

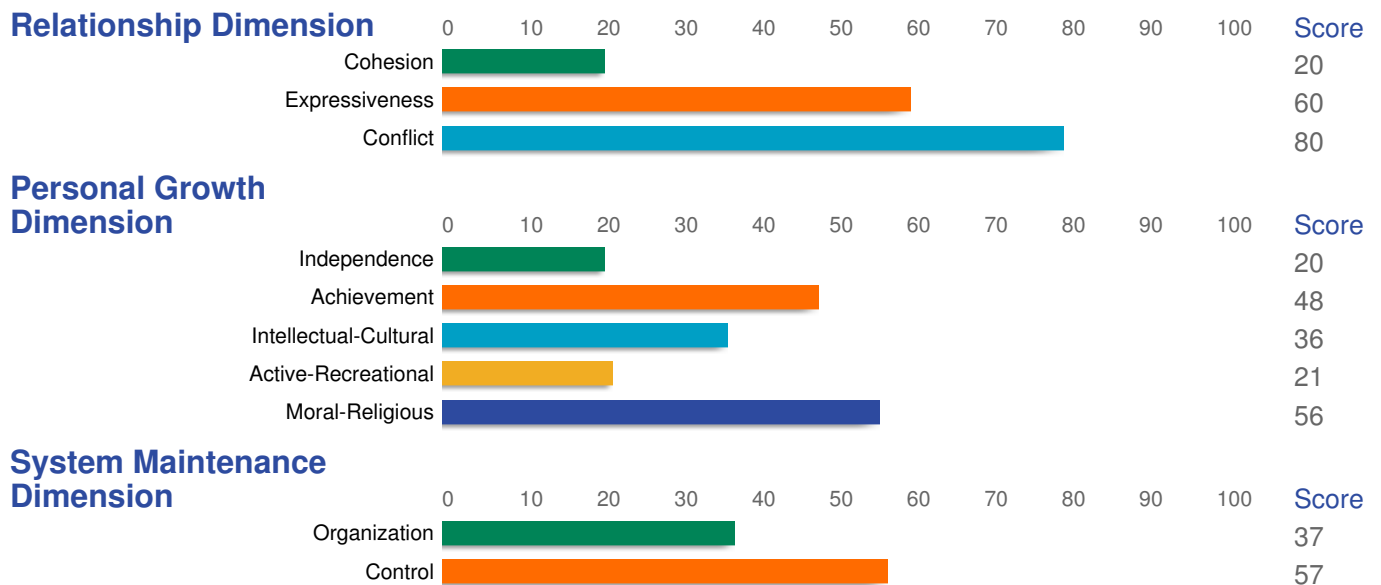
## An Example of Creating Positive Family Environments from Rudolf H. Moos

### A High Conflict Family

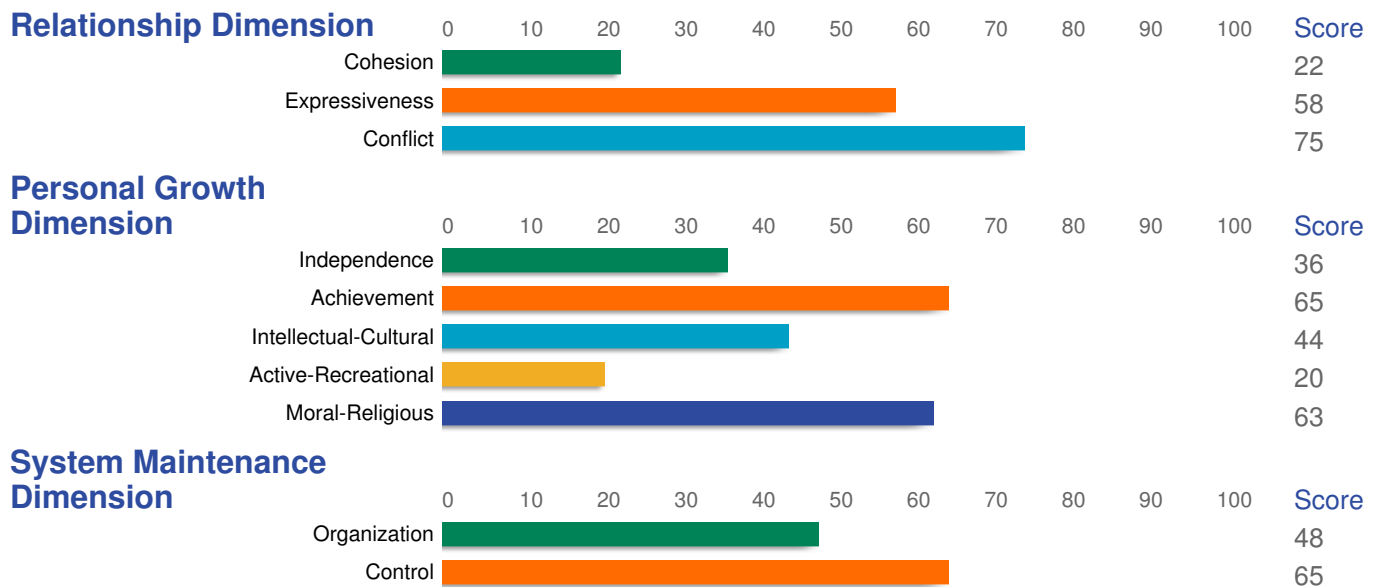
George, a 46-year-old man, had a history of several episodes of depression beginning in his early thirties. He and Kathy had been married for more than 15 years, and they lived with their teenage son. George had a ninth-grade education and had held intermittent jobs as a janitor and warehouse clerk over the past 3 years, but was not employed when he entered psychiatric treatment. At that time, he reported a very high level of depression, including loss of energy and fatigue, difficulty in concentrating and making decisions, brooding about unpleasant things, and thoughts about death and suicide. He also reported very low self-confidence, a lack of friendships, and little or no social support.

When George entered treatment, he and Kathy completed the FES. They reported very poor family relationships: very little cohesion, a high level of conflict, and above-average expressiveness, which primarily reflected their incessant bickering. George and Kathy also reported very few family intellectual and recreational activities, a finding consistent with the patient's lack of interest in social pursuits and his lack of social support. Moreover, there was little emphasis on independence, and both partners saw the family as somewhat disorganized. This family did have some structure, as shown by the above-average focus on moral-religious emphasis and on control.

George's Standard scores



## Kathy's Standard scores



Overall, this profile depicts a family with an unusually high level of conflict and a lack of cohesion and social integration, that is, intellectual and recreational orientation. The partners openly communicated with each other, but almost always in anger. The profile also shows that spouses in a conflict-oriented family can be quite congruent in their perceptions.

At a 1-year follow-up, George showed some improvement, but at a 4-year follow-up, he was as severely depressed as he had been at the initial assessment, he was unemployed again and reported very low self-confidence and almost total social isolation. His poor treatment outcome was consistent with his highly conflicted and socially isolated family. At both 1-year and 4-year follow-ups, George reported well-below-average cohesion and high family conflict. As before, he reported a very low level of involvement in cultural and recreational activities; in addition, he now saw moral-religious emphasis and family control as below average. These changes reflected Kathy's emotional withdrawal from George and their family.

By a 10-year follow-up, Kathy was again somewhat more involved with their family, and she reported well-above-average cohesion. George did not agree; however, he did agree with Kathy in seeing the family as oriented toward moral-religious values and as very well structured. At this time, George also reported somewhat less depression and more self-confidence. Thus, Kathy's closer connection with the family may have helped to reestablish some family structure and to temporarily reduce George's depression.

