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In the following paper, the authors touch on several important aspects of two interfaces: those between physical and emotional disorders, and those between social conditions and emotional/physical disorders. They argue that minority group status, poverty, family structure, and possibly specific medical disorders are significant risk factors that together may shape the expression and experience of mental disorders in young children. This intersection of social conditions and disorders can interfere with life experience and obstruct the future development of children, and arguably represents a major public health problem—one that calls upon our most creative energies to solve. In fact, several new works by psychologists and other social scientists attempt to discuss the impact of these serious risk factors (e.g., poverty) and psychiatric disorders.[1]

Finding the Causal Chains

It is important that work in these areas move forward in meaningful ways, with conceptual clarity, and empirical precision. To that end, in my following comments, I point out four sets of serious problems embedded in the Angel and Angel paper that require further conceptual and research attention.

Linking Race & Poverty. There is a tendency to sometimes assume that membership in a minority group is *in itself* associated with poverty. An even stronger form of this questionable assumption is that minority group status can serve as a proxy for poverty. Neither of these assumptions can be fully defended in scientific analyses, and therefore one must be most careful in making such an argument. While there is certainly some evidence that conditions of poverty likely lead to and enhance mental disorders, it is only in one table (Table 2) that income is associated with emotional problems. Although it is likely that many of the minority group children were from circumstances of adverse poverty, this is not clearly demonstrated within the paper.

Sample Selection and Composition. The integrity of a sample that leads to a particular finding is obviously of great importance. Consequently, it is incumbent upon the authors to describe how 6,287 white, hispanic and black children were chosen from the considerably larger data base generated by the National Health Interview Survey (NHIS). In addition, children in the ages between five and eleven face varied developmental tasks and stresses, leading one to wonder whether different results or linkages would be found for the younger children (e.g., 4–7) compared to those closer to puberty (e.g., 10–11). Moreover, there is increasing evidence regarding the importance of gender differences in development and child psychopathology. Consequently the authors need to consider their data with respect to what difference gender makes with respect to the *expression* of emotional problems, as well as for possible connections between gender and emotional problems or physical disorders.

Interpretation of Findings. The differences regarding possible effects of emotional problems for minority children are intriguing, but one must take great care in thinking about how to *interpret* them. To begin with, finding such correlations says nothing about *direction of causality*. Rather than the physical problems being "the effect of emotional problems," it may be that physical problems lead to very different forms of emotional expression for minority children. Moreover, although social class and access factors may be important with respect to effects of emotional or physical problems, one must think carefully about the *meaning* of emotional or medical problems in these other cultural groups before too quickly concluding that different linkages are related to different social conditions.

More work clearly remains to be carried out in order to determine how racial and other social factors intersect with one another.

Social Factors and Emotional Problems. Careful perusal of Table 2 reveals still another important issue to keep in mind as one thinks about these kinds of data. Presenting connections of social factors to emotional problems and doctor visits by a variable such as single mother or family size does not really address the question of whether the impact of being in a single mother household or in larger or smaller family has any effect *on the reporting of* emotional problems, or doctor visits, or mental health visits. These are linkages within the columns and rows that are not made fully clear through this presentation.

In the long run we must find ways to describe the *developmental pathways* of younger and older children with emotional and physical problems, from varied cultural, ethnic, racial, and economic conditions.

In summary, while I wholeheartedly concur with the authors that there is "a growing body of research documenting the fact that high rates of poverty and family disruption can have significant emotional consequences," these linkages are not so clearly shown within the current paper. What *is* shown is that there are important ties between emotional and physical symptoms, and that these may indeed vary by minority group and in terms of other social factors. More work clearly remains to be carried out in order to determine how racial and other social factors intersect with one another. Finally, I allude in various places in my preceding comments to the importance of concentrating on the *meaning* of these symptoms and conditions for different minority-group and social-class members, rather than assuming that ear infections, asthma, or enuresis will have the same meaning or social impact for all these varied social class and minority groups.

I commend the authors for their very diligent work in presenting the leading edge of this most complex problem, and would urge future investigators to consider more refined developmental analyses. In the long run we must find ways to describe the *developmental pathways* of younger and older children with emotional and physical problems, from varied cultural, ethnic, racial, and economic conditions. Only through extracting such more precise knowledge can we begin to come closer to the goal of discovering mechanisms of transmission and influence, and then ultimately ways of disrupting causal chains from poverty to emotional disorders. Prevention efforts must draw from the solid foundation provided by such carefully discovered knowledge.

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Reference

1. Chase-Lansdale L, Brooks-Gunn J, Editors. Escape From Poverty: What makes a Difference for Children. New York: Cambridge University Press, in press.