

Editorial

A number of the papers in the present issue have clinical implications related to the role of families in child development. The first paper by Rutter and his colleagues from the English and Romanian Adoptees study team concerns the impact of gross early privations on subsequent development. The adoption into English families of children from Romanian institutions constituted a most informative natural experiment because horrendous early experiences were followed by placement into rather better than average family circumstances. The paper documents the poor state of most children at the time of coming to the U.K. and the spectacular degree of cognitive, as well as physical, catch-up. The findings attest to the remarkable resilience shown by many individuals, even after quite extreme privation. However, they also show that recovery was not always complete, especially if the privation lasted beyond the early months of life. Because the privation in Romanian institutions was so severe and pervasive it proved difficult to isolate the key element leading to lasting deficits, but the pattern of findings suggests that psychological privations may have been more damaging than nutritional ones. The results highlight the need for clinicians to be alert to the sequelae of serious neglect, but also to be aware that provision of a good rearing environment in a supportive family can do much to alleviate the damage.

The paper by Pagani et al. is not concerned with the absence of family care but rather with disruption and reorganisation within families. The study focused on the impact of divorce and remarriage on family processes and delinquency in a sample of 427 French-Canadian boys. Although the majority remained with intact families during the course of the study, some boys experienced divorce. Others experienced both divorce and remarriage. The boys were grouped by the developmental period in which they experienced family transition. Adolescent boys who experienced parental remarriage between the ages of 12 and 15 were at greatest risk for delinquency. In particular, they showed evidence of comparatively more theft and fighting at earlier ages than their peers from families that remained intact. These boys saw their parent-child relationships as being less close. In terms of clinical implications, it should be noted that a second marital transition while they are dealing with the challenges of adolescence may place both parents and children at risk for adjustment difficulties. Parents who are experiencing the reorganisational processes of remarriage should be especially sensitive to their son's needs for a stable parent-child relationship during that period.

The ability of families to cope with transitions and changes is also the topic of the paper by Griffin-Carlson and Schwanenflugel. Here, families' responses to teenage pregnancy were the focus of the investigation. They found that the quality of family involvement in the support of adolescents seeking abortion was most closely

related to the degree of family adaptability. This facet of family functioning is related to an egalitarian leadership style with a democratic approach to discipline. If a family functions in this way, a teenager in trouble or who has made a mistake or acted impulsively and become pregnant is more likely to approach an adaptable parent. The authors raise the important clinical issue about whether such adaptability is open to intervention and training.

The complexities of relationships within families is addressed in the paper by Mathijssen and colleagues. They were particularly interested in the way in which different dyadic relationships within the family are mutually interdependent. They wanted to identify which facets of these relationships are most closely related to child psychopathology. In this regard, the notion of "justice" was most salient. This concept is based upon the intergenerational family theory of Boszormenyi-Nagy. Here justice is defined as "the way in which the balance of giving and taking in the relationship with others is experienced". The findings from this study are of great relevance to those adopting a family approach to interventions in child psychiatry. This kind of study starts to provide empirical tests of theories of family process in relation to child psychopathology. This seems to be an area where there is an urgent need for more cross-fertilisation between different research schools. For example, the Mathijssen paper makes no reference to the earlier work of Robert Hinde concerning the interdependence between relationships within social groups. This surprised me and I thought it would be instructive to look at the citations to Robert Hinde's 1979 book. This had been cited 281 times in the social science literature since it was published but on no occasion by a paper concerned with family therapy. It seems to me that there is a clear need to bridge the psychological, or indeed ethological, literature on social relationships and the development of family approaches to treatment.

One area where family theories have been particularly successful is in understanding the processes related to the development of externalising behaviour. Here, the work of Patterson on his coercion theory has been particularly influential. Fagot and Leve undertook a study to look at the applicability of this theoretical framework for the development of externalising behaviour in young children. They found that there were similarities in the processes (as indicated by early predictors) concerned with the development of externalising behaviour for boys and for girls. However, the consequences of such behaviour problems for boys and girls were quite different. This study suggests that for preschool problems the Patterson coercion theory holds but only for boys. Further work is needed to provide an account of the origins and maintenance of externalising problems for girls. For boys there is then guidance on intervention available from the work of Patterson and his group but

for girls clinicians may need an alternative framework on which to base treatment.

A second theme running through the papers in this issue is that of unmet clinical needs. Yude et al. looked at the issue of integrating children with special needs into mainstream schools. This has become the norm in the U.K. and many other countries. This paper reports findings on a group of mainstreamed children with hemiplegia who were found to be disadvantaged in their social relationships, compared to a matched group of classmates. Given that neither intelligence nor severity of hemiplegia predicted peer problems, the authors suggest that subtle neurological deficits may be responsible. They argue that simply meeting educational needs and providing classroom support is not enough; children need to be socially integrated too in order to benefit from mainstreaming. They suggest that early intervention and appropriate social skills training could be beneficial.

Puura et al. report on a large-scale study of depression in Finnish adolescents. They emphasise that one of the main differences in adult and child psychiatry is that, when experiencing distress, a child nearly always has to rely on the ability and willingness of parents to ask for help. The study addresses the question of which symptoms of depression parents and teachers do identify and which aspects were associated with seeking psychiatric help. It is important to note that these features may very well vary across cultures. Puura and colleagues suggest that we should be aware of the significant proportion of children self-reporting high levels of depressive symptomatology but for whom no referral is made. Given

current concerns with the levels of self-harm in adolescents and the risks associated with continuing depression into adulthood, there is a case to be made for extending mechanisms of case identification within the community and for exploring ways of meeting the clinical needs of this wider group of nonreferred depressed adolescents.

This issue of the Journal is a particularly large one and there is not scope for the clinical implications of all the papers to be discussed in this editorial. However, I do finally want to comment on the paper by Eckstein Grunau. This paper concerns the impact of painful experiences during infancy on the developing nociceptive system. The prematurity of children born with extremely low birthweight provides an opportunity to study the biobehavioural development of this system. If events during the stay in neonatal intensive care units (NICU) do have long-term implications for these infants for pain sensitivities or more broadly on biobehavioural reactivity, then there are important implications for the way in which the NICU environment is organised. It may also be the case that interventions are indicated that will reduce stress on these premature infants and these might include massage and enhanced skin-to-skin contact with mothers. The paper by Eckstein Grunau and colleagues does suggest that there are qualitative differences in the way in which extremely low birthweight infants subsequently experience pain. The mechanisms responsible for this possible association are, as yet, poorly understood.

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