

Editorial

For some time, the Editors have been considering the wisdom of devoting one issue a year of the *Journal* to a specific theme, with a call for papers on that theme, in line with the policy of several comparable journals from North America. We have recently decided to go ahead next year with the first such issue, but readers might wonder if we've jumped the gun this month. With just a handful of exceptions, the papers in this issue concern just two main themes. Before considering those, mention should be made of the annotation by Linda Dowdney on the subject of how children respond to the death of a parent. This is a topic of direct clinical importance, and her conclusions are clear. Children who have been bereaved can experience the same range of symptoms characteristic of bereavement reactions among adults, but their usual reaction is a nonspecific emotional or behavioural disturbance. A significant minority becomes so disturbed that professional advice on management would be appropriate, although the evidence points to this rarely being sought or available.

Our first major theme concerns the development of ever more sophisticated measures of the cognitive deficits characteristic of autism, and the increasing evidence of a blurring of diagnostic boundaries between autistic and other disorders of communication. Ami Klin investigated the fact that individuals with autism and related conditions who have IQs in the normal range are capable of "passing" Theory of Mind tasks (ToM) yet do not possess a commensurate level of social competence in real-world situations. Confronting the limitations of the ToM hypothesis as an adequate explanation of such social deficits, he devised a task based on a cartoon movie, in which inanimate shapes appear to act with intention and even to have personalities. High Verbal IQ individuals with autistic spectrum disorders made some attempt to interpret the meaning of the movie, but tended to search for physical rather than social meanings in the movements of the cartoon figures. Klin comments that his findings indicate why interventions based on ToM are not effective in promoting social competence in autism or Asperger syndrome.

Clinical experience suggests children with "specific" language deficits often have social adjustment problems too, although autistic and specific language disorders are separately classified in ICD-10 and DSM-IV. Boucher, Lewis, and Collis studied voice processing in children with autism and in children with specific language impairments (SLI). To their surprise, children with SLI (excluding those with semantic-pragmatic disorders) had significant difficulty interpreting vocal and, probably, also facial expressed emotions. They argue that, if their findings are confirmed, descriptions of children with SLI and approaches to working with such children will need to be radically altered. Finally, the third in our trio of papers on autism comes from Kamio and Toichi, in Japan, and its subjects were young adults. It concerns the question whether people with autism and high Verbal IQ nevertheless have problems understanding the meaning of words. Would their access to the memory of a word's

meaning be enhanced by "priming" (a semantically related stimulus presented just before the target word), as it is in normal individuals? They found this was the case, although priming for pictures had a stronger effect (whereas in normal people the effect is similar in both conditions). Their conclusion is challenging to clinicians working with autistic adults; perhaps their thinking is predominantly visual rather than verbal—a view with which the acclaimed autistic author Temple Grandin would concur. In a further paper on children with language problems, McArthur et al. found a large overlap between specific reading disability (SRD), and specific language impairment (SLI). Approximately 50% of children who are diagnosed as having an SRD or SLI could be diagnosed with both conditions. There are two main clinical implications of their findings. First, clinicians should both be testing the reading and the oral language abilities of children suspected of having either SRD or SLI. The child with SRD who also has oral language problems is "very different" to a child with SRD who does not have this handicap. Second, the authors express concern that psychologists who are trained to identify a SRD may miss SLI, and that speech and language therapists trained to recognise SLI may miss an associated SRD. The extent to which this happens in practice must depend on the extent to which assessments of such children are multidisciplinary, and indicates the importance of bringing multiple sources of expertise to bear on complex neurodevelopmental conditions.

Continuing the theme of language and its relationship to behaviour, Winsler et al. investigated preschool children who had been identified by their teachers as having behaviour problems in the classroom. Such children are likely to show continuing behavioural disturbance at elementary school entry. They suggest that if early identification were possible, intervention might alleviate or even prevent the development of later problems. Their interest was in so-called "private speech", which is typical of young children poised between infancy and the development of inner verbal thoughts. They wondered whether such speech could serve a self-regulatory role in respect of behaviour. In this longitudinal investigation, young children with behaviour problems did spontaneously use relevant private speech for self-regulation, which suggests that interventions aimed at capitalising on their self-instructions can focus on other goals besides getting the children to talk to themselves. They suggest that, with appropriate guidance, children's overt private speech would naturally and eventually internalise. Perhaps children's private speech in educational, clinical, and home contexts should be encouraged by adults—especially for children with behavioural difficulties.

Our other major theme in this issue concerns a rather old concept, but one which has stood the test of time well. Expressed Emotion (EE) is a robust indicator of risk of relapse in young adults with schizophrenia. Various measures of EE are used in studies of families of much younger children, who suffer from both chronic physical

and mental illness, for a similar purpose. Wambolt et al. were interested in the validity of the Five Minute Speech Sample, an abbreviated version of the EE instrument. Studying families of asthmatic children, they found the "criticism" dimension was well supported, but they express concerns about the dimension of "emotional over-involvement", and question whether they are both aspects of a single construct (EE) or whether they should be regarded as separate and orthogonal to one another. Their findings may well have implications for clinicians who are intending to use EE measures in the course of family assessments. Jacobsen, Hibbs, and Ziegenhain studied the association between maternal expressed emotion and attachment security for 6-year-old children. Using a Five Minute Speech Sample, they found that high maternal EE was most closely linked to disorganised attachment status, a pattern that is associated with emotional and behaviour problems in children and with unresolved attachment experiences and trauma in their parents. No distinction is made between the components of this EE measure. They conclude that because high EE may contribute to attachment disorganisation, clinicians should help mothers reduce over-involved or critical attitudes to their children. Using a similar methodology, Baker et al. found, in a longitudinal investigation of preschool children from a community sample, that maternal EE (in particular criticism) was correlated with contemporaneous child externalising behaviours, but not internalising behaviours. They make the interesting point that a mother's use of EE terms seems to reflect her state of mind, and that self-reports of maternal child-related stress were as predictive of that child's later behaviour (at the 2-year follow-up, and rated by mother) as any other measure. Mayseless and Scher highlight an interesting interaction whereby the same perceived infant characteristic (unadaptability) was associated with different caring reactions from secure as opposed to insecure mothers, assessed by an adaptation of the Adult Attachment Interview to look at the relationship with the mother's current partner. Mothers who felt secure with their partners were more concerned about being away

from their infant when he/she was perceived by them to be unadaptable, and thus presumably requiring their close and sensitive care. In contrast, insecure mothers, especially those with greater fear of being dependent on their partner, were more reluctant to leave their infant when they perceived the infant to be adaptable, thus presumably rather easier to care for. They suggest that such a differential response may set in motion a chain reaction, whereby unadaptable babies with insecure mothers are likely to receive less sensitive care, which may only exacerbate their unadaptability. In such cases early clinical intervention might be of particular benefit.

Finally, Lichtenstein and Annas report on a twin study of fears and phobias, which are relatively common conditions affecting up to 9% of individuals in middle childhood. Girls were more likely to be affected than boys. They conclude that heritable factors as well as environmental factors are important for a predisposition to fears and phobias, which is not too surprising, but controversially interpret their data to suggest that there are separate genetic and environmental influences on that predisposition in the two sexes. When and if our understanding of molecular genetic mechanisms will influence the design of clinical interventions for childhood phobias remains to be seen. In complete contrast, Sanders et al. evaluated a television series designed to help parents increase their competence at handling preadolescent children, and to reduce disruptive child behaviour in the absence of clinical interventions. Their findings are heartening for hard-pressed clinicians. It seems that an "infotainment-style" television series could provide valuable guidance to parents in the community. They suggest "utilised as an early intervention or prevention strategy a program such as this has the potential to free up existing clinical resources which often have difficulty meeting the demand for tertiary assistance associated with child behaviour problems". Many clinicians will cry "Hear! Hear!" to that.

David Skuse

Journal of Child Psychology and Psychiatry Special Issue on "Social Cognition" Call for Papers

The Editors of the *JCPP* have decided to initiate a series of Special Issues on topics for which there is a particularly high level of research activity. Topics have been selected where findings are published in a wide range of journals and where there would be special benefit from publishing a collection of high-quality empirical papers in one issue of the *Journal*.

The first topic selected is that of Social Cognition and will be edited by Jim Stevenson. The Editors request the submission of empirical and theoretical papers on this topic applied both to normally developing children and to clinical populations. The papers will be subjected to the normal refereeing process and if accepted for publication will appear together in one special issue of the *Journal*. The usual guidance on manuscript preparation should be followed—see Instructions for Contributors at:

<http://www.cup.cam.ac.uk/journals/cpp/cppifc.htm>

Manuscripts should be submitted by 31 March 2001 and should be marked "For consideration for Special Issue on Social Cognition".
