

## Editorial

The issue of the relationship between the quality, quantity, and timing of childcare outside the home and later psychological development has been one of the most hotly contested social policy issues for developmental psychology. The Emanuel Miller lecture in this issue of the *JCPP* is by Jay Belsky, whose writing on this topic has been at the centre of the debate. The paper provides a current perspective on the issue and summarises evidence indicating that early, extensive, and continuous non-maternal care is related to less harmonious patterns of mother–child interaction and high levels of noncompliance and aggression in later childhood. Belsky suggests that this evidence should be seen as a cause for concern but not necessarily alarm. Although the effects detected are not attributed to low-quality care, nor do they merely reflect assertiveness rather than true aggression, it would be a mistake to exaggerate the magnitude of what are clearly modest negative effects of early childcare. Moreover, the evidence does not suggest that prolonged periods in care predict later clinical levels of behaviour problems. Even though the findings summarised in this paper may therefore be of limited clinical relevance, especially when considered from the perspective of an individual child or family, they would seem to be important when seen from the perspective of society as a whole. This becomes even more important given that full-time or near-full-time care initiated in the first year of life and which continues until school entry, i.e. early, extensive, and continuous care, is rapidly becoming the usual experience of children in America and perhaps in other countries too. Thus there is a need to distinguish implications for individual children and for society at large. This is why the paper recommends policy that extends parental leave and gives parents more options to work on a part-time basis, something that some research indicates is exactly what parents want.

The first empirical paper in the current issue reports on the long-term impact on intellectual development in children of depression in their mothers at 3 months postpartum. Before discussing the importance of the findings reported in this paper, I would like to draw attention to the fact that the paper represents one of the last projects that Professor Channi Kumar worked on before his death last year. Professor Kumar played a crucial role in fostering research into the health of mothers in the postpartum period. In particular for readers of this *Journal*, he has been instrumental in developing a number of research projects looking at the impact of maternal mental health on development of children in infancy and early childhood. The present paper extends these investigations into early adolescence. The demonstration that as much as 15% of the variance in children's IQ scores at this age could be accounted for by features of the mother–child relationship (postnatal illness and breast feeding), even when parental IQ is accounted for, is a very important result. The findings from this study place particular emphasis on the exposure to maternal depression during the postpartum period and should provide justification for the development of

effective intervention procedures to offset these long-term consequences.

Lynne Murray has also established a programme of research on these long-term sequelae of exposure to postnatal depression. The paper from Professor Murray and her colleagues in the current issue addresses the problem of measuring depression cognitions in young children. Such assessments are difficult as, at this young age, they may not have the meta-representational capacity to reflect on, and give valid accounts of, their own experiences and emotions. Nevertheless, the assessment of cognitive vulnerability to depression traditionally relies on such skills in using children's responses to questionnaire items concerned with self-esteem or to assess attributional style based upon hypothetical dilemmas. The paper presents a study that was designed to overcome the problems associated with traditional assessment techniques by devising a naturalistic situation that posed 5-year-old children with the mildly stressful experience of losing deals in a competitive card game to elicit the spontaneous expression of vulnerability. It was found that children of depressed mothers were significantly more likely to express depressive cognitions than children of well mothers. This argues for the use of ecologically valid assessments involving some element of low mood induction for identifying cognitive vulnerability in this age group.

In recent years the Great Smokey Mountain Study has provided important new information on the epidemiology of psychiatric disorders in childhood. The paper by Ezepeleta and colleagues addresses an issue of concern to clinicians, i.e. the extent to which disorder represents impairment. The report presents evidence on the prevalence of incapacity in children and adolescents with psychiatric symptoms and the relationship between demographic variables and impairment. The paper concludes that disability is related to race, gender, age, and the type of psychiatric disorder experienced. This information can be valuable in targeting programmes to groups known to be especially vulnerable. More generally the argument developed in the paper is that there need to be complementary studies of the nature and origins, both of psychiatric symptomatology and of its associated disability.

The next two papers are both concerned with the extent to which two reporters would agree with one another on aspects of behaviour. The first, by Caspi and colleagues, addresses the question of how reliably couples can report on the male partner's lifetime antisocial behaviour. The second paper, by Van der Valk et al., looks at the agreement between two parents on their ratings of their twins' problem behaviour. In both these studies there is evidence of good agreement about the relative scores on the behavioural measures. However, there were also sources of difference. In the study by Caspi there was poor agreement between the men and the women on the absolute level of antisocial behaviour, with the women under-reporting relative to the self-report of the men. In the twin study there was evidence that the two parents

were observing slightly different sets of behaviours from their children. Both these studies indicate the importance of multiple sources of information in any psychological measurement. A more complete appraisal of behaviour requires the report to be based upon a number of different sources. However, at the same time, the studies indicate that some aspects of behaviour can be reliably reported using just one observer.

The study of twins was also the method used in the next paper by Neuman et al. In this case the genetic information that can be derived from the study of twins was used to help develop a reliable typology of different ADHD subtypes. It should be noted that the generalisability of the results from this study may be limited by the inclusion of only female twins. Nevertheless, the results suggest that, in addition to the use of diagnostic criteria such as those specified in DSM-IV, it is important to use information on both severity and comorbidity to determine who receives treatment. The issue of who benefits from treatment is addressed in the paper by Webster-Stratton and colleagues. There has been relatively little research on the impact of social skills and problem solving training for young children with conduct problems. Even less is known about the characteristics of children who can or cannot benefit from such intervention. This paper presents results indicating that this form of child training produced long-term effects as well as changes that generalise to home and school settings. The only factor that could be identified that mitigated against improvement was that of negative parenting, shown by the large number of critical statements and bad use of physical force. Neither hyperactivity nor family stress was related to differential outcome. The results of this study provide reassurance of the effectiveness of such training with a wide variety of children but also provide guidelines on which families may be less responsive to treatment.

Maternal awareness of their children's attitudes and perceptions of illness are related to psychological adjustment of siblings of children with a chronic physical disorder. These findings, reported by Taylor et al., suggest

that maternal awareness is a resiliency factor in siblings' psychological adjustment in these circumstances. It is therefore possible that healthy siblings will be helped by family interventions that facilitate parental awareness about their experience of chronic physical disorders in their brothers or sisters. Of interest to clinicians is also the finding that mothers reported that well siblings experience more negative attitudes and perceptions about the physical disorder and its impact than were in fact reported by the well siblings themselves. Therefore parents could usually be reassured by this finding.

The final two papers in this issue concern aspects of eating behaviour. They, however, address this issue at rather different age points. The paper by Wardle et al. reports on the development of a parent-based measure of eating style in children. The psychometric properties of this measure were investigated in children from 3–8 years of age. The authors suggest that the Children's Eating Behaviour Questionnaire may provide a useful measure of eating style for research into the early precursors of obesity and eating disorders. Looking at a somewhat younger age range of children, aged 12–14 months, Parkinson and Drewett developed a coding scheme for analysing feeding over the weaning period. They suggest that weaning is an important behavioural transition and a context in which feeding and nutritional problems often arise. In the narrow age band of this study considerable variability in feeding was found, both from child to child and from meal to meal. When children were fed by their mothers rather than feeding themselves, food intake was greater but the meal was only slightly shorter. This paper provides some valuable normative data on which judgements about individual children's eating behaviour could be judged. For example, the longest meal duration observed was 44 minutes and 54 seconds, which confirms that a previously recommended criteria of 45 minutes for the identification of abnormally long meal times is well founded for this age group.

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