

Editorial

After reading the articles that will be published in a particular issue, and digesting its content, I always wait a while to find out which ones float up to the surface as the most salient. This issue contains a lot that is interesting, such as the annotation on the links between peer relationships and psychopathology, the two articles on the long-term outcome of anorexia nervosa, and the article on the effects of child functioning on parenting in Romanian adoptees. But maybe the most striking contribution is the article by Gerrits et al., who concluded that nonresponse bias in child psychology and psychiatry research cannot simply be inferred from nonresponse rates or differences on background variables. Researchers have grown up with the notion that they should go to great lengths to obtain a minimum of nonresponse, because a selective nonresponse can cause systematic differences between the sample and target population, hampering the generalisability of findings. Therefore, most researchers automatically employ a standard rule that high response rates are unacceptable. However, in their study, Gerrits et al. demonstrated that despite high nonresponse rates and differences on background variables, their results were hardly biased. They argue that researchers should consider the specific conditions and analyses of their study before evaluating the nonresponse bias and the possible measures they should take at the design stage before collecting the data. They also argue that a low nonresponse does not automatically imply the absence of bias. For instance, when people are pressured to take part in a study, the response rate may go up, but the quality of the answers may decline because the persuaded subjects may be less motivated or able to give qualitatively good answers. In their conclusions the authors give a list of recommendations based on their findings that are worthwhile for researchers in the field of child psychology and psychopathology.

The annotation in this issue, by Deater-Deckard, is a very succinct overview of research examining the role of peer relationships in the development of psychopathology. Children's relationships and learning experiences with their peers begin to exert an influence on psychopathology early in development. Many children who experience rejection and victimisation at the hands of other children are at much greater risk of showing conduct problems, aggressiveness, school failure, and emotional disturbance. This area of research is making rapid progress toward identifying the specific mechanisms that can be targeted in prevention and intervention efforts. One group of children at risk for peer rejection is children with learning difficulties. To prevent stigmatisation, and to enhance the development of children with learning difficulties, current educational policy is to place these children in regular schools. Because it is not readily evident that this so-called "inclusive education" actually is beneficial, more emphasis has been placed on monitoring and evaluating outcomes. The social outcomes of inclusion and the effects of intervention programmes in this area are commonly assessed using sociometric procedures. However, little is known about

the long-term stability of these procedures with pupils who have special educational needs. The study by Frederickson and Furnham investigated the long-term stability of a sociometric measure designed for use with pupils who have learning difficulties. Although overall stability across a 2-year period was low, both for pupils with special needs and their mainstream peers, the stability of scores for extreme (rejected and popular) groups of special needs pupils was higher. This suggests that selected sociometric measures can play a useful role in evaluating and in forming the design of interventions to improve the social inclusion in school of pupils who have special educational needs.

Two studies by two different research groups, one from Germany and one from Sweden, describe the 10-year outcome of adolescent-onset anorexia nervosa. Both agree that the outcome of adolescent-onset anorexia nervosa is more favourable than that of adult-onset anorexia nervosa. Comparison with earlier studies shows that the outcome in adolescent-onset anorexia nervosa has improved during the last decade. In addition, Herpertz-Dahlman et al. state that a better outcome is associated with lower psychiatric morbidity at outcome. Both studies agree that intensive treatment of the eating disorder is important because the persistence of illness into adulthood seems to worsen the prognosis.

Does maternal depression affect the cognitive development of children over the first 7 years of life? Kurstjens and Wolke investigated the effects of the timing and chronicity of maternal depression on the cognitive development of children studied from birth. The results indicated that maternal depression by itself did not have adverse long-term effects on the cognitive development in the offspring. However, if maternal depression was chronic, then boys who were vulnerable were at increased risk of lower achievement at 6 years of age. Overall, the effects of socioeconomic disadvantage or serious neonatal complications by far outweighed the long-term consequences of maternal depression on children's cognitive development.

The study by Croft et al. is relevant with reference to the direction of parent-child effects. The assumption in much developmental literature is that the direction of influence is from the parent to the child. This study, which examined the predictors of parent-child relationship quality and developmental change in a sample of Romanian children adopted into the U.K., suggests that the reverse effect, from child to parent, is important, particularly in parenting children with disabilities. In general, the paper raises awareness of the difficulties presented by late adoptions or adoption following severe deprivation and the effect that this can have on parents. It also highlights the positive effect of an enriching environment on children who have experienced deprivation. Both of these general points have implications for the type of support parents and children might benefit from after placement of the child.

Two studies pertain to children with physical conditions. The study by Vance et al. focuses upon the

measurement of quality of life in children with cancer, and the study by Simis et al. investigated similarities and differences in body image, psychosocial functioning, and personality in adolescents and young adults applying for plastic surgery versus a comparison group of individuals from the general population. Before advising positively on plastic surgery in young people, we have to be sure that those who apply for plastic surgery have a realistic attitude and that they are psychologically healthy. The study by Simis et al. showed that this usually is the case among those who apply for plastic surgery. They are mainly dissatisfied about the body parts concerned for operation, and their psychosocial problems were appearance-related.

In the longitudinal study of a general population sample from preschool to 10–11 years, Mesman et al.

found that oppositional behaviour during preschool years is not necessarily transient and age appropriate, but needs to be seen as a potential precursor of the development of externalising as well as internalising problems in preadolescence. The role of social problems at school entry in developmental pathways in boys suggests that interventions aimed at improving social skills in the early school years may be beneficial to the prevention of long-term deviant development in boys. A challenge for the future is to use the results of the growing number of longitudinal studies showing the early emergence of later problems to construct and implement interventions that bend deviating pathways into a more positive outcome.

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