways as well. A study by Kochanska, Kuczynski, Radke-Yarrow, and Welsh (1987) examined the differences between depressed and nondepressed mothers in their attempt to control their 2 and 3-year-old children. The study was performed in a home-like laboratory environment, where interactions were coded for various outcomes such as immediate maternal success, nonconfrontation, etc. Results indicate that depressed mothers resolved conflict with nonconfrontational methods more often and utilized compromise less often than nondepressed mothers. In addition, severity of depression was negatively correlated with resolutions through compromise. Overall, this study confirms the hypothesis of conflict avoidance regarding depressed parents. A similar by study by Cox, et al. (1987) also found depressed parents to be more controlling, compared to a normal control group. Therefore, because of a fear of conflict or lack of energy, depressed mothers do not engage in discipline practices that require more time and energy or those that may involve direct conflict with the child.

Apart from the issue of parental control, depressed parents differ from those without depression in a number of ways regarding their parenting style (Sheppard, 1994). For example, depressed mothers compared to control groups have been found to spank and make critical statements to their children more often (Webster-Stratton & Hammond, 1988), make more aversive and antagonistic statements (Panaccione & Wahler, 1986), and engage in nattering yet fail to follow through with discipline (Conger, Patterson & Ge, 1995). In addition, a study by Stoneman, Brody, and Burke (1989) examined differences in self-reported parent discipline styles between depressed and nondepressed parents' young children. Results revealed that depressed parents were more likely to possess beliefs in punitive, authoritarian, and anxiety-inducing discipline practices, as opposed to beliefs in rational-guidant discipline that focuses on the parent discussing with the child their behaviors, consequences of such behaviors, and alternative behaviors that are more appropriate.

The variable of parental supervision was also examined in research by Chilcoat, Breslau, and Anthony (1996). This study looked at a broad number of factors that might effect parental supervision. Results indicated that mother's level of education and whether they were a single parent, were the greatest contributors in predicting lower levels of parent supervision. Substance abuse, depression, and anxiety disorders predicted significantly lower levels of parent monitoring as well.

A seminal study by Forehand, et al. (1986) examined the effect that depression has on parent communication and subsequent child behavior. The authors reported that parent depression was significantly correlated with a type of communication called a "beta command", which is a command that is vague or interrupted, such that the child cannot comply. Examples of a parent's beta command might be "I want you to help out more" or "Quit that". Child compliance was also observed, and a significant negative correlation was found between parent beta commands and compliance. However, the direct relationship between parent depression and compliance was not significant, indicating that parent's depressive symptom severity alone is not a good predictor of compliance. Rather, communication behaviors that are more typical of depressed parents are perhaps more essential in predicting child compliance.

To summarize, parent depression has been linked to a discipline style that is relatively more negative (Webster-Stratton & Hammond, 1988), ambiguous (Forehand, Lautenschlager, Faust, & Graziano, 1986), controlling (Cox, et al., 1987), inconsistent (Cummings, 1995), and less positive (Kaslow, Deering & Racusin, 1994; for an additional review, see Gelfand & Teti, 1990). The discipline beliefs of depressed parents differ from nondepressed parents as well, being more punitive, anxiety-inducing and authoritarian, and less rational guidant. In general, studies have pointed to a discipline style that is more avoidant of conflict, which researchers have theorized relates to a lack of physical and emotional energy in the depressed parent (Kochanska, Kuczynski, Radke-Yarrow, & Welsh, 1987; Barker, 1993).

Family Environment Variables Associated with Parent Depression

Two of the most researched family environment variables are conflict and cohesion. Several studies have shown lower levels of cohesion and higher levels of conflict in families with depressed parents (Kaslow, Warner, John, & Brown, 1992; Fendrich, Warner, & Weissman, 1990; Stoneman, et al., 1989; Hammen, 1991; for a critical review, see Sheppard, 1994). Another important family environment variable that may be related to the construct of cohesion is emotional warmth. Research has linked parent depression to lower levels of nurturance (Rickel, Williams, & Loigman, 1988), affection (Gerlsma, Snijders, Marijtje, van Duijn, & Emmelkamp, 1997; Miller, et al., 1993), and affective expression (Onatsu-Arvilommi, Nurmi, & Aunola 1998). These studies seem to strongly suggest that depression in parents represses the expression of positive affect toward their children.

Specific family environment variables related to communication patterns were investigated by Hammen (1991). This study examined various rates of communication between unipolar, bipolar, medically ill, and nondisturbed parents and their children. The author reported that unipolar depressed mothers displayed significantly higher rates of maladaptive communication behaviors compared to the other three groups. Specifically, these parents were relatively more off-task and negative, and less productive and positive in their remarks toward their children.

Research by Fendrich, Warner, and Weissman (1990) also reported that family environment variables such as marital discord, parent-child conflict, affectionless control, and low levels of cohesion were much more prominent in families with a depressed parent. Similar results were found by Kaslow et al., (1992). These findings are not surprising in light of the preceding description and research of many depressed parents. As noted earlier, parents who are depressed often display withdrawal or aggressive behaviors. Both of these types of behaviors would seem to preclude the expression of positive affect, increase levels of conflict, and create an overall maladaptive family environment to some extent. Alternatively, a review by Hammen (1991) cites a number of studies showing that normal levels of conflict and cohesion can serve as protective factors for youth in families with a depressed parent.

In summary, the effects of depression on parents, their behaviors, and the family environment are numerous and significant. Depressed parents generally display two types of behaviors. The first group of behaviors stems from a dysphoric affect, and is evidenced by sadness, withdrawal, and lethargy. The second group of behaviors is irritability, anger and impatience. Parents may alternate between these two types of behaviors, creating an unpredictable and inconsistent parenting style. This cycle of anger and withdrawal may leave the child feeling helpless and unable to predict the parent's future actions. In other words, the parent's actions are not necessarily contingent on the child's actual behaviors.

It appears that the discipline style chosen by depressed parents is usually that technique which costs the least in terms of physical and emotional energy. This discipline style of "least effort" makes sense when considered in light of the lethargy and lack of emotional resources that typifies depression. The way that this discipline strategy is displayed depends on the age and development of the child. For

depressed parents with toddlers, a discipline style that appears controlling, and uses direct commands and physical discipline may be the least effortful. On the other hand, depressed parents with older children may find that ignoring misbehavior uses relatively less effort.

Other family environment variables such as high levels of conflict, and low cohesion and emotional warmth have also been discovered in parents with depression. Enmeshment between the parent and child may also be more likely in families with a depressed parent, although this family environment variable has received less attention. Overall, depression in parents has been linked to a number of maladaptive family environment variables as well as poor discipline strategies, which are often inconsistent.

Child Outcomes Associated with Parent Depression

Many studies have looked at the effect of parent depression on rates of emotional and behavior problems in children. In general, research has shown that the youth from depressed parents are at a greatly increased risk for a variety of psychiatric diagnoses (Hammen, 1991). Other studies have also discovered significantly higher prevalence rates of anxiety disorders, externalizing disorders, depression, and behavior problems in youth with a depressed parent (Fendrich, et al.1990; Jacob & Johnson, 1997).

A review by Sheppard (1994) also examined the relationship between parent depression and the behavior of their offspring. In this review of twenty studies, the author reported that each of the studies linked parent depression to an increase in externalizing behaviors in the children of these parents. Specifically, higher rates of conflict at home and school, fighting, illegal behavior, and poor peer relationships were all related to parent depression. Parent depression has also been linked to their children's maladaptive cognitive strategies. The study by Onatsu-Arvilommi, et al. (1998) explored the relationship between parental depression, family environment variables, and their children's cognitions regarding academic situations. Maternal depression was significantly correlated with higher levels of parent stress, and lower levels of encouragement of independence, expression of affection, supervision of the child, and a rational-guidant approach to discipline. With regard to their child's cognitive variables, maternal depression was significantly related to expectations of failure, helplessness, lack of persistence, and social support seeking in those children (Onatsu-Arvilommi et al., 1998).

In another study by Garmezy and Devine (1984), youth from depressed mothers were compared to youth with a schizophrenic parent, as well as a control group. Despite the difference in parent diagnosis, the effect on the youth from these parents was relatively similar. Youth of depressed parents had a higher high school dropout rate, lower grades and achievement scores, lower citizenship ratings, and higher degrees of truancy from school. These findings were generally corroborated in a study by Weintraub and Neale (1984) as well.

Another facet of this debate is the effect of parent depression on treatment outcomes for youth with externalizing behaviors. A longitudinal study by Webster-Stratton and Hammond (1990) studied the families of elementary school children with CD. Families were followed for over a year, with assessments performed at pre-treatment, post-treatment and 1-year follow up. Results revealed that maternal depression was highly predictive of poorer treatment outcome as reported by both parents immediately after treatment. In addition, at 1-year follow up, maternal depression was the greatest predictor of child deviance as observed by researchers in the home.

Family Environment Variables Related to Conduct Disorder

Due to the relatively high prevalence of juvenile delinquency and CD, the family environment of such youth has been extensively researched. The two family environment variables of conflict and

cohesion, as mentioned earlier, were explored in a study of families with a CD child by Haddad, Barocas, and Hollenbeck (1991). Results showed that youth from the CD group came from families with significantly lower levels of Cohesion and higher levels of Conflict, as compared to both the normal control group and anxiety-disorder group, which did not differ. However, predicted differences in lower levels of Organization and higher levels of Control were not found in the CD group when compared to the other two groups. In addition, other studies have confirmed that families with CD youth have higher levels of conflict (Dadds, Sanders, Morrison, & Rebgetz, 1992; Fendrich, et al., 1990) and lower levels of emotional warmth (Cox, et al., 1987) compared to families of youth with other diagnoses. A similar study by Slee (1996) found that in families with a CD child, parents reported less Cohesion, Expressiveness, Independence, an Active-Recreational focus, and Organization. On the other hand, these same parents with a CD child reported more conflict and a greater use of parental control in dealing with their children with CD. In addition, home observations confirmed that parents with a CD child were significantly more controlling in their interactions with their children.

A study by Fendrich, et al. (1990) discovered similar findings in a study of depressed versus nondepressed parents and their children. The results showed that in families with a depressed parent, parent-child discord and low family cohesion were related to the diagnosis of CD in their children. This effect was not found in nondepressed parents of youth with CD. In fact, this effect was not present in any other group of families with a depressed parent and a child with another diagnosis, such as Major Depressive Disorder or an Anxiety Disorder. This study is one of the few studies that seem to point out the different family environment variables that may be related to the development of different diagnoses in the youth of depressed parents. In other words, it may begin to describe why some youth develop CD rather than Major Depressive Disorder in families with a depressed parent.

Gerald Patterson's work on "antisocial children" has also helped describe the family environment and parent variables that are common in families with a disruptive child (Patterson, 1975). In his research on antisocial youth and "social aggressors", the author's results indicate that parents of these disruptive youth give more commands, tease, yell, disapprove, and humiliate their children. Patterson (1982) describes a typical coercive interchange between parents and CD youth in which the parent responds to the youth's demands in a noncontingent manner. In other words, the rewards and punishments prescribed by the parent are not logically matched to the child's behavior. In addition, while mothers of CD youth frequently scold and threaten the CD child, discipline is often not enforced. This parenting style of coercion, threats, and inconsistent enforcement lead to a pattern that actually reinforces the child's own coercive behavior (Patterson, 1982; Kazdin, 1987).

In summary, research has pointed to a number of maladaptive family environment variables common to families with a CD child. To begin, families with a CD child are generally less cohesive and more conflictual. Parents of CD youth are also generally more negative, and may yell, disapprove of, and humiliate their children more frequently. While these parents can be seen as more controlling, their attempts to control are less effective, as they are less consistent in their enforcement of rewards and punishment. Overall, the family environment of CD youth is relatively chaotic and hostile.

As one may recall from the previously reviewed literature, depressed parents share a number of these maladaptive discipline strategies. Depressed parents are often inconsistent in their use of punishment, and discipline is less likely to be contingent on the child's actual behavior (Gizynski, 1985; Barker, 1993; Cummings, 1995). In addition, families with a depressed parent are similar to parents of CD youth in that they have higher levels of conflict, and lower levels of cohesion, compared to control group families (Kaslow, Warner, John, & Brown, 1992; Fendrich, Warner, & Weissman, 1990; Stoneman, et al., 1989; Hammen, 1991; for a critical review, see Sheppard, 1994). In fact, many studies of CD youth have reported a significantly greater prevalence of depression in the parents of such youth, compared to parents in the control group (see Hetherington & Martin (1986) for a critical review).

Therefore, families with depressed parents are similar to families with a CD child in a number of ways, and this similarity may constitute a significant link between the parent's actions and the behaviors of youth with CD.

The Interactional Effects of Family Support and Parent Depression

Another facet of families with depressed parents that has received less attention is the interactional effects of depression on the family. For example, some researchers have reported evidence that children's behaviors contribute to dysfunctional family communication patterns as well as the parent's depression (Panaccione & Wahler, 1986; Jacob & Johnson, 1997). In a study by Hops, et al. (1987), researchers used home observations to assess the interactional effects between the depressed parents and their children and spouses on each other. Through conditional probability analysis, researchers showed that depressed parents dysphoric affect suppressed aggression in their spouses and children. Alternatively, aggression from a spouse or child suppressed the dysphoric affect in the depressed parent. This conclusion is similar to that made by Panaccione and Wahler (1986), in which they discovered that the mother's aversiveness, the mother's level of depression, and the child's aversiveness were all related to, and predictive of, each other.

A similar study by Dumas and Gibson (1990) examined the behaviors of children of depressed mothers. The authors introduce the idea of relational specificity, which refers to when a family member "appeared to adjust their behavior as a function of their interaction partner" (p. 881). In this study, the authors reported that as mother's depressive symptoms increased, their children become more compliant toward their mothers, and less compliant toward their fathers. In other words, it appears that the children of more depressed mothers displaced their aversive behavior onto another family member. Results such as these are quite complex, and could suggest a number of theories in order to explain them. It is possible that there is a third, unmeasured factor that was causing an increase in the aversive behavior of CD youth as well as the aversive behaviors of their parents. On the other hand, it is possible that relatively higher increases in oppositional behavior in the CD group compared to the other groups elicited a different interactional effect regarding their parent's behavior. A third alternative is that youth with CD who exhibit depressive symptoms and are met with aversive behaviors from their parents, will increase their own oppositional behavior, rather than increasing their level of depressive symptoms. Whatever the case, it is clear that the interactional effects of family environment variables in distinguishing and predicting childhood psychopathology are complex and warrant greater attention.

Differentiating the Family Environment of Depressed Versus CD Youth

A limitation of the current literature is the relatively simplistic models investigating the link between family environment and child psychopathology. While researchers have linked a number of possible family environmental factors that are related to various psychopathology in youth, these variables often overlap. Because of this, there is very little research that explains which specific family environment variables may lead to a particular disorder. In the words of Constance Hammen (1991, p. 30), "One of the gravest gaps in the current research on high risk children of parents with affective disorders concerns explanatory factors—the 'whys' and 'hows' of risk." In order to understand the "whys" of risk, research must begin to look more at mediating variables in order to explain the pathways leading from a similar environment to differing childhood outcomes.

To address this specific shortcoming in the current research, Jewell and Stark (2003) strove to identify the family environment variables and parenting styles that distinguish CD youth from those youth with a depressive disorder. In this study, self-report data from youth who were placed in a residential treatment center diagnosed with a depressive disorder, a disruptive behavior disorder, or both, were compared. Results of this analysis indicate that there were three specific family environment variables in

which the diagnostic groups differed. These variables were Chaotic Family Style (similar to the construct of inconsistent discipline), Laissez-Faire Family Style, and Enmeshment. Two separate discriminant function analyses were calculated, and both were found to be statistically significant. The first compared the internalizing disordered group (MDD or Dysthymic Disorder (DD)) to the externalizing disordered group (CD or Oppositional Defiant Disorder (ODD)). The discriminant function in this analysis, which was based on the youth's reports of their family environment, accurately classified 76.9% of the youth. The second analyses compared these two groups as well as a third group of youth with a mixed diagnosis. Results of this classification analysis indicate that the combination of two discriminant functions resulted in the accurate classification of 62.6% of the youth (Jewell & Stark, 2003).

A closer inspection of these analyses indicated that youth with an externalizing disorder (CD or ODD) were more likely to characterize their family's discipline style as permissive, where rules in the family are nonexistent, ambiguous, or poorly communicated (Jewell & Stark, 2003). Additionally, discipline in this family was reported as being inconsistent and unfair and these youth reported having no involvement in the development of family rules. This trend was also found in other studies that compared CD youth with a normal control group (Hetherington & Martin, 1986). Therefore, it appears that a permissive and inconsistent discipline style is particularly characteristic of families of youth with an externalizing disorder whether these families are compared to a normal control group or a clinical control group.

On the other hand, youth with an internalizing disorder (MDD or DD) portrayed their families much differently (Jewell & Stark, 2003). Specifically, these families are characterized by inappropriately close relationships that foster dependence between family members. In addition, family members use guilt as emotional leverage to maintain this enmeshed relationship. Another effect of this environment in these families is a general lack of privacy. In other words, any appropriate distancing between family members is highly discouraged. Due to these factors, family members may feel a great deal of pressure to conform to the attitudes and emotions of other family members. This widespread conformity leads to the phenomenon in which individuals do not feel they have an independent identity. An effect of this is that they doubt their own emotions and may take on the emotional state of other family members instead. This may be particularly problematic if one or both parents suffer from a mood disorder as well.

A third, mixed diagnosis group, was also examined (Jewell & Stark, 2003). Youth in this group had a combination of internalizing (MDD or DD) and externalizing disorders (CD or ODD). Results from this study indicate that this group fell somewhere in the middle between the two other pure diagnostic groups when reporting on their family environment. Youth with a mixed diagnosis reported slightly higher levels of Chaotic and Laissez-Faire Family Styles when compared to youth with only an internalizing disorder, but significantly less than youth with only an externalizing disorder. Similarly, youth with a mixed diagnosis reported higher levels of enmeshment compared to youth with an externalizing disorder only. In fact, youth with a mixed diagnosis reported levels of enmeshment that were comparable to youth with an internalizing disorder only. Therefore, while families of youth with a mixed diagnosis were characterized as relatively enmeshed, they were also more permissive and inconsistent in their discipline compared to families of youth with an internalizing disorder only (Jewell & Stark, 2003).

It is also important to note that these diagnostic groups did *not* differ on a number of family environment variables (Jewell & Stark, 2003). For example, researchers have found that disordered youth reported less cohesion and more conflict in their families when compared to normal youth (Dadds, et al., 1992; Fendrich, et al., 1990; Cox, et al., 1987; Haddad, Barocas, & Hollenbeck, 1991). However, these two broad family environment variables were comparable among diagnostic groups in this study (Jewell & Stark, 2003). Therefore, it appears that less cohesion and more conflict in a family may be related to childhood psychopathology in general and not just Conduct Disorder per se. Again, these results point to

the importance of comparing youth with a particular disorder to a clinical control group. While many studies have established that disordered youth live in families with more conflict and less cohesion, this does not explain how the family impacts the development of their specific psychopathological disorder. Therefore, levels of cohesion in a family may not differentiate one youth psychopathology from another because the construct of cohesion is too broad and nonspecific to differentiate youth psychopathology. Rather, low cohesion may be a relatively common symptom that gives little meaningful information as to the specific mechanism of dysfunction in the family. An example of this phenomenon can also be found in the medical field. Specifically, a physician cannot accurately diagnose a patient's disease state if the only symptom given is a fever, because this single symptom is related to a number of various pathologies. However, a patient with a fever that is accompanied by a sore throat, high white blood cell count, and white patches on the back of the throat could reliably be diagnosed with a streptococcal infection.

The results of the study by Jewell & Stark (2003) are similar to a few others who have attempted to identify the specific developmental trajectories of childhood psychopathology by differentiating various family typologies. Specifically, Stark et al. (1990) investigated the family environments depressed and anxious children. Children were classified into depressed, anxious, both anxious and depressed, and normal groups, and while all three groups rated their family having high levels of conflict, those youth diagnosed with both depressed and anxious reported that their families were less involved in social and recreational activities, had less of a say in the family's decisions, and felt less support from their family.

Implications

An important finding of the study by Jewell & Stark (2003) is an understanding of the development of specific pathology and how it is effected by the family environment. As previously mentioned, youth with an externalizing disorder such as CD or ODD report that parents lack the necessary skills to discipline their children. These families lack clear structure and rules, and vacillate between permissiveness and hostility. Because there are no clear rules, youth in these families feel that punishment is often not fair, and that discipline is not directly contingent on their behavior. As this occurs, these youth may feel anxiety because they are not able to predict the behaviors of their parents. This pathological family environment could be addressed in a number of ways. Family therapy could assist parents and children to work together to develop clear rules in their family. It might be equally important to develop a parent training curriculum that teaches the skills of clear and appropriate discipline for parents of these youth. Also, as mentioned previously, parents of these youth should be assessed to determine what treatment the parents may require due to emotional stress or possible depression.

On the other hand, results of this study indicate that families of youth with an internalizing disorder such as MDD or DD may need to address other areas of deficit. Specifically, youth in these families report higher levels of enmeshment and dependence on other family members. For these youth, it will be important to assess the style of interaction between family members and the level of closeness in their relationships. Parent training will be less important for these youth and their families, while family therapy will likely be critical in establishing appropriate boundaries between family members. Family therapy may also have a number of related goals, such as assessing and maintaining an appropriate distinction between the parent and child subsystem, and encouraging the establishment of stronger relationships with other persons outside of the family unit. Again, it will also be important to consider the possible emotional impairment of the parents in these families. It may be necessary to establish treatment interventions for the parents individually if they report significant emotional problems, depression, or lack of coping skills.

Finally, the study by Jewell and Stark (2003) indicated that youth with both an internalizing disorder such as MDD or DD and an externalizing disorder such as CD or ODD report family environments that are somewhat characteristic of both previously mentioned groups. Youth in these

families reported levels of enmeshment equal to that of the internalizing disordered youth, while also reporting a discipline style that is both permissive and inconsistent, similar to that of the externalizing disordered youth. For these families, it appears that a number of interventions would be beneficial in decreasing the symptomology of the youth as well as addressing inappropriate and pathological styles of interacting within the family. Specifically, family therapy might address establishing appropriate boundaries between family members as well as establishing clear rules and appropriate discipline in the family. Parent training would also be important and useful in encouraging the parents to develop and maintain appropriate discipline in the home. Again, it is important to assess the emotional resources and coping skills of these parents to determine if individual psychological interventions are needed to support them and assist in maintaining progress made in other areas.

In summary, while research that looks at more global family environment variables such as conflict and cohesion is important, it has not added to our understanding of how specific disorders are developed and reinforced by the family environment. Future research should continue the use of normal control groups, as well as clinical control groups, in comparing family environments of youth with various psychopathological disorders.

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