

Editorial

It is a great pleasure to write my first editorial, attempting to draw out the clinical relevance of some of the papers in this issue. I think a number of themes emerge in this issue, connected to the enduring problem of inferring underlying processes and problems from behaviour. We all know that behaviour is complex and messy, that the same behaviour may have many different underlying causes, and that the same core difficulty may have different behavioural manifestations in different individuals, at different ages or ability levels. These challenges, and some possible advances, are central to a number of papers in this issue.

Several papers remind us that comorbidity seems to be more the rule than the exception in developmental disorders. Kadesjö and Gillberg report on comorbidity of ADHD in a school sample, finding that 87% of those with ADHD have one or more comorbid diagnoses, particularly common being oppositional defiant disorder and developmental coordination disorder. It is particularly interesting to be reminded that comorbidity is not the preserve of the clinic, where we might explain away these complex cases by referral bias, severity, and so forth. If some developmental disorders cluster together even in community samples, it raises important questions: Are these disorders linked at the biological level? Does comorbidity reflect the cascading domino effects of disorder through development? Kadesjö and Gillberg make the important point that research studies often focus on “pure” cases, but that results from such studies may or may not generalise to comorbid children, who may be more representative of the “real” condition.

A second type of comorbidity comes up in Lwin and Melvin’s annotation on paediatric HIV infection. This paper discusses the changing challenge resulting from better medical treatment for HIV in many parts of the world, where the focus is now on psychological adjustment in children and especially adolescents living with HIV. These children often suffer a range of associated disadvantages, such as poverty, drug exposure in utero, parental ill-health or loss. Unravelling the effects of these different clustering factors presents an important challenge for those working with young people with HIV—for which, the authors point out, lessons may be learnt from the study of other chronic illnesses.

A second strand of the theme of the complexity and confusion in behavioural features revolves around onset of disorders. The paper by Sandberg and colleagues asks whether threatening life events provoke the onset of psychiatric disorders in children. By comparing within participant across time, the authors found that although children with psychiatric disorders had experienced more severe life events than control children, this was not specific to the period immediately preceding onset. They comment that the notion of a single point of onset may be over-simple for some disorders. This notion is echoed in the paper by Brame, Nagin, and Tremblay, examining developmental trajectories of physical aggression from age 6 to 17 years. Although research and diagnostic practice has distinguished conduct disorder of early and

late onset, these authors find little evidence of a clear dichotomy in physical aggression more specifically. While relative ranking of children on aggression is relatively stable, absolute level of aggression appears to change considerably, along a number of different possible trajectories. Most aggressive adolescents appear to have shown childhood aggression, but the vast majority of aggressive children show lessening aggression with age. The authors find little evidence of a late-onset aggression group, but distinguish in this between “onset” of a stable problem and the occurrence of isolated episodes of physical aggression.

The third strand of the behavioural complexity theme concerns source of information. A number of papers in this issue remind us that the answer you get to a question concerning a child’s difficulties may well depend on who you ask. The paper by Baillargeon and colleagues focuses on this problem explicitly, and shows how latent class analysis may be used to model inter-informant agreement, and test whether prevalence of disorder and its association with risk factors is the same across informants. This work is likely to be of great importance for epidemiological studies of childhood psychopathology, where different individuals are often identified by different informants. It is interesting to note that a number of other papers in this issue happen to show rather different effects according to informant used (e.g. children versus parents in the Sandberg et al. paper). However, the paper by Yamamoto and Mahlios reminds us that for many questions, parents can be an excellent source of information, showing high agreement with their children—in this case for the perceived stressfulness of various possible life events. Of course, disagreement among informants should not necessarily be considered as “noise”, and may tell us something important about, for example, setting-specificity and hence likely causes of behaviour.

The paper by Nadder et al. gives a nice example of how examination of behaviour, both phenotypically and through multivariate genetic analysis, may shed light on the sources of inter-informant differences. They find rater-specific variance; parental interview measures of ADHD showed sibling contrast effects, reflected in correlations for fraternal twins that were well below half those for identical twins. That this was true for parent but not teacher ratings suggests that the parents focus on the contrast between their children, rather than that the twins behave in ways that accentuate their differences. This finding reminds us that we receive behavioural ratings through the filter of individuals’ perceptions and cognitions. This is evident, too, in the paper by Gomez et al., showing that children with a hostile attribution bias and consequent aggression also perceive their mothers as less supportive and more controlling. Whether the longitudinal relationship found between perceived maternal style and later attribution bias and aggression reflects genuine parenting effects or the child’s persistent interpretative style may be clarified by objective measures of parent-child interaction. Using a genetically sensitive

design to unravel effects of parenting behaviour and shared parent-child characteristics would also be helpful.

In focusing on the complexities of informant differences in interview and questionnaire measures, it should not be imagined that direct experimental tests are immune to problems in inferring underlying psychological processes from behaviour. The final paper in this volume, by Bishop et al., questions the conclusions that can be drawn from one of the best-known tests of planning, the Tower of Hanoi. Deficits in executive functions such as planning, set-shifting, monitoring, and inhibiting behaviour are seen in a wide range of clinical groups, notably autism and ADHD, but possibly including obsessive-compulsive disorder, low birthweight, and in utero alcohol-exposed groups. Measuring executive functions is notoriously difficult; in the adult neuro-psychology literature deficits are often apparent in real

life but not on standard tests. It is disappointing, therefore, to read that the Tower of Hanoi planning test does not appear to show sufficient test-retest stability to be suitable for the assessment of individual children. What the inconsistencies found by Bishop et al. suggest, surely, is that a full task analysis is needed of this and apparently similar tasks. The immediate message for clinical work is that the Tower of Hanoi test, like the vast majority of assessments, cannot be used in isolation and is informative for individual case work only as part of a battery of tests, observations, and informant ratings. Each of these methods provides an indirect probe for underlying psychological processes, with convergence of measures serving as our best indication that we are “reading mind in behaviour” appropriately.

Francesca Happé

Letters to the Editors

Up to a year or so ago, we incorporated a feature in the *Journal* called “Debate and Argument”. We now think it is time to reintroduce the notion of the readers commenting on the research published in the *Journal* in “Letters to the Editor”. We see these as relatively brief comments on published material. We would attempt to print these letters as soon after they have been received as possible. However, we will be encouraging the authors of the original papers to provide a brief response. The Editors look forward to receiving comments from the readership of the *Journal*.