

Editorial

In this issue there are a number of papers that signal the need for greater clarity in the way in which the basic psychopathology for autism is framed. The paper by Russell et al. raises the question of the extent to which the problems faced by such children arise purely from the lack of a theory of mind. Performance on the false belief task—first used by Wimmer and Perner in 1983—is frequently treated as an indicator of whether a child has or does not have a theory of mind. In autism research it is indeed common to separate children into those with a theory of mind and those without. While not questioning that children with autism find it difficult to think about their own and other people's thoughts, the paper by Russell et al. encourages scepticism about whether this task is an index of theory of mind and of nothing more. They demonstrate that whatever else the task requires in the way of mentalising ability, it also makes substantial executive demands. This ambiguity over precisely what is required in order to complete this task successfully should lead clinicians to be cautious about claiming that failure on such a task demonstrates the lack of a theory of mind.

Reappraisal of another aspect of the autistic child's disabilities is suggested by the paper by Buitelaar et al. It is usually expected that social and emotional understanding is associated with verbal cognitive skills. In this paper this belief is challenged in a study of mentalising an emotional recognition ability in children with autistic spectrum disorders. It was found that verbal memory rather than other aspects of verbal competence was relevant and that, in addition, visuospatial skills emerged as an important predictor of social and emotional understanding. The authors suggest that this result may explain why children with poor visuospatial skills often have serious problems in social and emotional adaptation.

The third core feature of autism is repetitive or stereotypic behaviour. The research related to this topic is reviewed in the Annotation by Turner. This review ends with a survey of various interventions to help reduce repetitive behaviour in individuals with autism. This is a valuable appraisal of alternative methods for the clinician.

As well as its salience in autism, social cognition plays an important role in a range of behavioural difficulties. The paper by Nabuzoka and Smith investigates the difficulties children with learning disabilities have in this domain. They report a study investigating differences in the ability of children to interpret social situations (serious or play fighting) related to their age and disability status. The findings indicate that children with learning disabilities lag behind nondisabled children in social cognitive skills: they are less accurate in interpreting such situations and utilise presented cues to a lesser extent than nondisabled children. Such reduced ability to interpret social situations has implications for the social adjust-

ment of children with learning disabilities as this may lead to misunderstandings and could explain the social isolation and disturbed social relationships observed in previous studies. The paper by Nabuzoka and Smith therefore has implications for the development of social skills training for children with learning disabilities.

There are two papers concerned with behaviour during the preschool period. That by Winsler et al. concerns the significance of private speech in the development of behavioural disturbance. The authors' findings suggest that preschool children with behaviour problems show similar patterns of both parent-child interaction and private speech to those seen in older clinical children with ADHD and other disruptive behaviour disorders. Behaviour problems shown during the preschool period are known to represent a significant risk for development of more serious behavioural disturbances and psychopathology. Given that the preschool years are critical for the development of self-regulation and that parent-child interaction is a significant predictor of outcomes for behaviour problem preschoolers, early assessment, prevention, and family-based intervention for preschool children with behaviour problems are indicated by the results of this research.

The paper by Hay et al. puts forward what will undoubtedly be seen as a provocative account of some of the factors influencing the development of prosocial behaviour in children. They show that young children aged 1 and 2 years have regular experiences with peers and that in contradiction to the prevailing stereotypes, prosocial behaviour is more common than aggression in these interactions. In particular, toddlers are more likely to share toys with peers than to try to grab their peers' possessions. Younger children share as readily as older ones and over the second and third years of life sharing becomes increasingly selective. In particular, girls prefer to share with other girls. Boys are more likely to adopt a system of quid pro quo of sharing in response to sharing from others. Although these findings are intriguing, the more controversial part of the authors' conclusions concerns parental responses to prosocial behaviour. Children who share a lot with peers are characterised more negatively by their mothers. This was especially true for boys. Hay et al. believe that children are encouraged to regulate their prosocial impulses and so very high levels of sharing may come to be associated with other signs of dysregulated emotion. This developmental process may originate in the early years of life.

Another facet of parenting is the topic of the paper by Webster-Stratton and Hammond. They suggest that their findings indicate that negative parenting and negative marital conflict are highly associated. Even when parents are able to maintain positive relationships with their children, the child will still be directly affected by the negative conflict seen in the marital relationship. The

authors therefore suggest that as well as dealing with parenting skills and affect regulation in relation to children, the most affected interventions should also address issues about marital problem-solving, communication, and anger management.

The origins of the mother–child relationship is the subject of the paper by Feldman et al. The most clinically relevant goal of their study was to draw attention to the maternal side of the attachment process. They focused on mother's thoughts, worries, preoccupations, compulsive checking, typical endearing actions, and emerging mental representations of their infants in the initial post-partum period. Two aspects of maternal bonding emerged. The first was related to the mother's thoughts, worries, and preoccupations with the infant's safety. The second concerned the building of a unique relationship with the child. Both these aspects of maternal bonding were affected by the degree of maternal separation from the infant. Among mothers who maintained continuous proximity to the infant there was a mental trade-off between the worrisome and pleasurable aspects of bonding. These mothers reported medium to high levels of preoccupations and distress, but which was well contained and was buffered by the pleasurable aspect of bonding. Mothers who experienced short-term and partial separation from the infant experienced an elevation in anxiety-provoking aspects of bonding. Long-term separation from the infant accompanied by the risk of losing the child (these were high-risk infants) resulted in the mother's diminished investment in the attachment relationship. In addition to separation, maternal anxiety was related to higher preoccupation and distress and maternal depression was related to lower investment in the bonding process. In addition to alerting clinicians to the mother's mental life following childbirth, the findings specify the nature of the risk to the bonding process under conditions of continuous and prolonged separation and in mothers who are prone to anxiety or to depression. The findings also suggest the need to design interventions, such as Kangaroo Care for premature infants, to promote mother–infant contact in cases where medical care precludes proximity.

There are three papers that have clinical implications in relation to anxiety-related problems in children. The paper by Weems et al. provides findings relevant to decisions on screening for phobic disorders in young people. The paper by Legrand et al. provides additional evidence about the role of genetic factors in anxiety problems. Here an important difference was found between transient anxiety, which was influenced more by

environmental factors, and chronic anxiety, which originates in large part from inherited predisposition. The issue of the role of cognitions in creating risks for anxiety and depression has been an important facet of psychopathology research in adults and is now increasing in children and adolescents. The paper by Kelvin et al. suggests that adolescents who show a negative bias in self-evaluation will continue to do so regardless of the presence or absence of additional symptoms of depression.

In my view, all the papers in the current issue of the *Journal of Child Psychology and Psychiatry* have implications for clinical practice. This is equally true of the final two papers that I have yet to mention. The Practitioner Review by Stores provides an authoritative update on the issues related to pseudoseizures in children and adolescents. Stores argues that many of the conventional criteria for recognising pseudoseizures are based on too narrow a view of epileptic manifestations. A wider knowledge of recent descriptions of certain seizure types (notably mesial frontal seizures) would help to prevent the misdiagnosis of pseudoseizures. Although they need further validation, a number of clinical and EEG features are likely to be more reliable guides to diagnosis. A basic requirement, however, is precise description of the attacks in question and the circumstances in which they occur, as well as appropriate EEG studies, especially long-term monitoring. The paper by Gilmour and Skuse concerns a particular type of growth failure (Hyperphagic Short Stature). Here there is a potentially reversible severe impairment of growth hormone secretion that is associated with excessively high levels of psychosocial stress. This condition is a variant of the disorder formerly known as Psychosocial Dwarfism. This study identifies the clinical features of Hyperphagic Short Stature that can be attributed specifically to the condition as compared to the general disturbance that one might expect to find in any child living in psychosocial adversity. Hyperphagic Short Stature is consistently associated with severe and chronic stress, although it is important to note that abuse is not invariably the stressor. This suggests that when a child presents with features of Hyperphagic Short Stature a thorough psychosocial assessment is warranted.

In this issue, we are reinstigating an annual publication of people who have contributed to the refereeing process. We are grateful for their contribution to the successful processing of papers for the *JCPP*.

Jim Stevenson