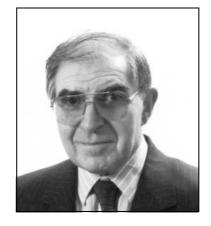


Ashley Robin

Formerly Consultant Psychiatrist Runwell Hospital, Essex Charing Cross Hospital

Ashley Robin was born in 1925 in the East End of London and was raised in Greenford, attending Ealing Grammar School. He moved with his family to Glasgow at the age of 16, although he had cycled there by himself at 14 - an early demonstration of his determination, which remained throughout his life. He studied medicine at Glasgow University, where he graduated MBChB in 1947 and was awarded his MD in 1958. He began his career in psychiatry when he was 23 at Runwell Hospital, from 1950 to 1980, where he eventually became consultant and sometime deputy physician superintendent. He gained the DPM in 1951 and was elected FRCPsych in 1972. His first mentor, James Valentine, considers him "one of the best", a phrase with which all who knew him would agree. He was an authority on the Mental Health Act and gave distinguished service as a medical member of the Mental Health Act Tribunal from 1960 until 1997, retiring at age 72. He took a scholarly approach to his subject and applied careful scientific method to his research, which was unusually prolific for a full-time consultant, with more than 45 research studies and articles published, mostly in the British Journal of Psychiatry.

Ashley rang me just after he had a serious heart attack while going to (and



completing) interviews for a postretirement post at the Department of Health in 1980. He completed the interview and returned to his flat and rang me to take him to Charing Cross, although we had never met. After his coronary, I persuaded him to begin his second career at Charing Cross, where he became Head of the Gender Identity Unit, the largest in the world. He was, as well, a consultant to the Home Office, examining inmates at Pentonville Prison. This determination not to be daunted by health difficulties served him well for the succeeding 21 years, despite a coronary bypass in 1985, and 10 years of increasing heart failure and Parkinson's disease.

His last contribution to medical knowledge was an analysis he and I made of the decline in admissions under the Mental Health Act through the 1970s until 1987,

after which they steadily increased to previous 1970s levels. He noted that the change occurred when bed numbers crossed the point that Tooth and Brook, in 1972, predicted that bed numbers would meet need, following the discharge of the old long-stay from mental hospitals and their eventual closure. Tooth and Brook had not anticipated the zeal of managers and advocates of community care to shut down beds far beyond scientifically estimated predictions. Unfortunately, publication was rejected – we felt this was because the statement went against the rush to 'community care'.

Ashley courageously nursed his French wife, Monique, during her long illness with cancer and she died in 1992. He renewed his interest in bridge, and played 2–3 times a week in London and on holidays, often with his sister Jeannette in warmer parts of the world. In the last 2 or 3 years of his life he was increasingly handicapped by his Parkinsonism, yet travelled to Turkey just 4 months before his death, and played his last hand of bridge only a week before he died.

Ashley Robin engendered warm feelings; he had a wonderful dry humour and was a man of the highest principles, who was respected and appreciated by his professional colleagues, friends and family alike.

He leaves a son, Philip, a daughter, Jane, and four grandchildren whom he adored and of whom he was extremely proud.

S. R. Hirsch

reading about

Self help books on preschool parenting problems

Books have had a dramatic impact on child rearing practices in past years. Benjamin Spock (1956), who produced the parent's bible of the post-war period, has been blamed for the permissive society and many other ills of the 60s generation, while Hugh Jolly (1975) recommended the 'family bed' and created a generation of confused parents. Penelope Leach's book (1979) was my first parenting text as a mother and she has now updated this into a 3rd edition (1997). Her writing is helpful and informative and presents the needs of the child as being paramount. She does help parents think about how to approach the problem rather than being rigid and dictatorial about how parents should behave

Certain questions need to be considered when recommending books for parents:

- Do the parents want general advice about child rearing and parenting skills or do they have a child with a specific problem (Daws, 1989; Douglas & Richman, 1984; Douglas, 1991; Haslam, 1995; Kitzinger, 1990)?
- Do they want reassurance or confirmation about what they are doing; quick tips on how to cope with simple everyday problems without bothering their general practitioner (GP); or detailed advice on how to cope with a more complex difficulty?
- Which style of book is most suited to the parent, i.e. magazine style with many illustrations and brief bites of information or non-pictorial, discursive and detailed?

The style of the author is an important consideration for parents to feel comfortable with the advice. Patronising writing can make parents feel inadequate or guilty and the clinical training or the therapeutic orientation of the author will affect how he or she writes. Authors may write

primarily from the perspective of the child and try to enable parents to understand how the child perceives and reacts to the world. Others are humorous and try to lighten the anxiety and reassure parents. Some books oversimplify in an effort to normalise a problem or to generalise to as wide an audience as possible.

At present, books by Christopher Green, a paediatrician, seem to be highly in favour among GPs and health visitors. He started with *Toddler Taming* (Green, 1984) in the 1980s and has updated it for the 1990s (Green, 1992). He has a humorous relaxed style, which aims to be reassuring, using clinical experience and his own experience as a parent. However, it is a general book dealing with everyday mild behaviour problems and does not cover more severe behaviour problems in sufficient depth.

In his advice on managing sleep problems, I have always been concerned about his 'controlled crying' technique as it does not fit the pattern of standard behavioural management advice. It suggests leaving longer and longer gaps between going in to see the crying child and I would suspect that it might make the process of change longer than necessary. His 'rope to door handles' method also makes my imagination run wild. But, in general, he provides a good commonsense approach, which tries to increase parents' confidence and stresses a positive approach to coping with children. He often states his opinion, which he admits may or may not be correct.

He has progressed on to writing books for both younger and older age groups (Green, 1989, 1992; Green & Chee, 1998). I was pleased to see a much clearer chapter on attention deficit hyperactivity disorder (ADHA) in *Beyond Toddlerdom* (2000) than the poor one in *Toddler Taming* (1992), which refers to the children as 'hyperactives'. The book for the older age range does not have quite the same sense of confidence as *Toddler Taming* and I find the breadth too great, without sufficient help for parents who are struggling.

A different approach is offered by Stephen Biddulph, who has trained and worked as a psychologist and family therapist. He does not focus on a problem orientated approach but takes issues associated with parenting at a wider level (Biddulph, 1984, 1999). He writes in an accessible manner, which is at times humorous, but the cartoons can be irritating and take up too much space. He brings the perspective of a family therapist and takes into account the interrelationships between different family members and actually talks about fathers. He is interested in the role of males in families and has also written a book specifically about bringing up boys (Biddulph, 1998). He includes ideas from Rogers on active listening, Levin on developmental stages, Jackins on emotional expression and Berne on parental messages. The lack of a specific problem focus means that the book is more general and not applicable for someone who wants to look up how to cope with sleeping or toileting problems. But they are a good read and can create a framework for parenting that is insightful and helpful.

Dorothy Einon is an academic psychologist who covers birth to puberty in her book *Child Behaviour* (1997). The style is much more instructive and directive. I guess she is a mother of boys as her comments on how to cope with difficult adolescents often resort to not cooking them a meal as an ultimate sanction, while my adolescent girls would happily cook for themselves if left to their own devices. It is a helpful and informative book but owing to its nature cannot cover any one issue in depth. The book layout uses small boxed inserts that demonstrate the wrong way and the right way to manage

a problem. This is useful in highlighting what is going wrong rather than only describing the correct approach. The layout allows the author to include a lot of information without being overwhelming. The 'lightness' of Christopher Green is missing but the material is comprehensive. Sadly she does not refer onto any other books for parents to read and I am sure that she must have a wealth of knowledge about more in-depth texts that could have been useful.

The Great Ormond Street Baby and Child Care Book (Hilton et al, 1997), although ostensibly having a wider remit than parenting, does have good chapters on feeding, sleeping, toilet training and relationships. It is a large and dense book. which could put off some parents, but it contains a wealth of good information for the 0-5 age range and royalties go to the hospital. The authors are journalists who interviewed clinicians at the hospital and read books and papers recommended by them and then created the text. It is therefore not written by a clinician, so the style is not as personal as Christopher Green and it certainly is not humorous, but it is an excellent tome

When parents are facing a more severe or specific child behaviour problem they often look for a book that focuses on one issue. Struggling with a crying baby can make parents feel as if it is the end of the world. They may seek an understanding of what is happening to them and their babies (Kitzinger, 1990). Reassurance from the GP is often not enough to combat the stress and worry this problem creates. A sleepless child is also often the single problem that parents face for which they need specific advice (Douglas & Richman, 1984; Daws, 1989). The management of hyperactivity or ADHD has a selected readership but there are a large number of books written on the subject, varying from detailed behavioural programmes for parents to carry out at home to more general information (Douglas, 1991; Green & Chee, 1998; Taylor, 1997).

The internet is now providing a further resource of information for parents, but there is a lot of junk and many sites are linked to advertising and selling products. They tend to be more about helping children to learn and providing ideas for outings rather than specific help with behaviour problems. A little gem that I have recently found is http://www. practicalparent.org.uk. This is a UK-based site that makes the style much more accessible to British parents and is run by Andy Gill at the University of Leicester, based on his PhD. It is an excellently designed site and has parenting tips and handy hints to print off. It also contains information about parenting research for professionals and parents. There is a chat line, a message board, a book list linked to Amazon and you can sign up for a free newsletter. Andy has carried out parenting groups research and this website is a tremendous way of sharing the information he has gathered for the benefit of all. If only more PhDs were as fruitful.

All of the self-help books discussed here frame the management of sleeping, eating and tantrums in the context of a positive parenting approach, in which parents are learning how to make decisions about what issues in behaviour management are important to them. Reducing anxiety and increasing flexibility, but helping parents to set clear limits and boundaries for their children's behaviour, are the root of most sensible advice.



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Jo Douglas Child Clinical Psychologist