

Mental Health in the Family Business: A Conceptual Model and a Research Agenda¹

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INTRODUCTION

Mental health problems affect families worldwide. Estimates suggest that globally, more than one-quarter of the population faces some form of mental health problem at some point in life. These numbers are on the rise, and the World Health Organization now forecasts that mental health problems will by 2020 be the second most common form of illness in the world, after heart disease (WHO, 2001). Although mental disorders (henceforth MD) relate to individuals, their whole families are often affected. Based on prevalence, simple arithmetic suggests that a *majority* of families operating family businesses also will have to deal with mental illness at some time. Families adapt in multiple ways to live with a family member with an MD (see e.g., Pakenham, Samios & Sofronoff, 2005; Renty & Roeyers, 2007). Importantly, research suggests that factors such as family resources and coping strategies are even more important for family adaptation to an MD member than the severity of the condition itself (Bristol, 1987; Kazak, 1989). We shall argue that the operation of a family business influences these resources and coping strategies available to a family and that those strategies, in turn, will influence the business.

The family business literature has long recognized that family and work spheres are inter-related (e.g., Aldrich & Cliff, 2003). And as we will show, MDs can affect business families and family businesses in multiple ways. Whereas some evidence suggests that MDs have led to the demise of prospering businesses and families (Kets de Vries & Miller, 1984; Kets de Vries, 1996) and that some individuals start businesses in part to employ family members who suffer from MDs and would have difficulty finding jobs elsewhere (Wallace, 2017), systematic evidence is very sparse. We found only one study reporting on the prevalence of MDs among

family businesses, which suggested that well over half of them were affected (Hutcheson et al., 2013)².

In this paper, we develop arguments to suggest how MDs interact with family and family business resources to influence the dynamics between families and their firms, and the outcomes from those dynamics. We explore how a specific type of stress --MD-- influences families and family businesses. Stressful events occur in all families and therefore affect all family businesses. Yet, the relationship between family stress and family business has received very little attention in this literature (for an exception, see the work by Danes et al., 2008; 2009; 2016). The MD of family members represents a significant and highly salient aspect of family stress.

Our primary contribution to the literature on family business is to provide a conceptual model of how the negative and positive priorities of socioemotional wealth (SEW) preservation in these firms (Berrone et al., 2012; Gómez-Mejía et al., 2007; 2011; Miller & Le Breton-Miller, 2014) influence the nature of the challenges faced by family firms coping with MDs, and the resources available for coping with those challenges. SEW priorities relate to the affective endowments families derive from their businesses: these include factors such as long term economic security, careers for offspring, and status in the community. We also outline a research agenda to deepen our understanding of how family firms deal with MD. But first, in order to clarify the general nature of family-related MD stressor challenges and coping resources, we employ what is known as the ABCX (Hill, 1949; McCubbin & Patterson, 1983) and WFI (Greenhaus & Allen, 2011) frameworks.

² In their study of 97 family businesses, 61% dealt with “emotional disorders” and 57% with “addictions”.

CONCEPTUAL FOUNDATIONS

Mental Disorders and the Workplace

According to the American Psychiatric Association (APA, 2013, p. 20), a mental disorder is a “*clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities.*” In fact, the very definition of mental disorders (MDs) includes distress in occupational situations, given that the range of conditions that meet the criteria for a MD are extensive. In their latest version of DSM-5 (the Diagnostic and Statistical Manual of MDs 5th Edition, APA, 2013) no less than 157 different diagnoses are included that vary greatly in their symptoms, severity, permanency, and responsiveness to therapy. MDs are conceived of as of syndromes, i.e., clusters of correlated symptoms rather than their underlying causes, which often remain unknown. Diagnoses are established by psychiatrists, psychologists, pediatricians, and/or social workers based on interviews, behavioral observations, and designated assessment tools such as questionnaires and computerized tests (APA, 2013).

We limit our scope to disorders that are common among the general population and that may influence functioning and interaction in the workplace but are not entirely disabling in that environment. Following the nomenclature and definitions of the DSM-5, we focus on two main types of disorders. First, the neurodevelopmental disorders ADHD, dyslexia and autism. Second, the psychiatric disorders anxiety and depression. These cover the most common disorders – depression, anxiety and ADHD are the three most common psychiatric diagnoses in the US (Kessler et al., 2005). Also, it is possible to build upon prior research related to the family and/or

work implications of these disorders. For example, studies suggest that individuals with neurodevelopmental disorders such as ADHD and dyslexia are especially likely to start their own businesses (e.g., Wiklund et al., 2017a; Logan, 2009) and the family implications of autism have been extensively discussed in the literature. Our focus will be on situations where a family member's MD has been diagnosed or has sub-clinical symptoms which are manifest in family members playing a current or future significant role in the business. Whereas family discord, such as divorce and marital conflicts (Amato, 2004; Amato and Sobolewski, 2001), can contribute to the onset and severity of MDs, this topic is beyond the scope of our paper which focuses specifically on the intersection of the family and the business.

Those with MDs often have unique needs and qualities that can be difficult to accommodate in traditional work settings. For example, those with high functioning autism often have atypical learning and interactional behaviors, which can make it difficult for them to deal with supervisors and coworkers in traditional organizations (Müller, Schuler and Burton, 2003). Forcing such individuals to fit into existing roles may lead to negative consequences such as recurring frustration, depression and early termination (Howlin, 1997). Similarly, individuals with ADHD often have disturbed sleep patterns and fluctuating energy levels throughout the day, calling for flexible work schedules, which are hard to accommodate in most workplaces (e.g., Wiklund et al., 2016). Thus, coping with MDs in a family can be a challenge, involving both psychological and functional aspects for both the person with MD and other family members.

Work-Family Interaction in Families with MDs: The Double ABCX and WFI Models

The implications of family members with MDs can be multifaceted and far-reaching for the whole family. Not only is the family member with MD exposed to stress but parents, siblings, spouses, children and other relatives are also affected (Lukens et al., 2004). For

example, many MDs are associated with higher levels of stress (Solomon and Draine, 1995); a lower quality of life and less psychological wellbeing (Pozo, Sarria and Brioso, 2014); and more strain on financial resources and time among family members (Clark & Drake, 1994; Clark et al., 2006). Such strain may be particularly salient among family businesses where interaction and support extend beyond the home to the workplace. Given the chronic nature of many MDs, such commitments can be life-long (Lefley, 1996; Mechanic, 1998) and strategies to effectively deal with them at home and in the workplace are paramount among family businesses facing MDs. However, it is not all negative. If families manage to adapt successfully, that may reduce the psychological stress of the person with MDs and his or her family members (see Saunders, 2003 for a review), and also rejuvenate and enrich the family as a whole by enhancing its resilience (Marsh et al., 1996), not only in the family but also in the family business.

Clues as to how family businesses deal with family members with MDs can be found in the literature on how families generally deal with such individuals. Much of the literature on family stress and coping builds on the double ABCX (McCubbin and Patterson, 1983) models of how families deal with stressors, such as MDs, and the accumulation of demands over time (see e.g., Lavee et al., 1985 for a review). Stress can be defined as a relationship in which a person's environment is seen to exceed his or her resources and jeopardizes his or her wellbeing (Lazarus & Folkman, 1984). Having a family member diagnosed with a chronic illness, such as a MD, has been conceptualized as being exposed to a severe, long-term chronic stressor (Schulz & Martire, 2004). It serves both as a direct stressor requiring family adaptation, but is also likely to lead to secondary stressors, for example in the form of required role and boundary changes within the family, and changes in expectations (Boss, 1980). The double ABCX model identifies four relevant factors: (A) The stressful event; (B) Resources available to the family; (C) Family

orientation to the situation (e.g., understanding, sense of coherence); (X) Family adaptation outcome. The family adaptation outcome (X) is determined by the severity of stressors and the accumulation of demands (A); coping efforts integrating the adaptive resources (B); and the subjective orientation to the stressor (C).

The double ABCX model has been used extensively to identify factors influencing family adaptation to MDs but has largely remained silent on any relationship to working life. To the extent that work life has been considered, it has been viewed as separate from the family (e.g., the possibility to work flexible hours, or greater understanding among superiors). Similarly, adaptation outcomes have been considered within the family, but not those related to work. This interaction between work and family is particularly salient in the family business, in which there is a substantial overlap between family and work systems. The possibility of integrating these two systems is a unique characteristic of family business and lies at the very core of how family business is often defined, as illustrated by the following definition: “A business is a family business when it is an enterprise growing out of the family’s needs, built on the family’s abilities, worked by its hands and minds, and guided by its moral and spiritual values...” (Lea, 1998: 1). Thus, family adaptation to MDs may offer unique opportunities for families operating businesses, but also perhaps unique challenges.

Because family and work systems overlap in family businesses, resources as well as demands are easily transferable across the permeable boundaries between the two (Halbesleben et al., 2012). Such permeability may provide opportunities to cope with family stressors in a number of advantageous ways, including greater access to important financial and social resources. Indeed, the deployment of resources across these different domains is a key ingredient for work-family enrichment. However, family-business permeability can also lead to problems

such as greater inter-role conflicts and negative emotional spillover among family members working together in a family business (Smyrnios et al., 2003; Boles, 1996), leading to work conflict and reduced performance. Thus, as we will elaborate below, a family business may be an asset or a liability for a family coping with an MD.

The work-family interface (WFI henceforth) literature explores how work and family systems interrelate with and influence each other (for a recent review see e.g., Greenhaus & Allen, 2011), including in the family business (e.g., Danes et al., 2016; Werbel & Danes, 2010). Work and family can both enrich and interfere with each other (Greenhaus & Allen, 2011). Both processes are bi-directional (Byron, 2005), and can be deliberate (e.g., missing a birthday because of a business trip) and non-deliberate (e.g., reduced work productivity due to divorce). Thus, for family businesses dealing with family members with MDs, the family offers coping resources as well as aggravating stressors.

Work-family *interference* focuses on the demands placed on the working individual who possesses limited resources such as energy and time. Simultaneously meeting work and family expectations can be a source of conflict and stress. Participation in one role can make it more difficult to fulfill obligations in the other, which can lead to extensive stress as demands build up over time. These interferences between work and family can lead to many negative outcomes such as stress, negative emotions, and dissatisfaction with either work or family roles (Jackson, Zedeck & Summers, 1985), as well as poor performance (Edwards & Rothbard, 2000) and withdrawal from either work or family (Anderson, Coffey, & Byerly, 2002). For family businesses, these roles are both highly salient, which may render such interferences particularly common and extensive (Greenhaus & Beutell, 1985).

Work-family *enrichment* (e.g., Greenhaus and Parasuraman, 1999; Greenhaus and Powell, 2006) occurs when resources such as positive emotions, behaviors and skills generated in one role can be effectively harnessed in the other role, leading to increased effectiveness in combining both family and work roles. Thus, work-family enrichment focuses on resources, which are emphasized as sources of coping capacity in the ABCX literature. For example, problem-solving skills developed in the workplace can be used to enhance family communication and solve family issues.

In family businesses dealing with stressors that influence the whole family (such as MDs), both interference and enrichment are likely particularly important because the family also shares the workplace. The highly integrated nature of work and family in family business, coupled with the nature of MD as a family-level stressor, suggest that the adaptation outcomes for interference and enrichment occur at three levels: the individual person with MDs; the overall functioning of the family, and the performance and sustainability of the family business. On this basis, we now turn to a fine-grained integration of these perspectives into the socioemotional wealth framework (SEW) (Berrone et al., 2012) to develop our conceptual model (see Figure 1 below).

Insert Figure 1 about here

AGGRAVATING STRESSORS AND COPING RESOURCES IN DEALING WITH MENTAL DISORDERS IN FAMILY FIRMS

As noted in the double ABCX model, the outcomes of family stressors depend as much upon resources and coping strategies as on the severity of the stressor itself. The special

challenges in the family firm environment can accentuate the severity of the stressors. Therefore, we turn to the resources available to business families for coping with MDs. The transferability of resources (e.g., social, human and financial capital) across family and family business boundaries has been proposed to be crucial for the sustainability and resilience of family businesses, in particular during times of disruption such as when facing stressful events: “[the] owning-family adaptive capacity creates a type of resilience by facilitating resource transport across porous boundaries of the family and firm during change” (Danes et al., 2016: 181). This resilience can be particularly relevant for families dealing with MDs due to the unique resources that can be generated and accessed by family members within a family business (Berrone et al., 2012).

The uniqueness of family businesses in the nature of their stressors and the resources they have available to deal with those stressors can be expressed within the socioemotional wealth framework (SEW) (Berrone et al., 2012). The framework consists of five putative dimensions: family control and influence; family members’ identification with the firm; binding social ties; emotional attachment; and renewal of family bonds to the firm through dynastic succession. Each of these dimensions can be connected to aggravating stressors for family firms dealing with MDs. These dimensions also suggest why some such firms are able to develop special resources to deal with these stresses. In other words, the A stressors of the ABCX model may be offset in part by the B resources that may help cope with the stressors. The type of MD (neurodevelopmental versus psychiatric) also plays a role in the nature of the interaction between stressors and resources. Figure 2 displays the resulting 3-dimensional model showing the multitude of ways in which SEW, stressors and resources, and type of MD can interact. The model includes the five dimensions of SEW, the two types of MDs (neurodevelopmental and

psychiatric) and whether the SEW components constitute aggravating stressors or coping resources. In total, there are 20 cells in the figure, corresponding to 20 different combinations of these three dimensions. Thus, the figure illustrates that having family members with MDs is likely to permeate family businesses, having implications along a wide spectrum of business aspects.

In Table 1 we provide detail regarding the outcomes of various combinations of aggravating stressors vs. coping resources and the dimensions of the SEW framework. Where relevant, we distinguish between consequences where the family member with an MD is a firm leader versus an employee of the family firm. We do not discuss cases where family members with MDs have no connection to the family business because the influence on the family business would not be different from the influence of other family stressors (e.g., a child having problems at school). Also, we do not discuss the type of MD concerned. That would introduce yet another dimension (see Figure 2), which would entail too much complexity and too unwieldy a discussion. Moreover, it is simply not possible to project with confidence the implications of each MD at that fine a level of granularity.

Insert Figure 2 and Table 1 about here

Dominant Family Control and Influence:

Aggravating Stressors from Family Control -- MD Leaders: If a dysfunctional family member with MD occupies a top executive leadership role in the business, he or she has exceptional latitude in decision making and setting the tone for the company. Where there is little countervailing influence exerted by others in the business, and where there are no outside board

members to censure dysfunctional business or personal conduct, an MD leader can have dire consequences for firm performance and even survival. An unchecked leader with total control, as is often present in family firms, can do a lot of harm. For example, a CEO suffering a depressive disorder may have a pessimistic view of the future and sell the business; one suffering from anxiety may show unwarranted fear and bypass profitable business opportunities; and one suffering from narcissistic personality disorder may use company resources for self-aggrandizement via reckless expansion initiatives or unnecessary, lavish expenditures such as a company jet. Once in power, that person can remain there for long periods of time and in the process exert a deleterious effect on family business outcomes (Kets de Vries, 1996b; 2006). In family firms, effective monitoring is less likely to be present (Dyer, 2006), and destructive behavior by an MD leader can endure. In publicly traded firms where there is more external monitoring and less management discretion, such a dysfunctional manager would be harder to keep in office. Elon Musk is a case in point³. Bouts of erratic behavior by Musk sent shockwaves through the stock market; he was featured in news outlets worldwide and was sued by the SEC for tweeting misleading information. Family businesses are not exposed to that level of transparency. Similar behavior by a family business leader would largely go unchecked and unnoticed by the outside world.

Aggravating Stressors from Family Control --MD Employees: Dominant family control allows family firm owners to define jobs, assign work tasks, and decide on promotions. As a consequence, they have the power and leeway to appoint family members with MDs into positions for which they are poorly suited. It enables family firm owners to entrench family

³ Musk is perhaps not usually considered operating family businesses. However, his brother Kimbal is board member of Tesla and SpaceX and two of his cousins (Lyndon and Peter Rive) cofounded and hold top executive positions at SolarCity.

members with MDs into inappropriate jobs despite their poor performance in those positions. This causes some tasks of the firm to be neglected or mishandled, perhaps hurting product or service quality and alienating customers. It can also lead to increased suffering for family members with MDs because they sense their inadequacy for the job and feel they cannot quit. For example, the Beyond Blue support organization for people with anxiety and depression displays a post stating “*I've been suffering daily anxiety and depression for 4 years now ... me and my wife work for my parents in a manufacturing business ... I feel trapped as I don't want to quit because of the fear of disappointing my parents*”. In short, dominant family control and influence can create special challenges for family businesses because they can appoint family members with MDs into positions for which they are poorly suited.

Coping Resources from Family Control -- MD Leaders: Some leaders with MDs possess particular talents and proclivities that are especially useful in entrepreneurship (Wiklund et al., 2016; 2017a). As these individuals may have a hard time finding regular employment, they often found businesses in which they have complete control, ensuring that they structure the businesses so as to leverage their strengths while minimizing the drawbacks of their conditions. In these situations, the family context is especially useful as family members can be recruited to supply the characteristics and skills that are missing in the leader-entrepreneur with MD. For example, studies have found that ADHD and impulsivity that are otherwise dysfunctional in the labor market can be advantageous in entrepreneurship (e.g., Wiklund et al., 2016; 2017a, b). Individuals with anxiety may also possess higher empathetic abilities (Tibi-Elhanany, 2011) and be attuned to threats (Byrne and Eysenck, 1995). Where these individuals have control of their family companies, they can tailor their work environments to fit their idiosyncratic talents and requirements (e.g., Wiklund et al., 2017b). More importantly, they can work with other family

members who complement their abilities and understand their way of behaving, which employees less familiar with those leaders might have a harder time doing. In short, family control gives some leaders with MDs considerable latitude to exploit their unique skills, while being supported by kin who understand them profoundly, complement their abilities, and make up for their personality gaps.

Coping Resources from Family Control -- MD Employees: An owning family can importantly shape the culture, strategy, and processes of their business (Chua et al., 1999). Family control allows ample latitude or flexibility for them to create a customized and accommodating environment for dealing with family employees with MDs. This flexibility of the work environment is an important resource within the ABCX framework (Hill, 2005). One aspect relates to the discretion to customize tasks and organizational arrangements to suit the idiosyncratic skills and talents of the family employee with MD. Family members share a common history. Also, several MDs, have a high degree of heritability (e.g., Katragadda & Schubiner, 2007). Thus, the family members of those with MDs often share similar traits, although potentially at sub-clinical levels. This provides a unique opportunity for understanding and mutual adaptation. Family control and superior comprehension among family members makes family firms more able to adapt their structures, processes and jobs to the particular needs and abilities of their MD employees.

A second aspect of flexibility relates to time allocations between work and family. Family control enables flexible work schedules, allowing time to be conveniently allocated between work and family. This is particularly important for employees with MDs working in family firms. Because family members work and live together, they are more likely to discuss work-related issues at home and vice versa, seamlessly moving between their professional and

private roles. As such, family members working together experience less time-based work to family and family to work interference (Halbesleben et al., 2012). Research has found that flexible worktimes and workplaces are particularly beneficial for individuals with MDs and their families (Shockley and Allen, 2007). For example, from time to time, family members suffering depression may have reduced work capacity or must completely refrain from working. Indeed, work-family balance can be an important reason for starting a business (e.g., DeMartino & Barbato, 2003; Caputo & Dolinsky, 1998; Miller & Le Breton-Miller, 2017).

Because ownership and management are both in the hands of the family, there are fewer restrictions on the accommodations that can be made in tasks and time. For example, individuals with ADHD are impulsive, hyperactive and/or inattentive, making it harder for them to handle rules, hierarchy and cooperation (e.g., Wiklund et al., 2017a). People with dyslexia or autism are often creative and good at divergent thinking (e.g., Craig and Baron-Cohen, 1999; Everatt et al., 1999). However, their atypical behaviors can create incompatibilities within most organizations. Both types of people can benefit greatly from job autonomy (Tremblay, 2011), which can be accommodated more easily within some family businesses.

In summary, flexibility is an important resource for work-family enrichment (Greenhaus and Powell, 2006): task flexibility may enrich a family member with MD by providing more job autonomy and enhancing the workplace experience, while time flexibility may enrich the whole family, reducing time-based stresses for both individual MD member and others in the family.

Identification with the Firm:

Aggravating Stressors from Identification –Leaders: Identification of the business with the family poses a conundrum of loyalties: Loyalty is both to the family and the business, and sometimes the family wins out. Because attachment to the family firm is strong, a leader with

MD may be reluctant to give up power or position or to risk offending family members with business decisions that are economically sensible but disagreeable to some family members or in conflict with family traditions. In addition, MD leaders may entrench themselves in positions in which they can do much harm simply because the business means so much to them and their relatives, and casting them out or demoting them would exacerbate their illness and accentuate conflict within the family. Moreover, the dysfunctional business priorities and policies may be maintained because changing them would offend a family member with MD. In their study of Spanish family- vs nonfamily firms, Gómez-Mejía et al. (2001) found that incompetent family CEOs were less likely to be fired as they were closely identified with the business, and if replaced, firm performance significantly increases.

Aggravating Stressors from Identification – Employees: Employees may also possess a strong identification with the business and their status as family members may give them a sense of entitlement and privilege. They may believe the business owes them a living and a comfortable job. Where these individuals are subject to MDs such as anxiety or depression, this can exacerbate poor work performance, while their sense of entitlement and close connection with family owners may make it difficult to control the damage they inflict on the company. In addition, these negative aspects of identification may induce feelings of injustice among non-family employees. Moreover, because the success or failure of the family business largely extends into perceived personal success or failure (Berrone et al., 2012), a family member suffering anxiety or depression may have aggravated symptoms if the business is performing poorly.

Coping Resources from Identification -- MD Leaders: Leaders' strong identification with the family firm can be a unique asset in coping with a family member with MD (Berrone et

al., 2012). Because the business may carry the family name or be associated with the family reputation in the community, leaders care deeply about the performance and public image of the firm, viewing it as part of the family identity (Rosenblatt et al., 1985). Therefore they will have a keen incentive to rein in any of their dysfunctional impulses and ensure that they surround themselves with a team of managers and employees who can help them to enforce that self-discipline and complement their shortcomings. They will be more cautious to curb their excesses simply because the business is so important to their own and their family's identity and reputation (Miller & Le Breton-Miller, 2005).

Coping Resources from Identification -- MD Employees: Identification with the business can also serve family employees with MD as they have “the desire to expend efforts to benefit one's family” (Menges et al., 2017: 697). These sentiments may enhance job performance by providing more motivational energy at work and buffering work stress, especially when the work itself elicits little intrinsic satisfaction, as is often the case for those with MDs performing more routine jobs (Menges et al., 2017). Similarly, because of identification, business success spills over into personal success also for family members with MD.

Identification with the firm and strong motivation can also provide valuable psychological resources to the family as it copes with the challenge of integrating MD members into the business (Hill, 2005) – and the resulting benefits of a healthier family may link back to the business in what may be a virtuous circle. Research has shown that family coherence is of utmost importance for successful adaptation, and work-family integration plays a crucial role (see Hill, 2005; Lavee et al., 1985). A business family's identification with their firm can build such coherence among family members by instilling common goals and shared values (Ensley

and Pearson, 2005; Dyer, 2006). Family members care deeply about the reputation and the future of the business, and thus will work to prevent it from being compromised by the member with MD.

Binding Social Ties

Aggravating Stressors of Family Ties: Leaders and Employees: In some families, due to binding social ties, the family comes first and the business second, and that can be a challenge for a firm whether the person with MD is an employee or a leader. Indeed, there is a growing literature on institutional logics in family business suggesting that in many regions of the world a *family logic* prevails such that sources of legitimacy, authority, loyalty and material practices are rooted in the family (Thornton et al., 2012; Miller et al., 2017). As a result, family members with MDs, whatever their jobs, may be favored for rewards and positions over non-family members (Schulze et al., 2001). Thus MD leaders may continue to perform their functions, exert authority over others, and pursue their personal agendas despite the dysfunctions this creates with non-family stakeholders. Dysfunctional family employees also may be accorded preferential positions, rewards and status despite their incompetency or problematic personality. As noted above, family-firm identity may cause MD employees to feel entitled and hold on to their jobs; binding social ties give them social support from the family that enables them to do so. As a result, again, non-family and even family employees may sense unfairness and become alienated while the business suffers. In other words, binding social ties within the family of MD members may create additional challenges and interfere with a family business's healthy functioning.

Coping Resources from Binding Ties: -- MD Leaders: Social capital rooted in family ties is one of the most enduring types of capital for an individual (Hoffman, Hoelscher, &

Sorenson, 2006). For example, spouses working together can draw on each other's knowledge, skills and advice to deal with work problems and issues (Amore et al., 2017; Halbesleben et al., 2012). Strong social ties common among family members also may afford MD leaders with a depth of understanding of the family such that they are able to better design a team of family managers and employees to capitalize on their unique capacities and accommodate their incapacities by having others in the family occupy complementary roles. The strong family social links will afford superior communication and understanding between the MD leader and the family team, making for a more effective and more collaborative organization. In short, family control gives these leaders the authority to fashion an accommodative company, while close social ties give them the knowledge to do that effectively.

Coping Resources from Binding Ties -- MD Employees: Family socializing and family investment in children establish social structure in the family that can be transferred to the family business (Hoffman et al., 2006). Specifically, the social norms within a family create social structures that can be employed with the family business (Sorenson et al., 2009). Because of the shared history and intimate psychological bonds among family members, it is likely that there is a deep understanding of the needs and strengths of those with MDs. This provides the basis for knowledge and willingness to make needed accommodations to the work context of those with MDs so that they can maximize their productivity, even if such accommodations are difficult, costly, and require extensive tacit knowledge. For example, in a recent HBR article on how to manage anxious and insecure employees the author emphasizes the importance of building a trustful and comfortable environment (Knight, 2018). Given the strong social networks to employees, such sensitizing to special needs likely extends beyond the immediate family to other

employees, which can help maximize the productivity of other workers enhancing firm performance.

A source of family to work interference is that behaviors accepted at home are typically not accepted in the workplace. Someone with MD may behave in ways that are acceptable at home, but unacceptable in most workplaces. When superiors or colleagues are family members, this is less likely to be an issue because it is less apt to violate behavioral expectations (see e.g., Halbesleben et al., 2012). Thus, family businesses may be better at accommodating family members with MDs. Similarly, a family business is likely more accepting of a family member engaging in supportive activities at work.

Family businesses may even be designed *from the outset* to accommodate family members with MDs. This may be particularly relevant for those with MDs who are unable to get jobs or start a business. The binding social ties residing in and created by family business provides a “shield” for those with MDs and their families to adapt. For example, worrying about their autistic child Himal’s future employment and independence, Harish and Sandhya built a business called Zenaiv to market the work of their son and his peers with disabilities. They defined the mission of the business as “to promote financial independence, lift their self-esteem, and improve their lives” (Wallace, 2017). Similarly, John created the company Rising Tide Car Wash for his autistic son and his other son also joined the firm. John said, “People with autism don’t really have job opportunities. At age 22 they sort of fall off a cliff and become recluses, without friends and social outlets, I want to provide Andrew and other young adults with a community where he would work, make friends, and hopefully, move towards independence-like all of us want to do” (Wallace, 2017). Having a family member with an MD sensitized the

entrepreneurs to the special gifts and needs of other people with MDs and the willingness to make accommodations for them.

Powerful Emotional Attachments:

Aggravating Stressors from Emotional Attachments – MD Leaders and Employees:

Where there is a positive emotional climate within a family, all is well, and goodwill spreads throughout the company. When there is a negative climate, sometimes because of the stresses invoked by an MD member, the same contagion works in a different direction and towards more negative outcomes. Conflict in the family leads to conflicts in the business, which has been shown to be a challenge for family businesses (Eddleston & Kellermanns, 2007). Whereas conflict among non-family members in a work environment may relate mostly to current and business-related circumstances, the intimate emotional connections and long term intertwined histories among family members in a family business can give rise to conflicts of a long-standing, heated, and intractable nature. (Kets de Vries & Miller, 1984; Kets de Vries, 1996b). For example, there may in some families be longstanding jealousies and frictions due to the favored and protective treatment of an MD member, whereby healthier family members feel they have been neglected or treated unfairly. This suggests that emotional conflicts within the family due to MD members can negatively interfere with business decisions.

Coping Resources from Emotional Attachments – Leaders and Employees: Strong emotional attachments among family members can transfer to the family business (Berrone et al., 2012). Positive emotions in the family business, such as trust, altruism, and benevolence can be a source of emotional resources for use in times of stress. In addition, being in an emotional environment with warmth and affection builds resilience to adversity (Werner, 1993). Thus, emotional support is an important resource for family adaptation to stressors such as MD (Greeff

et al., 2006). In family firms, such emotional resources may be available from family members not only in the family domain but also in the work domain. Because family members are more likely to understand and accept the demands of loved ones with MDs, the emotional support the MD individual and other family members receive in the business is apt to be unusually beneficial. Thus, it serves as a psychological resource within the company business, enriching the person with MD as well as his or her family. This should promote better functioning in the workplace.

Succession – The Intention to Pass on the Business to a Family Member:

Aggravating Stressors from Succession – Successors: Family businesses often have the intention to pass the business on to the next generation and such succession issues place a great deal of stress on family firms. First, there is often a paucity of talented and motivated family members willing to take over the business – the talent pool for executive selection is forced to be far narrower than at non-family firms. The presence of an MD family member further reduces the talent pool in two ways. First, individuals with MDs often lack general human capital, perhaps because of intellectual or emotional challenges (Wittchen et al., 1998). If a family believes that a family member with MD lacks the capacity to productively contribute to the business and is thus not deemed suitable as a successor, there are incentives to not invest as much in this person as in other potential heirs. This can lead to tensions within the family and a sense of unfairness. Second, whoever does take over the company will in addition to having business skills be required to accommodate the MD member. Moreover, the very long-term aspirations of many family firms and the lengthy tenures of their top executives make this decision especially critical, and that is an additional stressor.

A related special challenge arises because some founders especially those of successful family firms, have very dominant ADHD personalities: because of their energy and boldness, they have managed to build enterprises successful enough to incorporate multiple family members (Belanger, 2017; Kets de Vries & Miller, 1984). However, those same qualities which stimulate business founding and growth often make for poor parenting, resulting in neglected, weak or rebellious offspring – a situation that leaves a family firm with poor leadership post-succession (Miller et al., 2003). In summary, the need for a family business to find talented successors creates additional challenges for business families with MD members.

Coping Resources in Succession – Successors: Because of their long term orientation, many business families are keen to ensure that the next generations develop positive cognitive and emotional bonds with the family business (Berrone et al., 2012). Therefore the current generation pursues long-term strategies in order to prepare the business for future generations (Le Breton-Miller & Miller, 2006). This long-term orientation extends beyond financial aspects and includes long-term human capital investments such as training (Miller & Le Breton-Miller, 2006). Therefore, there is an incentive to invest in potential heirs and other managers, motivate their bonding to the firm, and thereby facilitate future succession. Indeed, if the person with MD is viewed as a suitable heir, there is a great incentive to invest in him or her for many years in advance. This long-term outlook helps to foster family firm longevity and success.

Moderating Influences

Obviously, not all families, businesses, or MDs are created equal. Thus, the extent to which the positives and negatives noted above will play out in the family business and whether the positives will outweigh the negatives or vice versa across the five SEW components depend

on the specifics of the situation. Below are factors that we believe will be particularly important in influencing the extent to which the positives and negatives will materialize.

First, many mental disorders are associated with distinct strengths as well as vulnerabilities. For example, dyslexia is associated with more original thinking (Tafti et al., 2009), ADHD with sensation seeking (White & Shah, 2011) and Entrepreneurial Orientation (Thurik et al., 2016; Yu et al., 2018), and anxiety with vigilance to threats (Mogg et al., 1997). Therefore, it is important to find work for the individual with MD that enhances their strengths while minimizing their shortcomings and vulnerabilities. The extent to which the family business manages to do so influences the balance between the positives and negatives. This may be linked in part to the size of the business where there are more employment options. In very small family businesses it will likely be harder to find an appropriate fit.

Second, most disorders exist on a spectrum of severity, ranging from mild to severe symptoms. This is sometimes evidenced by the nomenclature itself, such as Autism Spectrum Disorder, or in the distinction between Bipolar I and Bipolar II, with the former involving hypomanic symptoms and the latter full-blown mania. Similarly, where the diagnosis is binary, such as ADHD, underlying symptoms vary in severity (Nigg et al., 2002). The stronger the symptoms of the MD, the harder it will be to capitalize on the positives, and the more acute the negatives. For example, the high energy levels and enthusiasm of a person with mild ADHD symptoms may be greatly beneficial, in particular during busy times, whereas the inability to focus of somebody with severe symptoms may render them largely unproductive in tasks that require focus and precision.

Third, the type of MD may also influence the degree of opportunity and challenge present. Specifically, neurodevelopmental disorders are associated with deep-seated brain

differences, distinctive talents and onset at childhood (APA, 2013; Armstrong, 2010). In contrast, psychiatric disorders such as anxiety and depression are less entrenched, more emotion-laden and more susceptible to environmental influence (Mennin et al., 2005; Barlow, 2000; Kendler et al., 2018). Accordingly, family businesses with a family member having a neurodevelopmental MD face aggravating stressors of a long-term nature, such as those related to succession, poor decisions by leaders, and negative consequences from persistently protecting family members with intractable symptoms. On the positive side, however, some neurodevelopmental disorders may be well adapted to opportunity identification and entrepreneurial action (Wiklund et al., 2017a; Yu et al., 2018). Family firm coping resources could lead to exploitation of these unique talents. In contrast, psychiatric disorders of anxiety and depression may create aggravating stressors of an emotional nature, for example inaction due to feelings of despair. The challenges associated with psychiatric disorders may also be less persistent, suggesting that early treatment can be effective (Fournier et al., 2010; Lawlor and Hopker, 2001). Furthermore, because psychiatric disorders of anxiety and depression are not associated with unique abilities conducive to business or entrepreneurship, coping resources of family influence, emotional attachment and binding social ties will be more helpful in reducing psychiatric symptoms and enhancing family wellbeing than in capitalizing on strengths for business advancement.

Fourth, the extent to which the person with MD can independently and immediately exert power over the organization may influence the balance between positives and negatives. The more common disorders such as depression, anxiety, and neurodevelopmental challenges are sometimes associated with poor judgment. This could cause overly pessimistic views of future opportunities (depression), unwarranted fear of threats (anxiety), overreliance on emotion rather

than reason in decision making (ADHD), or disregard for emotional consequences of others (autism). Within a group, these individual qualities can serve to make the collective cognizant of issues that they would otherwise not consider. But without appropriate boundaries and checks and balances, outcomes may be disastrous. As an illustration, the grandfather of one of the authors was the CEO and had the power to sell the family business during one of his many depressive bouts. However, his wife was able to convince the buyer that the sale was a result of mental illness and reversed it later the same day. Similarly, even if the person does not have the powers to independently decide the fate of the whole business on a whim, similar powers over *any critical* part of the business is likely to be detrimental.

Finally, the structure of the family is also likely to influence the balance between positives and negatives. Cases where MDs occur in the second generation while the first generation still manages the business are likely the most positive. Those in charge of the business have intimate knowledge about and strong emotional ties to the person. They also are likely to share similar traits and therefore are likely to structure the business to accommodate their own similar symptoms. At the same time, the probability that the latter will be promoted into a powerful and unchecked position is low. As the family grows and branches out over the generations and as blood relations diminish, there is more risk of internal conflict (Gersick et al., 1997). Where relations among family members have become more market-based than relationship-based, a person with MD requiring special accommodations within one branch of the family may not be viewed favorably by other branches, which will shift the balance from positives to negatives.

RESEARCH OPPORTUNITIES

Below we present suggestions for conducting research into the relationships between family firm characteristics and family members with MDs who are involved in those businesses, in either major or minor capacities. Because there are many implications of having an MD member in a family firm, there is a vast range of research questions. Thus, we only deal with research opportunities below to ‘start the conversation’. As we note in the conceptual model presented in Figure 2, there are potentially four key axes of variation in mapping out the research questions. They relate to: the dimensions of SEW; aggravating stressors or coping resources; type and severity of MD; and role persons with MDs play within the organization (leader vs. non-leader).

Research Opportunity 1. The Prevalence of MDs in Family Business

As much as 25% of the World’s population and one third of the US population face some mental health problem, and chronic diagnoses such as ADHD and autism spectrum disorder are on the rise globally. Many, if not most, families are affected, including those operating businesses. The intimate knowledge and understanding family members have of each other and the unique emotional connections among them suggest that family businesses may be ideal for accommodating people with MDs while also capitalizing on their strengths. At the same time, as we have discussed, MDs can cause severe problems for family businesses. Despite its substantial incidence and implications for business, to the best of our knowledge, there is no information available about the prevalence of family businesses having members with MDs, and only anecdotal evidence regarding how they deal with these family members. We were only able to find one study and it reported very high incidences of emotional disorders and addictions, as mentioned (Hutcheson et al., 2013). It appears that to date, there is research about MDs and families (e.g. Ingersoll & Hambrick, 2011), and about MDs and employment, including self-

employment (e.g., Wiklund et al., 2017a), but none on MDs and family business. Based on aggregate national prevalence statistics, the fact that several MDs are hereditary, and that self-employment is particularly attractive for people with MDs, there is reason to believe that MDs are very common among business families, and that these families use a host of strategies for dealing with MDs, but we have no scholarly evidence supporting this notion. Thus, our first research opportunity relates to conducting exploratory research about these fundamental issues.

Recruitment of participants to studies of MDs can be difficult and sensitive. Therefore, we propose recruitment strategies that either add elements of MDs to ongoing studies of family business, or elements of family business to studies of MDs. The latter option seems particularly attractive. Many countries run extensive and costly panel studies of people with mental disorders. They typically ask questions regarding if they are employed or unemployed, but the nature of their employment is rarely explored. Examining whether they operate or are employed by a family business should be a highly valuable and cost-effective addition. Apart from providing valuable insights specifically to family business and MDs, such research could also make important contributions to more mainstream family business research questions because it renders many family business issues more salient. For example, a child with an MD would accentuate all issues related to succession, such as sibling fairness or grooming an heir.

Research Opportunity 2. Testing our Conceptual Model- Coping Resources

Specific resources and the enrichment pathway

The second research opportunity is to delve deeper into the interaction of family business and MDs by testing our conceptual model, both partially and in aggregate. As noted, each dimension of the FIBER framework (Berrone et al., 2012) corresponds to specific resources that can be used to deal with the stress of family members with MDs. It is possible to test how family

business resources contribute to alleviating individual and family implications of MDs. The literatures on job design, human capital, social capital and social psychology have developed validated measures for the resource dimensions we derived from the framework, such as job demand (Ganster & Fusilier, 1989), job control (Wall et al., 1996), family motivation (Menges et al., 2017), family social support (King, Mattimore, King and Adams, 1995) and human capital training and investment (e.g., Gimeno et al., 1997). Using a sample of family businesses and these measures, it should be possible to explore issues such as the extent to which each of these resources contributes to individual wellbeing (Diener et al., 1999) and family integrity (Danes et al., 2009). Alternatively, the FIBER measures developed by Berrone et al. (2012) as well as other SEW long term orientation and resource measures (Habbershon & Williams, 1999; Miller & Le Breton-Miller, 2005) could be used to examine individual or family adaptation outcomes among family firms with MD members. We have also suggested that the family business route to individual and family enrichment is a key pathway for linking family business resources to outcomes. Measures related to that association have already been developed and validated (see e.g., Carlson et al., 2006 for work to family enrichment measures).

Of course, variation in the type of MD, variations in the role the person is intended to play within the family firm, and variations in the type of family firm can all influence the adaptation outcome. For example, small and early-stage family firms may provide more task and time flexibility for family members than large and late-stage family firms. Family business in the design and creative industry may fit better with the member with autism than the one with depressive disorder. People with ADHD may adapt more successfully and experience more wellbeing in top management than in bookkeeping roles. Family control and influence may be more beneficial for individuals with neurodevelopmental disorders to exploit their unique talents,

while more helpful for those with psychiatric disorders to reduce anxiety and depression. These variations provide boundary conditions for examining the magnitude of adaptive resources supplied by family business and the extent to which family business to individual and family enrichment can be experienced. Of course, the boundary conditions also include the context outside of the family and the family business. For example, what role does ethnic or national culture play in incorporating MD members into family firms? Is assimilation easier in smaller, close-knit communities than in larger urban centers? What role does the local community and market environment play in accepting people who are ‘different’?

Process view of resource adaptation and enrichment

Focusing on firm-family adaptation to MD members also suggests options for asking more nuanced questions concerning the adaptation process. Our theoretical model highlights the adaptive resources that may be generated by the family business to enrich the individual with MD and the family, but further insight can be developed as to *how* those resources can be effectively used or how the enrichment happens to accommodate the person with MD. For example, when high functioning autistic individuals work within a family business, how are they accommodated? Specifically, what roles do they take on, at which tasks do they succeed or struggle at, and how are their interpersonal problems managed within the firm? The literature on workplace adaptation (e.g., Schonstein & Verbeek, 2006) and P-E fit (e.g., Kristof-Brown et al., 2005) can be a good starting point that provides valuable insights.

When we referred to the close social bonds among family members in the family business, we argued that family interaction history and shared family traits can reduce behavior-based conflicts for family members. So an additional research topic would be to examine the various implications of this family-level co-adaptation. This could be very relevant for the family

business literature as many significant family businesses are known to be grappling with addiction problems related to alcohol, drug use and gambling (see Hutcheson, Jaffe and Gilliland, 2013 for a discussion of this issue). Why is that the case, in which types of firms is it most common (e.g. large versus small, later vs early generation), why does it happen, and how can it be controlled?

Research Opportunity 3: Testing our Conceptual Model -- Additional Challenges/Aggravating Stressors

Specific challenges and the interference pathway

In our theoretical model, we also outlined the unique challenges of family business that may enhance stress for families dealing with MDs. These additional challenges, such as the identification crisis between firm and family, the divided loyalties between family and firm and emotional episodes in the MD family, are sources of family to family business conflict. Measures may not be readily available for these sources but may not be impossible to find. For example, the power to retain dysfunctional MD members in the firm can be measured by the proportion of family ownership in the business. Identification crises and divided loyalties between family and firm can be measured by the extent to which family members feel more loyal to the family versus the business. There are established scales for family to work interference (e.g., Netemeyer et al., 1996) that can be adapted to the family business context. Building on these measures, research may not only examine our theoretical model but also identify the major sources of conflicts within family firms incorporating MD individuals in different capacities.

Process view of challenge manifestation and interference

More nuanced research questions can be examined based on our theoretical model. We suggested that the power to keep dysfunctional MD members may be harmful to the business.

Future research could examine the details of such negative consequences. For example, what are the most common types of interpersonal and managerial challenges when incorporating high functioning MD family members (e.g. those with severe dyslexia, or ADHD) into roles at different managerial levels: leadership, middle management, line, service, etc.? Which types of individual and family therapy can help to tackle these challenges?

Building on the person-environment fit literature (e.g., Kristof-Brown et al., 2005), Wiklund et al. (2017a) argued that individuals with more severe ADHD characteristics exhibit more impulsivity personalities which could fit with an entrepreneurial environment. Building on strategic leadership theory (Finkelstein et al., 2009), research has found that entrepreneurs with more ADHD symptoms adopt more an EO strategy (Thurik et al., 2016; Yu et al., 2018). In a similar vein, future research could examine how when a powerful top executive of a family firm exhibits neurotic styles such as aspects of depression, suspicion, obsession or dramatic behavior that has an impact on the conduct of the organization – its strategies, corporate culture, leadership and interpersonal tendencies, and how these outcomes in turn influence the performance and the sustainability of the family firm (see Kets de Vries and Miller, 1984, 1991 for specific hypotheses). Furthermore, the interactions among MD symptoms and the continuous FIBER dimensions can be examined. Do family businesses suffer more from the neurotic styles of the MD leader when the socioeconomic wealth of the firm is richer? Of course, in examining these questions we must pay attention to the above-referenced boundary conditions of different types of MDs and family companies. Given the vast differences among MDs and family firms, the scope of these questions would have to be limited to a few MDs and a limited variety of family firms.

Research Approaches

Fine-grained case studies: There are several challenges in researching family firms that are compounded by studying those families and businesses that incorporate MD members. First, family firms are notoriously secretive. The fact that they are not publicly traded is considered by many of them an important asset that preserves the sources of their competitive advantages and their profitability. As a result, they keep a low profile. Where there is an MD family member, these sensitivities are compounded. Moreover, there is an incredibly vast array of types of family firms and types of MDs. So any attempt at generalization would be futile. Finally, studying the dynamics of the behaviors, interactions and outcomes of having an MD person in a family firm requires both intimate and long-term involvement. Clearly then, the only true option here to understand in depth the dynamics and implications of MD family members is to engage in qualitative research, whereby the intention is to generate idiographic insights rather than nomothetic conclusions. This could only be done after years of having established a connection with such a firm, perhaps because of personal longstanding connection or enduring consulting engagements.

Large sample analyses: A more broad-scope analysis might make use of public databases such as those in some Scandinavian countries that make it possible to tie health records of individuals to the entrepreneurial efforts of their businesses. Although less likely to uncover the details of the dynamics of MD involvement within businesses, it may be possible to identify some positive and negative patterns between particular types of illness and certain business outcomes, particularly those related to firm growth, survival and business concentration under different economic contexts. Unfortunately, citizenship and presence in these countries and close work with government agencies would be required.

Less detailed analyses may be conducted using databases from different countries and societies on the presence of particular types of disadvantaged groups in businesses and the nature of their roles. For example, there is information on the association between particular types of business founding and specific conditions such as PTSD, ADHD and dyslexia (see Miller, 2017 for a list of related sources).

Because of the special stresses and problems of family firms, and because of the wealth and spare time available to some family members, family business associations often sponsor special group sessions to deal with problems such as drug and alcohol addiction. Where privacy is guaranteed, these sessions can provide key insights into how family firms and family involvement in family firms contribute to these problems, and over time, how various forms of therapeutic interventions can sometimes alleviate these problems.

Research teams

Most of the scholars of entrepreneurship are specialists in the business disciplines, and are not trained psychologists or psychiatrists. Intervening in family firms is delicate under the best of circumstances given the complex, longstanding and emotion-laden issues among family members that lie beneath the surface of many family businesses. Also, MDs are complex as are the medical specialties that are intended to deal with them, and they are often intractable or subject to exacerbation due to inappropriate intervention. Thus any research into MDs in family businesses that involves personal association with these enterprises will have to be done with professionals and under professional guidance. The Hippocratic admonition to do no harm is thus of paramount importance when conducting this type of research. And even when performing research at a distance from ‘live companies’ the complexity of the topic of MD

participation makes it advisable to incorporate those with medical expertise and accreditation on the research team.

CONCLUSIONS

Given the high prevalence of mental illness, there is reason to believe that most families operating businesses will experience that a family member is affected by MD at some time. By infusing insights from the ABCX and WFI models into the SEW framework, we developed a theoretical model that delineates a business family's adaptation to members with MDs working inside the company. Our model contributes to the family business literature in two principal ways. First, it has been recognized that the resource and interpersonal transactions across family and business domains are crucial for family-business viability and sustainability, especially during times of disruption (Danes & Brewton, 2012). However, it is also important to study the unique resources and challenges inherent in family businesses that shape such transactions. We have argued that the dimensions of socioemotional wealth hint at both the positive resources and the obstacles to handling the various stressors implicated in having an MD family member work in a family firm – a fairly common phenomenon (Berrone et al., 2012). Thus, we bring much-needed specificity to models of family business sustainability (Stafford et al., 1999; Danes et al., 2008) in terms of both the types of unique resources/challenges and the outcomes. Second, there has been extensive research trying to unravel the performance differences between family and nonfamily firms (e.g., Anderson and Reeb, 2003). One of the dominant explanations is the resource-based view of family firms, suggesting that family firms occupy a unique bundle of resources created by the interaction of business and family, or referred to as “familiness” (Habbershon and Williams, 1999; Tokarczyk et al., 2007). Familiness creates both competitive advantages and disadvantages (Dyer, 2006). Unlike traditional treatment of RBV, we focus on

individual, family and business adaptation outcomes instead of solely on firm financial outcomes. Thus, albeit indirectly, we contribute to the RBV view of family business by extending the types of outcomes that are important for family business especially during times of disruptions and by suggesting that family businesses have a unique bundle of adaptive resources and challenges compared to nonfamily businesses.

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Table 1. Aggravating Stressors and Coping Resources and Business Outcomes

	Aggravating Stressors	Coping Resources
SEW Dimension		
Family Control & Influence	<p>L: Poor decisions. Limited transparency. Inability to dethrone dysfunctional CEO</p> <p>E: Inappropriate jobs given irrevocably to family members with MDs</p>	<p>L: MD leader can exploit unique talents and build complementary team</p> <p>E: Family control fosters adaptability and flexibility to accommodate those with MDs</p>
Identification of Family Members With the Firm	<p>L: Attachment to firm makes poor leaders cling to power</p> <p>E: Entitled MD employees create feeling of injustice</p>	<p>L: Disciplined leaders protect firm and family reputation</p> <p>E: Strong motivation to cooperate & adapt</p>
Binding Social Ties	L,E: Overprotection of embedded, incompetent family member	<p>L: Profound understanding of team to adapt firm to MD</p> <p>E: Deep connection between MD employee and support team</p>
Emotional Attachment of Family Members	L,E: Negative emotional climate can pervade firm: jealousy, conflict, emotional contagion	L,E: Trust, altruism & benevolence help cope with stress. Emotional support and genuine affection for those with MD
Renewal of Family Bonds to the Firm Through Dynastic Succession	S: Reduced talent pool; family tensions to manage	S: More investment in training and social support to ensure successful long term succession

L= MD leader; E=MD employee; S=MD successor

Figure 1: Conceptual Model: Mental Disorders and Family Business

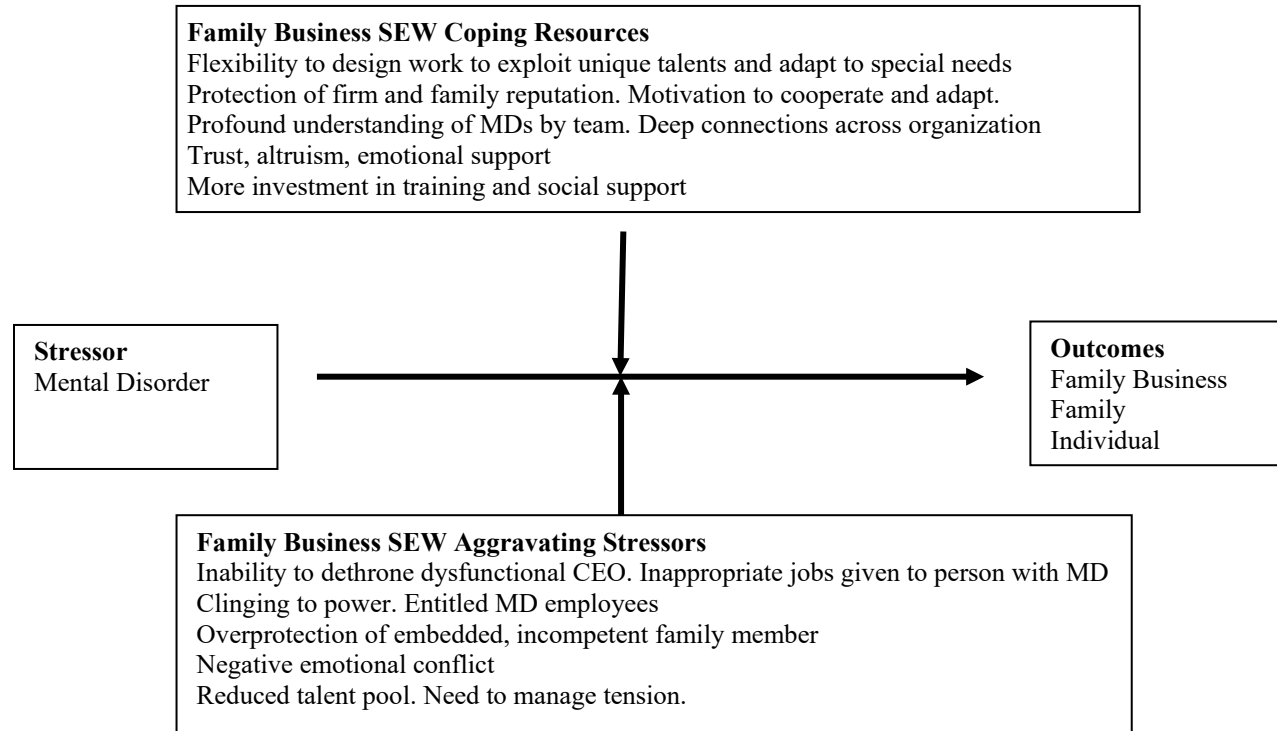


Figure 2. A 3-Dimensional Conceptual Model Displaying how Mental Disorders Affect Family Business

