Reviewer's report

Title: Comparison of Children's Depressive Symptoms among Different Family Interaction Types in Northern Taiwan

Version: 5 Date: 20 April 2007
Reviewer: Michele Berk

Reviewer's report:

General
This article is much improved and would be suitable for publication after the compulsory and minor essential revisions suggested below are made.

-------------------------------------------------------------------------------
Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. Please clarify throughout the manuscript that the dependent variable is “children’s self-reports of depressive symptoms” and not “depressive symptoms” in general. For example, in the “Conclusions” section of the abstract the authors state that family interaction types are related to “children’s expressions of depressive symptoms.” A sentence like this should state “children’s self-reports of depressive symptoms.”
2. Similarly, please clarify that family interaction styles are “children’s reports (or perceptions) of family interaction styles” throughout the manuscript.
3. In the Introduction, the authors report prevalence rates of depression (which I assume are in the United States?) ranging from 0.4 to 8.3%. They then say that prevalence rates in Taiwan are 30.5%. Please explain this large discrepancy.
4. The author’s rationale for how family interaction styles cause depressive symptoms is still unclear. For example, on page 5, they say “Since children learn the skills of developing personal relationships through their interactions with family members, family interactions play a key role in whether or not a child will have depressive symptoms.” This needs more explanation. How do personal relationships relate to the development of depressive symptoms?
5. The rationale for the present research that a greater number of family interaction scales are needed to improve upon prior work needs more explanation. The authors say they are capturing family interactions in greater complexity than prior work. What particular content do the authors feel is missing from the dimensions used in prior studies and how are their dimensions novel or an extension of prior work? The dimensions they measure in this study appear fairly similar to the prior work they cite.
6. Results section: does the measure of depression used have any external validity? If not please address this limitation in the Discussion.
7. Please clarify in the Study Limitations section in the Discussion that because the study relied on children's self reports of family interactions and depressive symptoms, the authors cannot rule out the alternative explanation that depressed children may be more likely to perceive their family environment as negative.

-------------------------------------------------------------------------------
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1. In the abstract, the authors talk about 5 types of interactions that are related to depressive symptoms. However, it is my understanding that the correlations with depressive symptoms were based on the 4 factors identified in the cluster analysis.
2. For studies that were not conducted in Taiwan, please specify what country they were conducted in.
3. Pg. 6. Please explain the Circumplex model in more detail.

-------------------------------------------------------------------------------
Discretionary Revisions (which the author can choose to ignore)
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests.