

916
46

1

ADVERSE CHILDHOOD EXPERIENCES
AND THE
PSYCHOSOCIAL FUNCTIONING OF WOMEN
IN EARLY ADULTHOOD

by

DAVID LLOYD QUINTON

PhD Degree
1984

BEDFORD COLLEGE, UNIVERSITY OF LONDON

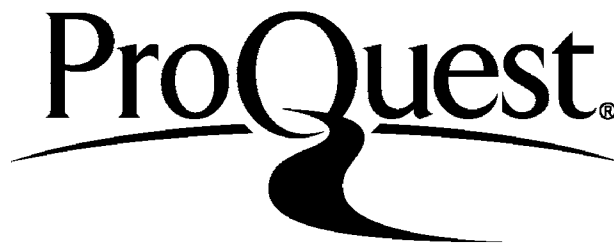
ProQuest Number: 10098495

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



ProQuest 10098495

Published by ProQuest LLC(2016). Copyright of the Dissertation is held by the Author.

All rights reserved.

This work is protected against unauthorized copying under Title 17, United States Code.
Microform Edition © ProQuest LLC.

ProQuest LLC
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106-1346

This thesis is concerned with the issue of continuities and discontinuities between adverse family experiences in childhood, and the psychosocial functioning of young adult women, with particular reference to parenting behaviour. The thesis seeks to determine whether intergenerational links between adverse childhoods and adult functioning arise through the direct effects of adversity on personality development or through its impact on subsequent life chances and circumstances. The processes promoting discontinuities are also examined.

These issues are explored in two studies, using reception of children into care as an index of family problems and adversity. In the first study a consecutive sample of 48 women with children multiply admitted to Residential Care by one London borough and a contrast group of 47 from the same area were interviewed concerning their early experiences, subsequent life histories and current functioning to determine retrospectively whether their current problems were associated with similar difficulties in their own childhoods, or whether they arose predominantly in response to current family and environmental stresses. The second study concerned 93 women admitted to long-stay Children's Homes in early childhood and a contrast group of 51 brought up in inner London but who had never been in care. Both groups were interviewed concerning their early experiences, their life histories and their current psychosocial functioning, with a particular focus on parenting skills. This study was concerned to establish the extent of intergenerational continuities in psychosocial problems, and the factors involved in continuities and discontinuities.

The results from the studies show that although the great majority of families with currently marked parenting problems are drawn from those who had markedly adverse childhoods, such problems occur in a minority of those who suffered such experiences. Where continuities occur

the links are predominantly indirect, involving complex chains of circumstances and adverse environments. These links are partly independently determined by earlier environments experienced by the young women and partly selected through their impact on individual functioning at particular times. The data show marked beneficial effects of positive changes in experience in adulthood, especially where marital relationships are good.

ACKNOWLEDGEMENTS

This research could not have been completed without the help and encouragement of many people. In particular I would like to thank Professors George Brown and Michael Rutter for advice, criticism and support; Dr Graham Dunn and Brian Everitt for statistical advice; and, Barbara Maughan and Janet Ouston for many discussions on method and Linda Dowdney for the insightful contribution to the problems of assessing parenting.

Those who helped with the interviewing made a major contribution. Gerrilyn Smith, Maggie Winkworth and Freda Sklair were skilled, and persistent; and Christine Liddle, who took the major interviewing load in the prospective study, was an invaluable and supportive colleague.

I would also like to thank the two Group General Practices and their attached Health Visitors for allowing their patients to be approached for the retrospective study comparison sample, and the staff at the Borough Social Services department and all area teams for helping identify and contact the In-Care families.

In the prospective study the NHS Central Register staff were efficient and helpful in tracing Ex-Care subjects and the local FPCs and the family doctors in making contact with them.

Finally, I would like especially to thank Mrs Jenny Smith without whose speed and expertise on the word processor this thesis could never have been prepared.

<u>TABLE OF CONTENTS</u>	<u>Page</u>
Title	1
Abstract	2
Acknowledgements	4
Table of Contents	5
Statistical Tables	12
<u>PART 1: BACKGROUND TO THE RESEARCH AND METHODOLOGY</u>	18
<u>CHAPTER 1. RESEARCH ISSUES, DESIGN AND METHODOLOGY</u>	19
Introduction	19
<u>SECTION A: PARENTING: CONTINUITIES AND CORRELATES</u>	21
I. INTERGENERATIONAL CONTINUITIES IN PARENTING	21
(1) THE CONCEPT OF PARENTING	21
(2) CONTINUITIES IN PARENTING	23
(i) Parenting Practices	23
(ii) Parenting Skills	27
(iii) Severe Abnormalities in Parenting	30
(iv) Animal Studies	33
(v) Summary	34
II. CORRELATES OF PARENTING DIFFICULTIES	35
(i) Single Parent Status	35
(ii) Parental Psychiatric Disorder	37
(iii) Marital Discord	41
(iv) Social Class	43
(v) Early Pregnancy and Childbirth	44
(vi) Environmental Circumstances	49
(vii) Social Support	50
(viii) Correlates of Parenting Problems : summary	51
III. CONTINUITIES IN PSYCHOSOCIAL FUNCTIONING	52
(i) Psychiatric Disorders	52
(ii) Marital Discord and Disruption	53
IV. CONTINUITIES IN SOCIO-ECONOMIC DISADVANTAGE	55
(i) Poverty	56
(ii) Housing	57
V. EVIDENCE FOR CONTINUITIES: METHODOLOGICAL PROBLEMS	58
<u>SECTION B: THEORETICAL PERSPECTIVES AND PROCESSES OF CONTINUITY</u>	60
I. THEORETICAL PERSPECTIVES	60
(1) SOCIOLOGICAL MODELS	60
(2) CONCEPTS OF CONTINUITY IN INDIVIDUAL FUNCTIONING	64

II. THE PROCESS OF CONTINUITY	68
(i) Impacts of Adverse Early Environments on Personal Functioning	69
(ii) Studies of Changed Environments in Childhood	71
(iii) Adult Outcomes for Changed Environments	75
(iv) Specific versus Overall Effects on Functioning	77
(v) Genetic Influences	79
(vi) Modifying Influences	82
III. MODELS FOR PERSON/ENVIRONMENT TRANSACTIONS	86
(1) ECOLOGICAL MODELS	86
(2) VULNERABILITY/STRESS MODELS	91
(3) BIOGRAPHICAL MODELS	93
(i) The Nature of Biographical Models	93
(ii) Self-Concepts as Mediating Factors	96
(iii) Early Pregnancy as a Linking Factor	100
(iv) Assortative Mating and Spouse's Characteristics as Linking Factors	102
(v) Mate Selection	103
<u>SECTION C: RESEARCH ISSUES, DESIGN AND METHODOLOGY</u>	107
I. RESEARCH ISSUES	107
II. THE CHOICE OF A PARENTING INDEX	110
III. OUTLINE OF THE TWO STUDIES	111
IV. INTERVIEWING METHODOLOGY	112
(i) Interviewing Techniques	112
(ii) The Issue of Long-term Recall	116
<u>PART II: THE RETROSPECTIVE STUDY: FAMILIES WITH CHILDREN CURRENTLY IN-CARE</u>	120
<u>CHAPTER 2: CURRENT CIRCUMSTANCES AND PARENTING</u>	121
I. SAMPLES	121
(i) The 'In Care' Sample	121
(ii) The Comparison Group	122
(iii) Checks on Sample Completeness	122
(iv) Interview Rates	123
II. MULTIPLE ADMISSIONS AND PARENTING PROBLEMS	124
(i) Family Care History	124
(ii) Reasons for Admission	125
(iii) Interview Measures of Parenting	126
(a) Mother-Child Relationships	126
(b) Maternal Discipline	127
(iv) Dependent Variable of Parenting	128

III. CURRENT CIRCUMSTANCES	130
(i) Family Structure	130
(ii) Social Status and Housing	131
(iii) Psychiatric Disorder and Deviance	134
(iv) Characteristics of Cohabitees	136
(v) Parenting by Cohabitees	137
(vi) Mothers' Social Relationships and Supports	138
(vii) Practical Help	140
IV. DISCUSSION	141
(i) Parenting Current Disadvantage	141
(ii) Parenting and Admissions to Care	142
<u>CHAPTER 3: INTERGENERATIONAL CONTINUITIES</u>	144
I. PARENTS' CHILDHOOD EXPERIENCES	144
(i) Mothers' Social Background	144
(ii) Deviance and Disorder in Mothers' Parents	144
(iii) Family Relationships in Mothers' Childhood	145
(iv) Mothers' Early Teenage Difficulties	147
(v) Mothers' Later Teenage Difficulties	148
(vi) Characteristics and Background of Current Cohabitees	149
(vii) Overview of Parents' Childhood Experiences	151
II. INTERGENERATIONAL CONTINUITIES IN PARENTING PROBLEMS	153
(i) Introduction	153
(ii) Early Experiences and Parenting Breakdown	154
III. PROCESSES OF TRANSMISSION	156
(i) Relative Importance of Parental Deviance and Adverse Childhood Experiences	156
(ii) The Role of Teenage Difficulties	158
(iii) The Role of Fathers and Husbands	161
(iv) Housing Problems	162
(v) Psychiatric Disorder	164
IV. CURRENT HANDLING PROBLEMS	164
(i) In Care Mothers	165
(ii) Comparison Group Mothers	166
V. DISCUSSION	170
<u>PART III: THE PROSPECTIVE STUDY: FOLLOW-UP OF WOMEN FROM TWO GROUP COTTAGE CHILDREN'S HOMES</u>	173
<u>CHAPTER 4: SAMPLING, TRACING AND DATA COLLECTION</u>	174
I. SAMPLING	174
II. TRACING	175
III. THE INTERVIEW	177
IV. SOCIAL SERVICE CASE NOTES	178

V. THE VALIDITY OF INTERVIEW DATA	180
(i) Agreement between Self Ratings of Malaise and Psychiatric Disorder	180
(ii) Agreement between Self Reports of Criminality and Official Records	182
(iii) The Validity of Long Term Recall	183
(iv) Agreement on Early Experiences between Subjects' Reports and Official Records	184
(v) Agreement between Sibs	189
VI. BIASES IN REPORTING: LONG TERM RECALL	190
(i) Overlap between Accounts of Relationships	190
(ii) Current Functioning and Accounts of Early Experiences	192
<u>CHAPTER 5: THE CHILDHOODS OF THE TWO SAMPLES</u>	198
I. THE HOMES	198
(i) General Characteristics	198
(ii) Staffing	200
(iii) Daily Life	202
II. ADMISSION TO CARE	204
(i) Reasons for Admission	204
(ii) Age at Admission and the Pattern of Early Experiences	206
III. CHILDREN'S MEMORIES OF LIFE IN THE HOMES	209
IV. PARENTAL VISITING	210
V. THE CHILDHOODS OF THE COMPARISON GROUP	213
(i) Family Circumstances	214
(ii) Family Relationships and Parental Deviance	216
SUMMARY	218
<u>CHAPTER 6: OUTCOME IN ADULT LIFE: CURRENT CIRCUMSTANCES AND ADJUSTMENT</u>	219
I. CURRENT CIRCUMSTANCES	219
II. PSYCHOSOCIAL ADJUSTMENT	221
III. OVERALL PSYCHOSOCIAL OUTCOME	223
IV. CASE EXAMPLES OF OUTCOME GROUPS	225
(i) Outcome Group I	225
(ii) Outcome Group II	228
(iii) Outcome Group III	229
(iv) Outcome Group IV	232
V. OFFICIAL CRIMINALITY	237

<u>CHAPTER 7: OUTCOME IN ADULT LIFE: PARENTING</u>	240
I. OVERALL MEASURES OF PARENTING OUTCOME AND CURRENT PARENTING	241
II. THE VALIDITY OF THE INTERVIEW ASSESSMENT OF PARENTING	243
III. PREGNANCY AND PARENTING: HISTORY AND CURRENT CIRCUMSTANCES	245
IV. PARENTING BREAKDOWN	246
V. OUTCOME ON CURRENT PARENTING MEASURES	250
VI. SPECIFIC DIMENSIONS OF CURRENT PARENTING	252
VII. CASE EXAMPLES OF PARENTING OUTCOME GROUPS	257
(i) Good Outcomes	257
(ii) Intermediate Outcomes	262
(iii) Poor Outcomes	264
 <u>CHAPTER 8: ADULT FUNCTIONING AND ITS ANTECEDENTS</u>	 273
I. THE OVERLAP OF OUTCOMES IN ADULT LIFE	273
(i) Current Parenting and Psychosocial Functioning	273
(ii) Correlations between Individual Psychosocial Measures	275
II. BEHAVIOURAL ANTECEDENTS OF ADULT FUNCTIONING	277
III. EXPERIENTIAL ANTECEDENTS OF ADULT FUNCTIONING	282
(i) Age at Admission and Pre-admission Experiences	282
(ii) Quality of Experiences in Care	285
(iii) Secondary Schooling	288
(a) Positive and Negative Experiences	288
(b) School Experiences and Outcome	290
(iv) Positive Relationships during the Teenage Years	290
(v) Family Relationships on Return Home	293
(vi) Pregnancy History	295
SUMMARY	297

<u>CHAPTER 9: PROCESSES OF TRANSMISSION</u>	298
I. INTRODUCTION	298
II. GENETIC FACTORS AND DISRUPTED PARENTING IN EARLY CHILDHOOD	301
III. MEDIATING AND AMELIORATING FACTORS	308
(i) Positive Experiences at School	308
(ii) Disrupted Parenting in Infancy and Circumstances on Leaving Care	310
(iii) Family Relationships on Return Home	311
(iv) Characteristics of the Spouse and Marital Support	314
(v) Factors leading to the Choice of Spouse	316
(a) Assortative Mating	316
(b) Planning for a Good Outcome	319
IV. THE EFFECTS OF SPOUSES: DIRECTION OF CAUSAL INFLUENCES	322
V. PLANNING FOR WORK AND EARLY WORK EXPERIENCES	327
VI. FACTORS LEADING TO PLANNING	332
VII. CURRENT MATERIAL CIRCUMSTANCES	334
SUMMARY	336
<u>CHAPTER 10: SUMMARY AND CONCLUSIONS</u>	338
I. OUTLINE OF THE STUDIES	338
(1) PARENTING AS A KEY VARIABLE	338
(2) SUMMARY OF SAMPLES AND METHODOLOGY	339
(i) The Retrospective Study	339
(ii) The Prospective Study	340
II. DEFINITIONS OF TERMS USED IN THIS CHAPTER	341
III. SUMMARY OF FINDINGS	344
(1) THE RETROSPECTIVE STUDY	344
(i) Current Circumstances and Parenting	344
(ii) Intergenerational Continuities	344
(2) THE PROSPECTIVE STUDY	346
(i) Childhood Backgrounds	346
(ii) Social Circumstances and Adjustment at Follow-up	347
(iii) Parenting	347
(iv) Adult Functioning and its Antecedents	348
(v) Intergenerational Links	349

IV. OVERVIEW OF THE FINDINGS	350
(i) Parenting Problems and Receptions of Children into Care	350
(ii) Intergenerational Continuities in Parenting Problems	352
V. THE NATURE OF INTERGENERATIONAL LINKS	353
(i) Genetic or Experiential Influences?	353
(ii) The Specific Impacts of Institutional Experience	354
(iii) Impacts on Individual Functioning	356
(iv) The Linking of Environments	359
(a) Independent links	360
(b) The selection of environments	361
(c) The production of environments	363
VI. THEORETICAL IMPLICATIONS	364
(i) Sociological Considerations	364
(ii) Continuities in Development	366
(iii) Self Concepts as Mediating Mechanisms	368
(iv) The Specificity of the Findings	370
VII. IMPLICATIONS FOR FURTHER RESEARCH	371
APPENDIX A: Retrospective Study: Reasons for Admission	374
APPENDIX B: Retrospective Study: Childhoods of 'No Adversity' Families included in analysis in Table 3.7	376
APPENDIX C: Retrospective Study: Known Data on Childhoods of Parents excluded from the analysis in Table 3.7	378
APPENDIX D: Prospective Study: Individual Life Histories	380
APPENDIX E: Selected Examples of Rating Scales and Procedures	396
REFERENCES	420

LIST OF TABLES

12

A. THE RETROSPECTIVE STUDY OF FAMILIES
WITH CHILDREN CURRENTLY IN CARE

<u>Table No.</u>		<u>Page</u>
2.1	Interview Rates	123
2.2	Mother-Child Relationships in the In-care and Comparison groups	126
2.3	Discipline of 5-8 year olds in the In-Care and Comparison groups	127
2.4	Current Family Structure of the In-care and Comparison groups	130
2.5	Current Social Circumstances of the In-care and Comparison groups	131
2.6	Housing Circumstances at Admission of Children to Care: In-care and Comparison group Differences	132
2.7	Household Possessions at time of Admission of Children to Care: In-care and Comparison group Differences	134
2.8	Psychiatric Characteristics of In-care and Comparison group Mothers	135
2.9	Deviance and Disorder in Cohabitees of In-care and Comparison group Mothers	136
2.10	Parenting by Cohabitees of In-care and Comparison group Mothers	138
2.11	Social Relationships and Support of In-care and Comparison group Mothers	139
2.12	Practical Help given to In-care and Comparison group Mothers	140
3.1	Characteristics of the Childhood Families of In-care and Comparison group Mothers: Family Structure and Parental Deviance and Disorder	145
3.2	Characteristics of the Childhood Families of In-care and Comparison group Mothers: Family Relationships and Parenting Experiences	146
3.3.	Number of Adversities in Childhoods of In-care and Comparison group Mothers	147

		13
3.4	School and Family Difficulties of In-care and Comparison group Mothers	148
3.5	Later Teenage Problems of In-care and Comparison group Mothers: Circumstances on leaving home, age at first pregnancy, reasons for marriage and deviance or adversity in first spouse.	148
3.6	Characteristics and Backgrounds of the Current Cohabitees of In-care and Comparison group Mothers	150
3.7	Childhood Adversities in both Parents in the In-care and Comparison group Families	151
3.8	Childhood Adversity and Parental Deviance in the Background of In-care and Comparison group Mothers	157
3.9	Frequency of Teenage School and Family Problems in the In-care and Comparison group Mothers	158
3.10	Frequency of Early Adversities and Teenage Problems in the In-care and Comparison group Mothers	160
3.11	Group Selection. Current Disadvantages and Early Adversity: Linear Logistic Analysis	163
3.12	Current Housing Problems, Marital Support and Handling Problems in Parenting: In-care Mothers	165
3.13	Current Housing Difficulties, Marital Support and Handling Problems in Parenting: Comparison group Mothers	167
3.14	Early Adversities, Marital Support and Handling Problems in Parenting: Comparison group Mothers	169

B. THE PROSPECTIVE STUDY: A FOLLOW-UP OF
WOMEN FROM TWO GROUP COTTAGE CHILDREN'S HOMES

4.1	Sampling of Subjects from the Two Children's Homes	175
4.2	Interviewing Rates of Subjects from the Two Children's Homes	177
4.3	Agreement between Interview Ratings of Psychiatric Disorder and Self-Ratings of Malaise: all subjects	181
4.4	Agreement between Self Reports of Criminality and Official Crime Records: all subjects	182
4.5	Association between Persistent Criminality and Personality Disorder: all subjects	183
4.6.	Family Characteristics prior to admission: Comparison of Subjects' Reports and Social Service Records: ex-care group	186

4.7	Comparison of Official Records and Subjects' Reports of Family Discord and Poor parenting according to Admission Circumstances: Ex-care group	187
4.8	Comparison of Subjects' Reports of Age at Admission to Care and Social Service Records: Ex-care group	188
4.9	Agreement between Sibs on Family Characteristics: Ex-care Group	189
4.10a	Overlap between Accounts of Relationships with Peers and Care Staff: Ex-care Group	191
4.10b	Overlap between Accounts of Relationships with Peers and Sibs: Ex-care Group	192
4.11a	Overall Psychosocial Outcome and Accounts of Relationships with Staff in Care: Ex-care Group	194
4.11b	Overall Psychosocial Outcome and Accounts of Relationships with Peers when in Care: Ex-care Group	195
4.12	Prospective Study: Samples and Sources of Information	197
5.1	Family Characteristics prior to Admission to the Children's Homes: Official Records - Ex-care Group	207
5.2	Age at Admission to Care and Pattern of Early Experience: Ex-care Group	208
5.3	Recall of Relationships in Institutional Care: Ex-care Group	209
5.4	Contacts with Parents when in Care (age 0-11): Ex-care Group	212
5.5	Parental Visiting and Relationships on Return Home: Ex-care Group	213
5.6.	Material and Family Circumstances in Childhood of the Comparison Sample	215
5.7.	Family Relationships and Parental Deviance in Childhood of the Comparison Sample	217
6.1.	Current Family and Material Circumstances of the Ex-care and Comparison Samples	220
6.2	Current Psychosocial Adjustment of the Ex-care and Comparison Samples	222
6.3.	Criteria for the Overall Psychosocial Outcome Classification	224

6.4	Overall Psychosocial Outcome in Ex-care and Comparison Samples	15 225
6.5	Official Criminal Records of the Ex-care and Comparison Samples	238
7.1	Criteria for the Classification of Overall and Current Parenting	242
7.2	Agreement on Parenting between the Overall Ratings of Observers and Interviewers	244
7.3	Pregnancy and Parenting History of Ex-care and Comparison Group Women	246
7.4	Ex-care Families with Temporary or Permanent Parenting Breakdown	247
7.5	Current and Overall Parenting Outcome of Ex-care and Comparison group Women	248
7.6	Interview Measures of Affection and Play: Ex-care and Comparison group Women	254
7.7	Interview Measures of Sensitivity and of Control in Parenting: Ex-care and Comparison group Women	255
8.1	Association between Current Parenting and Psychosocial Adjustment: Ex-care and Comparison group Women	274
8.2	Kendall Non-Parametric Correlations between Individual Psychosocial Outcome Measures for Ex-care and Comparison group Women	276
8.3	Deviance on Parent and Teacher Questionnaires: Ex-care and Comparison group Women	278
8.4	Emotional/Behavioural Problems in Childhood and Adult Outcomes: Ex-care Women	280
8.5	Emotional/Behavioural Disturbance in Childhood and Individual Parenting Ratings: Ex-care Women	281
8.6	In-Care Admission group and Adult Functioning: Ex-care Women	283
8.7a	In-care Experiences up to age eleven and Adult Functioning: Ex-care Women	286
8.7b	In-Care Experiences from eleven to sixteen years of age and Adult Functioning: Ex-care Women	287
8.8	Secondary School Experiences: Ex-care and Comparison group Women	289

		16
8.9	Secondary School Experiences and Functioning in Adulthood: Ex-care and Comparison group Women	291
8.10	Positive Relationships with Adults in Teens and Later Functioning: Ex-care Women	292
8.11	Circumstances on Return Home from Care and Parenting: Ex-care Women	294
8.12	Pregnancy History and Poor Parenting Outcome: Ex-care and Comparison Group Women	296
9.1	Parental Deviance and Psychosocial Outcome: Ex-care Women	303
9.2	Disrupted Parenting in Infancy and Psychosocial Outcomes in Adult Life: Ex-care Women	303
9.3a	Parental Deviance, Disrupted Parenting and Psychosocial Outcome: Ex-care Women	305
9.3b	Parental Deviance, Disrupted Parenting and Personality Disorder: Ex-care Women	306
9.4	Linear Logistic Analysis for the Effects of Parental Deviance, Disrupted Parenting and Age on Adult Personality Disorder: Ex-care Women	307
9.5	Teacher Questionnaire, Positive School Experiences and Social Functioning: Ex-care Women	309
9.6	Disrupted Parenting in Infancy and Return Home on Leaving Institutional Care: Ex-care Women	310
9.7	Circumstances on Return Home from Care and Outcome: Ex-care Women	312
9.8	Spouse Support, Spouse Deviance and Outcome: Ex-care Women	315
9.9	Deviance on Parent or Teacher Questionnaire and Characteristics of Spouse: Ex-care Women	317
9.10	Deviance on Parent or Teacher Questionnaire, Spouse's Deviance and Good Social Functioning: Ex-care Women	319
9.11	Planning, Marital Support and Outcome: Ex-care Women	321
9.12	Marital Support and Social Functioning of Ex-care Women: Revised Analysis	323
9.13	Spouse's Teenage Deviance and Subject's Current Social Functioning: Ex-care Women	324

		17
9.14	Subject's Teenage Adjustment, Spouse's Teenage Deviance and Poor Social Functioning: Ex-care Women	325
9.15	Planning for Marriage, Spouse's Current Deviance and Poor Social Functioning: Currently Cohabiting Ex-care Women	326
9.16	Planning for Work and Outcome: Ex-care and Comparison group Women	328
9.17	Planning for Work and Early Pregnancy: Ex-care and Comparison group Women	330
9.18	Positive School Experiences and Planning: Ex-care Women	333
9.19	Current Parenting, Material Circumstances and Marital Support: Ex-care and Comparison group Women	335
9.20	Sample, Material Circumstances, Marital Support and Poor Parenting: Linear Logistic Analysis	336

PART I:
BACKGROUND TO THE RESEARCH
AND RESEARCH METHODOLOGY

CHAPTER 1:
RESEARCH ISSUES, DESIGN AND METHODOLOGY

Introduction

The research reported in this thesis was undertaken to examine the strength and nature of the links between the experience of poor parenting in childhood and the quality of parenting in adulthood. The studies were prompted by the arguments concerning the 'cycle of transmitted deprivation' (Joseph, 1972), in particular whether reported continuities in deprivation were to be explained either through the persistence of social or material disadvantage - a sociological model, or whether they arose through the impact of adverse experiences on personality development - a psychological model. Much of this debate concerned the extent to which parenting behaviour might constitute a central linking mechanism. Sociologists argued strongly that the focus on parenting blamed parents for problems that were determined by social-structural or environmental variables but without being able convincingly to explain why continuities were greater in some deprived social groups than in others.

Despite the arguments against an emphasis on parenting, there are reasons for concluding that as a variable it is well placed to examine the processes of the transmission of deprivation without implying an a priori preference for either broad explanatory model. Firstly, there is now evidence to conclude that the effects of the wider social environment on the child are mediated through their effects on family relationships and parenting. This is so both for the effects of particular adversities or stressors (Rutter and Quinton, 1977) and for cultural variations related to class or status position (Kohn, 1969; Bronfenbrenner, 1958). Thus even if the reasons for continuities lie largely in wider social factors the mechanism for transmission may still be through what happens in the family. Secondly,

depending on which generation is being considered parenting is both an independent variable - a particular kind of social environment - and a dependent variable - an aspect of functioning related to previous experiences and current circumstances. For the child it is a set of experiences but for the parent a facet of social functioning. It is therefore possible to study the extent to which the experience of poor parenting can lead to the behaviour of poor parenting towards the next generation.

Thirdly, although parenting is influenced by variables within the individual such as depression, there is also ample evidence (see review below) that it is markedly influenced by social contexts. It follows that the factors determining the transmission of parenting problems may reside either in the environment or in personality functioning or in both. Because parenting as a variable has these qualities it is neutral as to whether a psychological or a sociological explanation of transmission is to be preferred, whilst allowing both to be investigated.

Since, in order to examine these matters, the relationships between parenting and social functioning more generally needs to be established, this thesis considers a broad range of psychosocial variables both as independent and dependent variables. For example, childhood experiences are set in the context of parental marital, psychiatric and environmental circumstances as well as specifically 'parenting' experiences. Likewise parenting behaviour is considered together with other measures of outcome including socio-sexual history, psychiatric problems, the quality and patterning of marital relationships and relationships with kin and friends.

The central issues concerning continuities and discontinuities in parenting problems are discussed in the literature review. In the conceptualization and design of this research no assumptions were made

concerning the nature of intergenerational links, rather the studies were designed and the statistical analyses planned to test a number of contrasting hypotheses on possible linking processes.

SECTION A. PARENTING: CONTINUITIES AND CORRELATES

I. INTER-GENERATIONAL CONTINUITIES IN PARENTING

(1) The Concept of Parenting

Earlier studies of parenting tended to focus on particular parental practices such as bottle feeding or disciplinary techniques (e.g. Sears, Maccoby and Levin, 1957) and attempted to relate these to abnormalities or problems in the child's development. However, variations in child-rearing practices within the normal range were generally shown to have no consistently adverse effects (Becker, 1964). This is in keeping with the anthropological literature which details very wide variations in rearing practices both across and within cultures without any apparent sequelae (Quinton, 1980a; Werner, 1979).

Subsequent research on parenting behaviours has been less concerned with broad-ranging practices such as these and more with parental 'skills' that may underlie the effective or ineffective use of particular methods (Harman and Brim, 1980; Walters and Stinnett, 1971). These skills include such features as sensitivity to children's cues or responsiveness to differing needs at different phases of development; social problem solving and skills; in knowing how to play and talk with children, and in the use of disciplinary techniques that not only bring about the desired change in the child's behaviour, but also do so in a way that results in harmony and in the increase in the child's self control (Rutter, 1974). This change in focus has led to research emphasizing the interaction between parents and children; the view that parenting is something done with children and not to them (Maccoby and Martin, 1983).

These skills clearly rely on age appropriate responses to the child and an appreciation of the child's own personal characteristics, and in that sense they represent adult behaviours that are specific to parenting. On the other hand such characteristics as sensitivity and responsiveness facilitate social relationships in general and so form a bridge between specific parenting behaviours and a broader set of social qualities. Parenting is thus not only a set of specific child oriented skills but also just one specific type of social relationship. The implication is not only that the more enduring 'relationship' aspects of parent-child interaction must be assessed, but also that parenting needs to be seen in the context of the parents' relationships with each other, with relatives and with friends, neighbours and workmates. It follows that impacts of adverse early experiences on parenting may operate either by affecting parental knowledge of parenting techniques and expectations of child development or by affecting more general aspects of relationships or both.

There is now good evidence that parenting must also be considered in terms of resources as well as skills and social qualities (Belsky, 1984). It is apparent, for example, that mother-child interactions tend to be changed if the father is present (Clarke-Stewart, 1978); parenting is influenced by the parents' mental state (Weissman, 1979); and cross-cultural data (Rohner, 1975; Werner, 1979) appear to suggest that in many different cultural contexts, isolated mothers who carry the entire burden of child-rearing without the opportunity for shared responsibilities, are more likely to be rejecting of their children. Conversely, supportive social relationships have been shown to have an impact on mother-child interactions, and a buffering effect in the presence of stress (Crnic et al, 1983). Thus parenting resources must be considered in terms of such variables as the time available; the persons own emotional state; the presence of other life

stresses and problems; the qualities of the husband and the extent to which child-rearing is shared; the existence of satisfactions and achievements apart from parenting, the availability of adequate social supports; and housing conditions. This question is considered further below. At this point it is only necessary to emphasize that continuities in parenting problems may be caused by continuities in adverse parenting contexts, and not necessarily through impacts on social functioning. However, before discussing the correlates of parenting difficulties, the evidence for continuities in parenting problems must be assessed.

2. CONTINUITIES IN PARENTING

(i) Parenting Practices

By 'parenting practices' is meant methods of nurture and discipline, usually related to the beliefs or expectations about children's behaviour and development that form the basis of the parents intended approach to child-rearing. Examples of such practices include age at weaning or toilet training and the methods for achieving these, the role of parents in play or intellectual development, and love oriented versus physical disciplinary techniques such as smacking.

A number of studies have shown that differences between social classes in parenting practices remain marked and stable in succeeding generations. Kohn (1969) in a study of 339 families in Washington found that although working- and middle-class mothers used physical punishments with equal frequency, the conditions under which they did so varied. Working-class mothers smacked children more for violating negative injunctions, especially in relation to interactions with sibs. Middle-class mothers used such punishments more in relation to perceived intent, particularly when this involved violent or aggressive outbursts. Middle-class parents praised their children more openly and were more responsive to fears and anxieties.

The most consistent evidence comes from the Newsoms' work in Nottingham. They have shown, for example, that working-class parents of 4-year-old children play with their children and talk to them less often than parents with non-manual occupations. Working-class parents intervene less in children's quarrels and encourage them to hit back more (Newsom and Newsom, 1963; 1968). These data are often taken to show that there is a substantial transmission of parenting practices across generations but this conclusion is not necessarily warranted. Firstly, these studies show a very wide range of techniques within classes such that the practices that differentiate the groups are usually characteristic of a minority of families within each group only. Thus in the Newsom's data although working-class mothers smacked their children more often than middle-class mothers only a minority of either class smacked once a week or more (44% vs 33%). A similar pattern was apparent for threats of withdrawal of love (28% vs 12%) and ratings of low child-centredness in parenting (40% vs 15%). Secondly, the class-related techniques are not the same from generation to generation (Bronfenbrenner, 1958). And, finally the social classes do not remain static. Over the course of two to three generations the same social classes come to be made up of rather different families (Rutter and Madge, 1976). However, the degree of stability over two generations depends both on the historical period under examination and whether non-manual/manual comparisons are being considered or whether the social class categories are more narrowly defined. It also varies with the sector of the class structure being examined. Thus, in the 1972 data from the Oxford Social Mobility Group (Goldthorpe, 1980; Heath, 1981), 41% of top level professionals had fathers in manual occupations. On the other hand, 70 per cent of those in semi- and unskilled occupations had fathers with manual jobs. At the time of their study continuities were substantially greater in the skilled and unskilled

sector than in any other part of the class structure. Nevertheless, the living conditions of these groups have changed radically over this time (McDowell, 1983) and family size has fallen. Therefore the conditions for parenting have changed substantially.

It is not known whether those continuities that do occur are determined by characteristics of the social conditions experienced by different classes or by differences in initiation and take-up and innovations. For example, families who are less socially mobile may be less exposed to examples of different ways of doing things. In the Newson's data many parents who acknowledged bringing up their children in ways different from the way in which they themselves were reared, put the changes down to alterations in social circumstances rather than to anything personal. There is no doubt that individual parenting practices are influenced by parenting experienced in childhood, but this influence seems as likely to produce changes in parenting as to produce continuities. This is shown clearly in the study by Stoltz (1967) of the parenting views of mothers and fathers in 39 families recruited through neighbourhood agencies. Parents were asked about both their values for childrearing (e.g. independence, manners, obedience, etc) and their instrumental beliefs, i.e. the best way of inculcating the desired values. Few parents stated clear instrumental beliefs. All parents felt that their handling was strongly influenced by the nature and behaviour of the children and put this influence above that of their own values. Parents saw themselves as experimenting with techniques and were particularly conscious of interactions with children that led to change.

Both mothers and fathers cited their own parents as either positive or negative influences with equal frequency, with a clear emphasis on parental practices rather than beliefs. Parents were very selective about

the characteristics they wanted to follow. Generally, they were more influenced by their memories of what they themselves were like and how they felt. They emphasized their own experiences in adulthood as direct influences on parenting as much or more than early experiences. Working-class parents perceived conscious and intended discontinuities more than the middle-class subjects did.

The striking feature of this study is the perceived fluidity of the parenting situation, with parents seeking to construct a pattern of coping based on choices between a wide variety of possible approaches in the face of particular child behaviours.

Discontinuities have also been influenced by a number of secular changes, notably the reduction of family size and differences in working hours and patterns for both mothers and fathers that have produced major changes in the time both parents have available to devote to their children and thus reciprocally to develop the skills of sensitivity and responsiveness. In sum, although the evidence is slight, it seems that continuities in parenting practices are the least likely of intergenerational links and that a great variety of factors located both in childhood experiences and in current circumstances determine the conscious approach parents take to child-rearing and the amount of room parents have to put their beliefs into practice. One further point concerns the potential of the experience of parenting as in itself a major potential source of discontinuity in the intergenerational transmission of family problems. Belsky (1981) has suggested that parenting is a major developmental task which adults need successfully to negotiate. Parents of first born children, especially mothers, spend much time discussing, analysing and interpreting their infants' behaviour. The available evidence suggests that spouses, peers and professionals rather than parents are the major source of such advice (Stoltz, 1967). This need for

information is likely to provide an opportunity for major changes in both beliefs and practices and to promote conscious breaks from the perceived inadequacies of parenting and family life experienced in childhood.

(ii) Parenting Skills

'Parenting skills' is taken to include aspects of those relational characteristics discussed above that are specifically tailored to the needs of the child at different developmental levels. Sensitivity to the child's signals (Lamb and Easterbrooks, 1980) and responsiveness to the child's needs (Clarke-Stewart, 1973) are amongst the most frequently discussed parenting skills. Not surprisingly, there are no studies that directly relate measures of such characteristics in parents and grandparents, and thus the existence of inter-generational links has to be inferred.

At the time this study began there was only one investigation reported directly linking childhood experiences with measures of parenting - apart from the data on abuse discussed below. In a study intended to identify factors predictive of women vulnerable for poor parenting, Frommer and O'Shea (1973a) examined the associations between childhood separation and parenting difficulties in 58 previously separated British born primagravidae and 58 matched controls. The women were interviewed antenatally and visited at home when the infant was approximately 3, 6, 8 and 13 months old. The previously separated mothers were more likely to prop their babies with a bottle than to hold them for feeding and also more likely to wean them early. Separated mothers were more likely either to be over anxious or lacking in care. They were also more likely to be rated as depressed one year after the birth. Interestingly, this group were also more likely to be pregnant again by this time (27% vs 7%), and to be having marital and sexual problems. In a follow-up of 79 of the original sample (Frommer and O'Shea, 1973b) more detailed data were gathered concerning

the subject's childhoods. Some of the 'controls' were then found to have experienced separations. Further information was collected on whether the childhood home was discordant or not. Poor family relationships in childhood were related to an increase in current parenting problems, but relationships with poor parenting were stronger with current marital difficulties and depression. Unfortunately, however, the data were not analysed to show the relationships between childhood adversities and parenting problems when current psychosocial difficulties were controlled. It is thus not possible to determine whether the link is directly from poor relationships in childhood to parenting difficulties or whether these are mediated by current depression or marital problems.

A number of interesting recent studies have linked maternal reports of relationships with their own parents to the attachment shown by their own infants in the Ainsworth Strange Situation. Ainsworth and her colleagues have argued that mothers of infants classified as securely attached (Ainsworth et al, 1978) had been more sensitive and responsive to their infants in the first year of life than had mothers of infants classified as anxiously attached.

A study of twenty-eight infants and their middle-class mothers by Ricks and her colleagues (Ricks, 1984) predicted that both mother's self esteem and her recollections of childhood relationships would be related to her infant's Ainsworth attachment classification. Within two weeks of participating in the Ainsworth Strange Situation, the children were assessed on Bayley Scales of Infant Development and the mother completed self report inventories measuring self esteem and feelings of acceptance-rejection and independence-overprotection towards their own parents. Mothers of infants seen as secure in relation to them had both higher self esteem scores and reported more positive recollections of childhood

relationships. The results on mother acceptance in childhood were particularly strong with very few cases of overlap between mothers of infants seen as secure and mothers of infants seen as anxious in relation to them.

In a similar investigation Main and Goldwyn (discussed in Ricks, 1984) administered an attachment interview to both mothers and fathers of 53 infants whose attachments to each parent had been classified in the Ainsworth Strange Situation. Feelings of acceptance in the family of origin were found to be related to infant behaviour in the strange situation. In particular the child's avoidance of the parent following separation was significantly related to the parent's report of rejection by their own parents in childhood. When parents were rated for their general sense of security, parents seen as secure tended to have secure infants.

A further study by Ricks (1984) re-tested in the preschool period 49 mothers and their children who had been assessed in the Ainsworth Strange Situation at one-year. Follow-up measures included interviews covering the mothers childhood experiences, current relationships and life stresses. The children were assessed in laboratory observations of the child alone, in a variety of tasks and with the mother in a referential communication task. Children who fared poorly both in infancy and as preschoolers almost always had mothers who reported strained relationships in childhood with one or both parents. Good outcomes in the children were most commonly associated with reports of benign histories on the part of the mother.

These studies are particularly interesting since the measures of child behaviour are not dependent on maternal reports and thus the link between recollections of childhood and current child behaviour seem well established. However, for a number of reasons the meanings of these

findings remains unclear. Firstly, recent evidence has shown that relationship between measures of maternal sensitivity and Ainsworth Attachment classification are weak and inconsistent, especially when a range of measures of sensitivity are used (Campos et al, 1983). For this reason a connection between maternal behaviour and infant 'attachment' in this situation is not established. Secondly, all three investigations discussed above suffer the methodological problems common to studies in which data on parental childhoods depend entirely on the parents' own recall. Such data run the risk of the recollections being biased by present circumstances and mental state (neither of which factors feature in the analysis). This is particularly the case where dimensions such as acceptance or rejection by parents are being considered. Nevertheless, there is evidence that a child's strange situation behaviour is predictive of later behaviour in other circumstances using different measures - e.g. teacher's rating questionnaires (Campos et al, 1983) - but only if there is stability in parent-child relationships or other factors likely to perpetuate stability. Therefore, although better and more independent measures of parental childhood experiences are needed, these studies provide evidence that links relating them to parenting behaviour probably exist.

(iii) Severe Abnormalities in Parenting

The strongest continuities reported are with severe abnormalities in parenting involving child abuse and neglect, although the majority of these also use retrospective methods, which may seriously inflate the apparent strength of the associations. On the other hand the parents are usually recalling such grossly abnormal behaviour by their own parents that the likelihood of serious reporting biases is probably less than when experiences within the normal range are being considered.

In 1956, Gibbens and Walker, in a consecutive sample of 32 men who had been sent to prison for cruelty to children involving violence, found that a high proportion had had very disturbed childhoods. A fifth were illegitimate and nearly a third had been separated from their fathers since birth and one-fifth had been abandoned by their mothers. Similarly, Scott (1973) studied 29 men who had been charged with killing their preschool child. Two-thirds came from punitive backgrounds and twelve remembered parental violence. Five had been reared in institutions, but at least 6 seem to have had normal homes in childhood as judged from interviews with family members or from good records. A study of 18 battered children in Ireland (Lukianowitz, 1971), found that most of the mothers had themselves had a loveless, unhappy or traumatic childhood. A major review of earlier studies (Spinetta and Rigler, 1972) produced broadly similar conclusions. Most, but certainly not all parents who batter their children have experienced a cold, rejecting or cruel upbringing. More recent studies have continued to document these associations (Smith, 1978). In general, relationships are strongest when a broad range of severe childhood adversities are considered including: receptions into care, emotional privations, severe parental marital disharmony and hostility rather than if associations are restricted to abuse or physical cruelty. However, an association with battering as such was shown by Oliver and his colleagues (1974) in their systematic study of all cases of severe physical abuse of preschool children occurring during a seven year period in one geographical area. They found that parents who actually caused their children physical injury differed from their spouses in being more likely to have been subject to serious abuse or neglect in their own childhoods, as well as being more likely to have had an unsatisfactory or disturbed upbringing in other ways. Nevertheless, many of this group of abusing parents did not report actual

abuse in their own childhoods and it remains unclear whether this association reflects a learning or modelling of abusive behaviour, a genetically based association with personality disorder or is a reflection of a greater degree of general adversity in the abusing parents' background.

In an interesting recent study of 1400 mothers from a community antenatal clinic Altemeier et al (1982) have provided prospective data on the correlates of abuse. Clinic attenders were interviewed during pregnancy and both demographic and attitudinal data gathered. The children were followed for signs of abuse over the next four years through computer searches of medical registers. Interviewers predictions of likely abusers were strongly confirmed over the first nine months following birth, but these predictions weakened with time and did not discriminate after two years. Abusing mothers did not differ from non-abusers on expectations for developmental milestones. However, they had more adverse family histories including foster care experiences, poor relationships with their mothers and the experience of harsh discipline, but only when this was seen to be unfair. In addition they had significantly poorer self-images, and a history of reception of their own children into care and of child deaths. At interview a quarter of abusers revealed that they had violently attacked others (children or adults) in the past. They were also differentiated by a more negative attitude to the pregnancy and more and younger children. On the other hand, there were no differences on single parent status, teenage pregnancy, maternal age or expectations of support from their families or the child's father. Since the predictive power of these variables weakened with time, it appears that current social pressures may have^{been} strongly related to the occurrence of abuse, on the other hand the mothers' own backgrounds and histories of aggressive behaviour were also major predictive variables.

(iv) Animal Studies

The studies reviewed above suggest that continuities in parenting techniques are slight but that continuities are stronger for the wider relationship qualities that are necessary for the adequate interpersonal social functioning relevant to parenting as to other relationships. Gross disturbances in parenting seem strongly associated with the experience of poor parenting and may be confined to individuals with such early adversities. However, it is clear that the family circumstances associated with these experiences in childhood cover a wide range of variables including poverty, family discord and breakdown and parental psychiatric disorder and criminality, as well as poor parenting per se. It is, therefore, unclear whether the associations reflect the direct effects of the experience of poor parenting or whether they represent continuities mediated by other variables.

Animal studies provide the best data for evidence on direct effects. Although there are a number of methodological problems in their interpretation these studies are better able to control environmental variables and are also able to provide the prospective data that is at present lacking with respect to studies of marked parenting problems in humans.

In a series of well known experiments Harlow and his colleagues reared infant monkeys in conditions of social isolation (Harlow, 1958; Harlow and Harlow, 1965; 1969). In adolescence and adult life these monkeys failed to show normal mating behaviour (Harlow, 1965), and those females who were successfully impregnated displayed very abnormal parenting (Seay et al, 1964; Arling and Harlow, 1967). They were more rejecting of their infants compared with non-isolated monkeys, and generally failed to nurse their babies, ^{and} were sometimes so physically abusive that the infants were killed. None was an adequate mother. However, the

direct implications of these studies for the human case are unclear, even given the problems in extrapolating from other primates to humans (Hinde, 1982). In particular, they establish a level of deprivation unknown in the ecology of the animals studied and therefore do not generate a range of outcomes which could be expected to be within its adaptive potential. It is, of course, difficult to produce circumstances that are nearer to the human case, but those are probably best provided by studying the development into adulthood of the children of these isolated parents. Studies have shown that their social behaviour is nearer normal than that of isolates but that both as infants and juveniles they ~~are~~ exceptionally violent (Sackett and Ruppenthal, 1973).

Although these studies are a valuable way of examining the possible impact of particular circumstances and relationships - for example rearing infants with peers but without mothers (Chamove et al, 1973) - the estimate of particular effects is complicated by the fact that the variable under consideration - peer influences in this case - is inevitably divorced from its natural ecology and may be either amplified, attenuated or distorted by this fact. Nevertheless, the studies clearly demonstrate that in non-human primates severe early deprivations or distortions in the experience of parenting can have long term devastating effects on development affecting social relationships generally. In that these outcomes are not specific to parenting qualities, it is difficult to conclude that they are evidence for any direct effect.

v) Summary

In summary, continuities in details of parenting techniques seem slight, but there is some evidence that family experiences in childhood such as separations from or poor relationships with parents are linked to parenting difficulties in the next generation. Continuities are strongest for

severe abnormalities such as child abuse. These abnormalities are associated with general disturbances in relationships and with multiple psychosocial difficulties and stresses. It is difficult, with these retrospective accounts, to establish the nature of the linking processes. Before discussing the theoretical and methodological problems involved in explicating these mechanisms the evidence concerning the correlates of current parenting difficulties is presented (section A.II), and the evidence for intergenerational links in these correlated factors discussed (Section A.III).

II. CORRELATES OF PARENTING DIFFICULTIES

i) Single parent status

Single parent status usually arises as a consequence of family breakdown. The 1975 General Household Survey showed that only 17 per cent of single parents had not previously been married as against 26 per cent widowed, and 57 per cent separated or divorced (Brown and Madge, 1982). However, the status of single parent can be persistent. Evidence from the National Child Development Study shows that three out of every four children cared for by mothers alone at the age of seven were in the same family situation four years later (Ferri, 1976). However, this pattern has not been shown in other cohort studies. For example, for the New Zealand 1977 Birth Cohort it was estimated that 35-40 per cent of children who were born to a two parent family would have experienced a family breakdown by age sixteen (Ferguson et al, 1984a). Two-thirds of children whose parents separated re-entered a two parent family within five years, but the survival probabilities of these subsequent families was poor. Similar findings of persistent instability have come from recent American data (Furstenberg et al, 1983). The differences from the British data may partly reflect the inclusion in that analysis of families that start as single parents. Unfortunately, the data are not so presented as to determine this point.

There are few direct data on the quality of parenting by single mothers, although the circumstances of bringing up children alone have been graphically documented (Marsden, 1969). This anecdotal study of 116 mothers on National Assistance provides accounts of the mothers' problems both in being affectionate and in exerting discipline. Forty-one mothers felt themselves barely in command or were ineffectual and a further 24 only kept control through severe physical punishments. Problems were particularly marked with boys. In this sample there was a sizeable overlap between large families, extreme poverty and lack of social support, and it is not possible to know which factors were the most important, nor whether parenting problems preceded the breakup of the family. Other studies have shown that family relationships prior to separation are more important than separation itself (Rutter, 1971), but it is also clear from more recent studies of divorce (Hetherington et al, 1977; 1982; Wallerstein and Kelly, 1980) that parenting problems arising through adverse reactions to separation occur in both mothers and children in the short term. These may become consolidated into more persisting difficulties under a variety of continuing adverse circumstances. Essen (1979), in an examination of the National Child Development Study birth cohort at age seven, has claimed that lack of resources rather than lack of a parent is mostly responsible for the poorer school attainment of children from one parent families. This conclusion has been substantially supported by a further analysis of this sample when the children reached eleven (Lambert and Streater, 1980). Illegitimate children were more likely to have been in care during their lives, and more likely at eleven to be in a single or step-parent families and to be members of a sib-group of five or more. In addition their families were more likely to be in receipt of welfare benefits and to have declined in social status since they were seven. These children had the lowest reading levels and the

poorest adjustment, these latter difficulties remaining when social factors were controlled. These problems were particularly related to living with a step-parent - a finding that suggests that family problems rather than the absence of a father were the cause of the difficulties - but the data were not presented in a form that allows firm conclusions to be drawn. Otherwise the increased practical and emotional problems of coping alone are likely to increase parenting difficulties.

As with other correlates of parenting problems, however, there are no reported studies that examine the effects of single parent status on parenting whilst controlling for other overlapping disadvantages. In general the findings for both cognitive and behavioural development suggest that the risks for children increase with the increase in psychosocial stresses (Rutter, 1983) but it is seldom possible to examine single stressors occurring on their own. Rutter had made the important point that such evidence is different from that provided through statistical controls in which the effect of a variable is assessed when the effects of correlates are taken into account (Rutter, 1983). The single stress comparison provides the more satisfactory test of impacts of a particular stressor. When this has been done with respect to children's emotional/behavioural development, single 'stressors' appear to carry no increased risk. This is best demonstrated for parental psychiatric disorder (Rutter and Quinton, 1984) but may also be true for marital discord, family size, paternal criminality and overcrowding (Rutter and Quinton, 1977; Quinton, 1980). The meaning of this finding is, as yet, unclear since the individual variables represent very different experiences.

ii) Parental psychiatric disorder

The strong association between major psychiatric difficulties and severe abnormalities in parenting has been demonstrated both for child abuse (Smith et al, 1973; Smith, 1978), and receptions of children into

care (Lewis, 1954). In these cases, psychoses and longstanding personality disorders in parents proved very prominent. It is known that such disorders are associated with a much increased rate of marital discord and breakdown and with an increase in disorders in spouses. For example, in a representative sample of psychiatric patients 58% of those with personality disorders had discordant marital relationships compared with 8% in a non-patient comparison group (Quinton and Rutter, 1984). It is likely that these additional difficulties were in part responsible for the increased risk of receptions of children into care. However, it is now established that personality disorders also expose the children to more hostile parenting behaviours and that it is these that are responsible for the associated increase in children's emotional and behavioural problems (Rutter and Quinton, 1984).

Few other studies have looked directly at the effects of psychiatric disorders on parenting rather than just documenting the developmental problems in children. In a recent report Zahn-Waxler and her colleagues (1984) have presented data on seven 2½ year old boys with a parent with bi-polar depression and twenty controls (ten boys and ten girls). In a series of imaginative laboratory situations measures of aggressive and altruistic behaviour were taken. The children were observed in a novel playroom, in situations where stranger adults were being either cooperative or argumentative and with peers following their own or the peers separation from parents. The findings showed the children of ill parents to be lacking in resilience with respect to the give and take of interpersonal interaction. They were 'inappropriately' aggressive with adults when there were disputes over toys, and, following separations from their mothers they were more likely to be aggressive with peers. They were more passive in response to peer aggression and more intense in their emotional reaction to adults.

Cohler et al (1977) have examined selective attention and the ability to sustain attention in small samples of cooperative mothers with schizophrenia or depressive psychoses using embedded figures and continuous performance tests. Neither group of patients was significantly worse than controls on the continuous performance test but the schizophrenics took significantly longer than the combined depressive and control groups to reach the correct solution on the embedded figures test. However, these characteristics were not related to similar deficits in the children. Moreover, with I.Q. controlled, the 5 year old children of the depressive mothers showed greater impairment on the EFT and in intellectual performance. The meaning of these differences is unclear.

In an interesting study of a consecutive series of first admissions of schizophrenic mothers with good or poor premorbid adjustment Rodnick and Goldstein (1974) assessed by interview with mother and a close relative parenting qualities in the pre-admission period and at one, six and twelve months. Raters were blind to the premorbid categorization. Mothers with good premorbid adjustment had children who were older at the time of breakdown and had therefore experienced a longer period of satisfactory parenting. Those with poor premorbid personalities broke down earlier, often when the children were in infancy. Parenting in both groups was markedly affected by the episode of illness, but recovered to some extent during the follow-up period. Parenting at one year still lacked warmth and responsivity, but there were no significant differences between the groups. The authors make an interesting speculative link with Mednick's (1973) finding that - as in this study - those with poor premorbid functioning break down earlier, and that the offspring of chronic schizophrenics who ^{themselves} break down are younger at the time of mother's first episode.

Weissman and Paykel (1972, 1974) examined parenting more directly in a structured interview study of 35 acutely depressed mothers and 27 controls. In this case patients with psychotic features or other psychiatric complications were excluded. Depression was associated with significantly worse parenting in several ways. The depressed mothers were less involved with their children and showed them less affection. Relationships were characterized by more friction and a parental inability to manage ambivalence in close emotional relationships. These patterns were common to the parenting of children from infancy to the teens but with some life cycle variations. These effects appear to have been a consequence of current depression since eight months after the initial episode considerable recovery had occurred such that the parenting of the depressed group no longer differed from controls. However, overall assessments of functioning suggested residual deficits in parenting although these are not specified.

Further data on this issue has recently been provided in preliminary reports from a longitudinal study of depressed mothers and their children using both interview and observational measures (Mills and Puckering, 1984; Pound, 1984). Mothers assessed as depressed in a clinical interview showed fewer linking responses (i.e. adding information or appropriate comment to their child's statements) than non-depressed mothers. This pattern was also true in reverse so that children made fewer links following maternal statements if the mother was depressed. The proportion of child links made in the latter group was lower whether or not the child was showing behavioural problems currently. These associations were strongest when the depressed mother also had a history of major depressive problems or personality disorder. Although this study incorporated a prospective design, no data are yet available on changes in

mother-child interactions with the remission of depressive symptoms. It is known that children's problems related to parenting difficulties tend to persist when circumstances change (Quinton and Rutter, 1984; Rutter and Quinton, 1984) and that this has been shown specifically for depression. For example, Richman et al (1982) report that 75% of children with reading retardation at 8 years (corrected for IQ) have mothers who were depressed when the children were age three. As yet the reasons for these continuities are unknown.

iii) Marital discord

Marital discord and disruption is the feature of family life most consistently related to the development of conduct disorders in children (Emery, 1982; Hinde, 1980; Rutter, 1981) and it is these disorders that show the strongest continuity into adulthood (Farrington, 1978; Robins, 1966; Rutter and Giller, 1983; Werner and Smith, 1982). It now seems likely that marital discord constitutes the chief mediating variable in the association between parental mental disorder and disturbances in childhood. However, the process through which discord is linked to disturbance is ill understood. In particular it is not known whether the association arises because of parallel discordant relationships between parents and children, (either because parental anger is displaced onto children or because parental behaviours disturb both marital and parent-child relationships); because the witnessing of discord provides children with aggressive models; or because parental quarrelling reduces the parents' emotional resources for positive interaction with their offspring. Finally, it is not known the extent to which the child's own characteristics may contribute to parental difficulties. Nevertheless, there is some evidence in support of all these processes. For example, personality disorders - by definition antedating both marriage and the birth of the children - are strongly related to marital discord and to

hostile behaviour to children. However, when parents are quarrelling this does not impinge equally on all children in the family. Parental criticism and hostility are most likely to be directed at the more temperamentally difficult child in the family. This pattern of interaction developing in response to particular stresses was likely to become established as a maladaptive style of relationship (Quinton and Rutter, 1984; Rutter and Quinton, 1984). Increased aggressive behaviour in children has been shown to be related to exposure to aggressive models (Bandura, 1973; Bandura et al, 1961). The evidence for a 'reduced emotional resources' explanation is less substantial except where discord may result in depression and thus where the effects reviewed in the previous section may occur. However, the home environments of children in divorced mother-headed families have been shown to be less cognitively and socially stimulating even when income is controlled (MacKinnon et al, 1982). The direction of the relationship between depression and marital difficulties is not well established, but it is likely that each leads to the other in different cases. However, it is clear that children are at much less risk in the face of discord when relationships with one or both parents are not disturbed this way. Thus it has been shown that a continuing positive relationship with one or both parents can go far in protecting children from the ill-effects of discord (Rutter, 1971). It is not yet known whether parents who show reduced emotional responsiveness to children at times of discord were more responsive previously or subsequently. Recovery of responsiveness has been shown for depression (Weissman and Paykel, 1974) but this particular link in the discord/disturbance chain remains to be demonstrated.

By definition, divorce or separation constitute a major break in the continuity and the nature of relationships between children and at least one of the parents. The sequences through which this leads to changes in

parenting and parent-child relationships for the custodial parent have been admirably documented by Hetherington and her colleagues (Hetherington, Cox and Cox, 1977; 1982).

iv) Social class

Childrearing practices have been shown to vary by social class (Section AI.2.1).

Most sociological theories link these variations to differences in the life experiences and expectations of different social strata. Kohn (1969) has argued strongly that position within the class structure is related to the development of values and attitudes that stress conformity and obedience to maternal standards on the one hand, or on the other the ability to act on the basis of individual judgement, in the belief that decisions and actions may be consequential. Working class parents stress conformity to external authority whereas middle class parents stress self direction. These variations are argued to be related to class determined life experiences and to have impact on parenting both through language styles and child rearing practices. Kohn has shown that these differences do occur both in America and Italy. However, within class groupings the levels of education has an effect on the extent of self-directed values although it does not obliterate the effects of class.

The statistical correlations on which this view is based are generally low, and thus suggest that there are large within class variations in parenting practices and parent child relationships. That this is so is demonstrated by the Newson's data. Most important for the present discussion, however, is the fact that these class variations within the range of normal or 'good enough' parenting have not been shown to be related to serious parenting problems. Thus there are no class differences in more general qualities such as warmth and caring. On the other hand, the

parenting breakdowns that lead to reception into care or child abuse appear to be almost confined to those of low social status, and it is this that has led many sociologists to see these problems as a consequence of class position. Earlier formulations on this theme held that extremely adverse social circumstances led to a self-perpetuating 'culture of poverty' (Lewis, 1968) that, although generated by social structural features, was likely to persist under changed circumstances. This view has received severe criticism and little empirical support. Lewis himself (1969) conceded that only about 20 per cent of the poor in the United States showed culture of poverty features. On the other hand, some of the criticism directed at this hypothesis was intended to deny family style or culture any role in the perpetuation of difficulties (Leeds, 1971) and this position seems equally untenable. The features of the 'culture of poverty' described by Lewis can be recognized in accounts of multiple-problem families (Coffield et al, 1981; Tonge et al, 1975; Wilson and Herbert, 1978), and it seems clear that the levels of family and social problems intergenerationally are much higher for them than for any other social group. Social process external to the family cannot alone explain this continuity. Family functioning must also be implicated. On the other hand, structurally determined inequalities in resources and opportunities are likely to be partly responsible for the overlap of family adversities and to explain why parenting problems generally lead to breakdown, as evidence by receptions into care, only within families of lower social status.

v) Early pregnancy and childbirth

Teenage pregnancies have increased greatly over the past thirty years (Teper, 1975) and this has given rise to much concern because of the associated medical, psychological and social problems. Pregnant teenagers have higher rates of anaemia, eclampsia, and pre-eclampsia, toxemia,

labour complications and risk of premature delivery or neonatal death (McCluskey et al, 1983). It is unclear whether these differences from older women are explained by the poorer antenatal care teenagers receive, but the particularly raised rates of medical problems in those under sixteen suggests that biological immaturity may be partly responsible in this group. Teenage pregnancies are typically unplanned, frequently unwanted and more often occur out of wedlock than those of older mothers (Hersov, 1984; McCluskey et al, 1983; Phipps-Yonas, 1980), and the girls are more likely to be from large, single parent families, to report poor family relationships and to be below average at school or school dropouts.

These correlates may appear somewhat stronger than they are since girls from more stable and affluent backgrounds may terminate the pregnancies without getting into public statistics. However, it is clear that this set of social factors is related to the decision to carry to term and therefore to be reflected in the parenting experiences of the children of teenage mothers. Thus, those teenagers who deliver are more likely to come from large and one parent families, to be on public welfare and to have lower school grades or to be dropouts. Eisen et al (1983) studied the decision of 386 unmarried, never previously pregnant 13-19 year olds attending a Californian pregnancy advice centre. The majority of girls (64%) chose to abort - a high rate compared with other studies - but decisions to carry to term were associated with the factors discussed above. Catholics were more responsive to the perceived views of significant others on abortion, but the girls own initial accepting attitude towards it was the strongest predictor of the decision to abort. This attitude appeared to be related to better school performance and more financial independence from the family.

Teenagers who deliver their babies are less likely to marry as a consequence than those over twenty although the majority marry during the first child's preschool years (McCluskey et al, 1983). In Furstenberg's study of black teenagers 36% were still single at the five year follow-up. Seventy per cent of those who had married had done so to the child's father (Furstenberg, 1976). However, teenage marriages are much more likely to breakdown (Fergusson et al, 1984a). An early birth carries a number of additional disadvantages. Firstly, it is associated with lower subsequent educational attainment and occupational status. In addition, it has an impact on the career of the spouse who may forego educational or occupational chances in order immediately to support the family (Hofferth and Moore, 1979). Therefore, for a variety of reasons, teenage parents are more likely to be in disadvantageous social and economic circumstances (Taylor et al, 1983).

The medical, educational and behavioural risks for the children of these parents are now well documented. The children of teenage parents from the Child Health and Education Study 1970 Birth Cohort have been shown to be at greater risk for accidents and gastro-intestinal disorders even after allowing for intervening social and biological factors (Taylor et al, 1983). At age five (Wadsworth et al, 1984) these children were in families of lower social status, with poorer housing and resources and had more and younger sibs. Those born to mothers under 18 scored markedly lower on the English Picture Vocabulary Test and as more deviant on the Rutter B Scale even after adjustment for current social disadvantage. Moreover, those mothers were more likely to have remained in disadvantage than those whose children were born later. Unfortunately, single parent status was deliberately omitted from this analysis so it is not possible to assess its contribution to the poorer outcomes for children or the perpetuation of disadvantage.

Although it has been argued that teenagers are psychologically unprepared to cope with parenting (see McCluskey et al, 1983), surprisingly few studies exist that directly assess the quality of parenting by teenage mothers, and those that do generally have major methodological flaws. Opiel and Royston (1971) reported on 86 under- and 86 over-eighteen year old mothers matched for socio-economic status, birth weight, race and number of previous births. Their data showed that younger mothers emphasized independent behaviour in 6-8 year olds much more than did older parents. The young mothers were higher in emotional and behavioural involvement but had lower educational aspirations. This is consistent with the study of 60 mothers by Osofsky and Osofsky (1970). These subjects were observed parenting during paediatric examination and rated on overall scales. Warmth and physical interaction were high but verbal interaction was low.

In a study of 60 American teenage mothers aged 14 to 19 who had babies 6 to 36 months old, King and Fullard (1982) assessed parenting using the Caldwell (1980) Home Inventory. In comparison with Caldwell's standardization sample the teenagers were significantly less adequate on responsivity, avoidance restriction and maternal involvement, with responsivity accounting for 11 per cent of the variance in Home scores. Younger mothers rated lower on the overall Home score. There were also significant effects of race on organization of the environment, maternal involvement and total score. Social class had no significant effect although this may be confounded with race and with the fact that most teenagers still lived at home. King and Fullard stress that although these significant differences exist they are not sufficiently great to characterize these parents as a high-risk group, but from the data presented it is not possible to know what the magnitude of the effects are in terms of assessing parenting problems.

Anecdotal data from the American Consortium on Early Childbearing and Childrearing (Williams, 1974) suggested that young mothers tended to view infant stimulation both visual and verbal, as likely to spoil the child. Curiosity was not seen as a positive characteristic.

In data from a prospective study of all British born primigravidae in 1974-75 from one East London borough, Wolkind and his colleagues have collected some important data on the antecedents and correlates of parenting behaviour (Kruk and Wolkind, 1983). Two groups were defined from amongst the 534 mothers; ninety women who conceived before marriage or stable cohabitation ('Single mothers') and 83 who were 'married' prior to the conception of their first baby ('married group'). By 4 months post-partum 55 per cent of the single mothers were in two parent families. Single mothers were more likely to have come from lower social class families and to have experienced separations from or poor relationships between their parents. These factors were associated with higher rates of truancy from school, earlier pregnancy (60% vs 14% by age 19) and more pregnancy problems. Despite this few differences were found between the groups in child development at 10, 27 or 42 months despite much poorer economic circumstances for the single group. In addition, there were no group differences in rates of maternal psychiatric disorder or marital problems (for those cohabiting) although these data have many cases missing, especially amongst the 'married' group and this may effect the validity of the finding. Parenting outcomes were worse for the small proportion in either group who had been in care in childhood.

The lack of differences in this study seem atypical but point to the fact that early pregnancy and single parent status do not necessarily point to parenting problems. Significantly, both groups were predominantly from established local families and grandmaternal support was high

regardless of marital status at pregnancy. This suggests that local cultural factors were related to both the high rate of early pregnancy or premarital pregnancy *regardless of* background and to a generally supportive milieu (Young and Wilmot, 1957).

Unfortunately, data are not presented comparing the 'single' parents who remain single with those who marry, either on family background or current parenting and it is therefore not possible to judge the relative contributions of early environment and current circumstances to the high rate of child problems in this geographical area.

vi) Environmental circumstances

Correlations between poorer environmental circumstances and a host of social difficulties are well established (Murie, 1980) and this applies to both the characteristics of individual dwellings and to geographical areas. For example, overcrowding, multiple occupation and lack of amenities are related to heightened risk of accidents, ill health, psychiatric disorder, delinquency, low school attainment, disrupted family patterns and poor child care. However, these environmental factors are often associated with other indicators of disadvantage and the causal pathways are unclear. For adults housing styles do not generally appear to affect psychological functioning in the absence of other stresses. Thus living in flats is not consistently related to adult psychological problems (Moore, 1974) but maybe associated with some increase in depression with mothers parenting young children (Richman, 1974). In their study of deprived inner city families Wilson and Herbert (1978) recorded mothers' descriptions of the constraints they placed upon their children because of environmental threats. The children's independence was severely curtailed to ensure that they kept away from the dangers of traffic, demolition sites, railway lines, canals and child molesters, and to ensure that they did not indulge in vandalism and petty

crime. Further, Blaxter and Patterson (1983) found that poor housing was the key variable associated with accidents amongst children. On the other hand, Newson and Newson (1968) have shown that patterns of supervision in working class families survive the transition from slums, where there was no private outside space for families, to newer housing estates, where there was. These data went against the hypothesis that class differences in supervision were strongly influenced by the availability of private space, such that working class parents were less likely to intervene in play disputes in communal areas so as to avoid neighbourhood problems. But it is probably naive to expect family patterns established in one milieu to undergo radical alteration with environmental change. Parents in overcrowded homes are more likely to encourage children to play outside the home (Mitchell, 1971; Jephcott and Carter, 1950) and family size as well as the built environment may also be a factor in mediating these patterns of supervision.

Research has so far failed to establish a clear link between parenting behaviours and environmental circumstances despite the fact that some environments seem a priori to provide more difficulties to parents. For example, the range of supervisory possibilities is markedly restricted for parents in high rise flats and this is likely to increase both over-restrictive and over-permissive supervisory practices. It seems likely that effects on parenting have not yet been shown because they have not been systematically looked for, but equally there are no a priori grounds for supposing that these will be marked in the absence of concurrent stresses.

vii) Social Support

Recent research has begun to document the association between variations in parenting and the amount and quality of social support (Cochran and Brassard, 1979). The literature on this topic is reviewed below in Section B. III. vi. It is omitted here because the section that follows

(A.III) is concerned with intergenerational continuities in the correlates of parenting problems and no studies have been found dealing with this issue with respect to social support.

viii) Correlates of parenting problems: summary

A range of personal problems and circumstances has been discussed in relation to both major and minor parenting difficulties of both a transitory and persistent nature. These include psychiatric illness (especially personality disorder), marital discord and disruption, single parent status, poverty, low social class, teenage parenting, and poor environments. Of these, psychiatric and marital problems seem most clearly associated with poorer parenting. However, a substantial amount of existing data derives second hand from assumptions about parenting based on measures of child development. Where parenting has been more directly assessed the evidence is that all the factors discussed are only clearly related to marked variation in parenting when they occur in combination (Wedge and Prosser, 1973; Rutter and Quinton, 1977), and that the effects are more than additive (Rutter, 1983). The causes of the concentration of multiple adversities in some families is ill understood, but even in these cases the evidence is against a general style of family culture or interaction style as an explanation of the increased rate of transmitted problems in this group. Additionally, there is little evidence to explain discontinuities.

The complexity and variability of the situation makes it unlikely that major single explanations, such as genetic endowment or social-structural determinants, will explain either the links across time or the discontinuities and so more complex models of intergenerational and life history links are necessary. These are discussed in the final section of this review. Firstly, the evidence for intergenerational continuities in these correlates of parenting difficulties will be discussed.

III. CONTINUITIES IN PSYCHOSOCIAL FUNCTIONING

Since the transmission of parenting deficits involves continuities in more general features of personal relationships it is necessary briefly to review the evidence for continuities in wider features of psychosocial functioning that might be related to or be evidence of this aspect of transmission. Two areas will be considered: psychiatric disorders and marital relationships.

(i) Psychiatric Disorders

The evidence for inter-generational continuities in psychiatric disorders relies almost entirely on retrospective studies of the parents of current patients and for this reason it is possible to say whether an association exists but not how strong it is. Increased rates of similar disorders in the parents of current sufferers have been found for anxiety neuroses (McInnes, 1937; Cohen et al, 1951), neurotic depression (Stentsted, 1966), hysterical personality disorder (Arkonac and Guze, 1963; Guze et al, 1967), alcoholism (Bleuler, 1955; Amark, 1951) and psychopathy (Schulsinger, 1972). These studies, despite wide variations in the quality and consistency of the data show that approximately 15 per cent of the current patients have parents who show a similar disorder. It is now well established that there is a substantial genetic component to many of these disorders, in particular schizophrenia (Gottesman and Shields, 1975), alcoholism (Shields, 1973; 1976) and psychopathy (Schulsinger, 1972). Since it is also well established that these conditions are associated with much higher rates of family discord and disruption, and that these in turn are associated with a higher risk of psychiatric disorders for children (Quinton and Rutter, 1984; Rutter and Quinton, 1984), it follows that the mechanism for inter-generational transmission of disorders is likely in part to be through pathogenic environments. The processes and factors responsible for the

transmission of the same psychiatric disorders inter-generationally are not well understood except insofar as genetic factors have been implicated. The form of parental disorder has not generally been shown to be predictive of the form of disorder in childhood except, perhaps, for severe depression (Rutter and Quinton, 1984; Quinton and Rutter, 1984), but as yet no prospective studies linking parental disorders with disorders in their adult offspring have been published. There can be little doubt, however, that the major mental disorders contribute disproportionately to the production of seriously deficient parenting. In a systematic study Smith and his colleagues (1973) found that from two-thirds to three-quarters of battering parents showed personality disorders compared with one in seven of the controls. In a sample of 363 families with children admitted to a long term assessment programme Lewis (1954) found that 37 per cent of fathers were known to have been cruel to their wives, or to be alcoholic or criminal. Forty-four per cent of children came from families marked by constant quarrels and violence. Rutter and Madge (1976) have suggested that, in the case of battering, the inter-generational continuities that occur may arise through the links between on the one hand childhood conduct disorders and severe discord and disruption in the family orientation, and on the other between such persistent childhood problems and later personality disorders.

(ii) Marital Discord and Disruption

The evidence for continuities in marital discord and disruption at present relies almost entirely on data on divorce and separation (Bumpass and Sweet, 1972). In the 'Midtown' study (Langner and Michael, 1963) 1600 adults were systematically interviewed with respect to their mental health and other social factors. Individuals whose parents had divorced or separated were twice as likely as those from unbroken homes to have had parents who divorced or separated. In a similar study of over 2000 adults

(Gurin, Veroff and Feld, 1960) higher rates of both divorce and current marital problems were found amongst those whose own parents had separated, compared with those from intact homes. Glenn and Skelton (1983) have pointed out that the apparent strength of inter-generational associations is very dependent on the type of comparisons used and questions asked. The same point has been made by Rutter (1977). Glenn and Skelton examined American data from the General Social survey (Davis, 1980) to examine in white families the association between parental separation and the later divorce of their ever-married children when religion, family size, geographical area and type of community were controlled. For males the adjusted percentage ever divorced/separated for those whose parents had divorced was 28.9 per cent, a third greater than the divorce rate for those whose parents marriages remained intact. For women the divorce rate was increased by three-fifths. Since in this case many background variables were controlled the associations are substantial and highly significant. However, as the authors point out, the 'parental divorce effect' does not contribute much to the total divorce rate for whites, since only 5.6% of male and 7.1% of females had parents who divorced. Thus if the subjects from divorced families had suffered no increase in divorce themselves the overall rate would only be 0.4 per cent lower for males and 1.0 per cent for females. The presence of an association between divorce in parents and children net of social class of origin has been confirmed in a re-analysis of the data of Bumpass and Sweet (Mueller and Pope, 1977), and has also been shown to affect both males and females and different ethnic groups (Pope and Mueller, 1976). Early studies of the association between the quality of parental marriage and marital satisfaction in the children have generally shown a stronger association between the children's ratings of their own marital happiness and that of their parents than between current

unhappiness and a poor reported quality in the parents marriage (Burgess and Cottrell, 1939; Terman, 1938).

Somewhat surprisingly, this topic has received relatively little systematic attention since that time although the data on the 'parental divorce effect' discussed above make it probable that some relationship between the experience of a poor marriage and later marital discord exists. In an interesting recent report on a nationally representative sample of 2143 men and women Kalmuss (1984) examined the relationship between being a witness or victim of parental violence and violence in marriage. The data show that being both a victim and witness of such aggression substantially increased the probability of marital violence in the next generation for both men and women from 1% to 12% compared with those who experienced no such violence. There was no evidence for gender specific modelling effects although the quality of data was not really adequate to test such hypotheses. In addition no data were available on spouses. Such information would seem necessary adequately to explain the equal risk of marital violence for both men and women. Although the data show main effects in a log-linear analysis for both receiving and observing aggression the cross-tabulation of the data puts this in some doubt, since both experiences most generally occur together. However, it seems safe to conclude that some association exists.

IV. CONTINUITIES IN SOCIO-ECONOMIC DISADVANTAGE

Finally, since serious parenting problems are known to be frequently associated with current circumstances and economic disadvantages and since continuities in these social/structural factors may be responsible for the inter-generational persistence of interpersonal problems, it is necessary briefly to review the evidence for continuities in these factors.

(i) Poverty

Despite the widely held view that poverty is transmitted across generations there have been remarkably few studies that have directly compared the incomes of fathers and their children. At the time of Rutter and Madge's review (1976) only one study, that by Soltow of a Norwegian sample (Soltow, 1965) had been identified. The conclusion from this study was that there was little inter-generational continuity in income level. The subsequent follow-up by Atkinson and his colleagues (Atkinson et al, 1983) of Rowntree's earlier study of poverty in York (Rowntree and Laver, 1950) provides more substantial data. Regression analyses produced a coefficient of approximately 0.5 for both fathers and sons and fathers and daughters or sons-in-law. A son of a low paid man with earnings in the bottom 20 per cent thus had a 45 per cent chance of also falling within this category, whilst his counterpart with a father amongst the top fifth of earners would have only a 4 per cent chance of doing so. The data show that inter-generational continuities in income level are greater for the sons of well-off than for the sons of the poor, who were much more likely to be upwardly mobile in income. However, it is more difficult to assess the meaning of the continuities in low income that do occur with respect to poverty insofar as this may affect family functioning. Comparisons of relative rankings may obscure major secular changes in standards of living assessed by other criteria (Brown and Madge, 1982), and there are formidable problems in defining poverty in terms other than of relative income distribution. What is clear is that secular trends in standard of living and income distribution vary greatly over historical periods and thus the degree of inter-generational continuity is likely to vary also. Marked variations in macro-economic circumstances have a major effect on the probability of transmitted poverty. Thus in Elder's follow-up studies of the Oakland and

Berkley samples (Elder, 1974) neither initial low family income at the beginning of the Great Depression nor major family income loss during the Crash were related to economic disadvantage by the time children reached early middle age. This discontinuity seems to have been sizeably influenced by the rapid economic recovery and expansion during World War II and the subsequent era of affluence.

(ii) Housing

Many of the considerations that apply to continuities in poverty apply also to housing, to which they are obviously related. However, with housing, it is somewhat easier to apply objective standards to housing quality, although a concentration in slum clearance programmes on household facilities initially led to major deficits being produced through faulty design and estate layout. Thus estimates of continuity based only on presence or absence of facilities are likely to underestimate the association between poor housing in childhood and later housing disadvantage. In 1983, McDowell examined the housing status of members of 440 households who in 1948 were classified as deprived (overcrowded and lacking at least two of three basic household amenities) intermediate (overcrowded and/or lacking one basic amenity) and privileged (neither overcrowded nor lacking any basic amenity). The change in these indices of housing standard were striking. Whereas 44.8% of the sample were in 1948 deprived, this only applied to 0.6 per cent by 1972. By this time 88.3 per cent of subjects were in the 'privileged' group compared with only 25.7 per cent in 1948. However, some continuities in relative level were still apparent in that all the worst housed in 1972 had been in the deprived group in childhood (5/440), and that when 1972 housing was assessed relative to housing standards at that time, children not in privileged housing generally maintained the ranking of their parents on relative housing disadvantage. However, the major changes in

the quality of housing mean that over this period children were extremely unlikely to live under adverse housing conditions even if their parents did so. This means that housing conditions are unlikely to be of great explanatory importance with respect to continuities in interpersonal functioning in the post-war years.

This does not imply that housing conditions are unimportant to parenting or to the processes of continuities across generations. In the first place, as housing policy changes, the extent of inter-generational links may become greater in the future. Secondly, general trends in the patterns of housing may obscure important links that occur within small sub-populations, or may serve to perpetuate other disadvantages such as ill health. What is clear is that the transmission of housing disadvantage cannot be responsible for continuities in parenting problems or social functioning over this period.

V. EVIDENCE FOR CONTINUITIES: METHODOLOGICAL PROBLEMS

The definitional problems involved in examining inter-generational continuities in a range of social and individual disadvantages have been set out by Rutter and Madge (1976) and, as is apparent in the preceding review of evidence for continuities in selected areas, the nature of the definition can give rise to widely differing estimates of continuities and of their consequences. This is true whether 'objective' measures of economic or environmental factors are being considered, or whether the interest¹⁵ in aspects of personal functioning such as parenting or marital difficulties. Thus the level of deficit in the first generation may determine both the extent to which discontinuity is possible and the meaning of continuities that do occur. There are no correct solutions to these difficulties: the appropriateness of the definition depends on its appropriateness for the question being asked.

A second methodological issue concerns the specificity of the factor whose transmission is under investigation. For example, in examining the relationship between 'in-care' experiences in childhood and adult 'outcomes', should estimates of continuity be confined to the repetition of in-care experiences in the next generation of children? This has been advocated by Berthoud (1983) but such restrictions seem unnecessarily artificial. In the first place, changes in child care policy or provision may massively alter estimates of inter-generational links. Secondly, the more pertinent question is not how strong particular linkages are - for a host of variables this is likely to vary widely over historical periods - but what are the processes underlying continuities when these do occur? For this purpose the main variables under study may be chosen because they 'stand for' a great risk of having particular problems - as in the case of children in care - or because they are the focus of investigation in their own right, - as might be the case with psychiatric disorders. In either instance, any satisfactory model of linking processes must examine correlates of the focus variables both as these occur in the first generation and in the second.

One final methodological issue concerns the use of retrospective or prospective strategies in the study of continuities. Nearly all the parenting studies reviewed earlier are retrospective investigations in which groups currently suffering difficulties are identified, and the antecedents of those problems are reviewed, usually through the recall of the subjects themselves. The issue of the reliability of long term recall will be dealt with later in this review. Here the issue is the appropriateness of this method on its own for examining linking processes. Firstly, it should be stressed that data derived from retrospective studies have often been mistakenly taken to demonstrate the strength of inter-generational links. It is clear that this is very unlikely to be the case since all those subjects

suffering particular early adversities but currently without problems will remain unidentified (Rutter, 1983). For this reason retrospective studies are generally likely to overestimate the strength of links. On the other hand, retrospective studies are likely to be most efficient in identifying the antecedents of current problems, especially where the focus groups form a relatively small proportion of the population. (Providing, of course, that methods of data collection are adequate to the task). Finally, however, the limitations on judging the strength of relationships apply also to causal models of intervening processes and to the relative importance of intervening variables. For example, Brown and his colleagues have convincingly shown that even when the overall strength of the relationship between early loss of parent and psychiatric disorders in adult women, measured retrospectively, appears weak, early loss had a strong potentiating effect under certain circumstances (Brown et al, 1984). In particular, disturbed parenting experiences following the death, coupled with early pregnancy are a strong link to later depression. Ultimately, however, the nature of this link can only be fully explicated by prospective studies detailing the particular circumstances through which this link is made and the psychological processes leading to later psychiatric problems. Ideally, therefore, both retrospective and prospective studies should be combined in the life-history approach to the explanation of current psychosocial difficulties.

SECTION B - THEORETICAL PERSPECTIVES AND PROCESSES OF CONTINUITY

I. THEORETICAL PERSPECTIVES

1. SOCIOLOGICAL MODELS

Sociologists concerned with macrosocial theories of society and social action have yet satisfactorily to resolve the problems for social

theory raised by the threat of 'methodological individualism', that is, the extent to which social-structures can ultimately be reduced to the consequences of the actions of individuals (DiTomaso, 1982). In this theorists both of structural-functionalist schools and of Marxist sociology have sought to define "the social" in terms of behaviours generated by and reducible to the social structure. Logically these formulations solve the problems of psychological reductionism but only by replacing it with another reductionist explanation. In addition they fail satisfactorily to provide adequate theories of social change or adequate explanations of deviant or rebellious actions because of their over-socialized views of behaviour (Giddens, 1979; Wrong, 1961). Such high level theoretical formulations have little to contribute to the study of social continuities as these involve the transmission of behaviours or circumstance between individuals in succeeding generations. Predictions from these theories should expect very high levels of continuity since socialization into roles or particular structurally determined positions should allow little scope for individual movement between statuses. But although both Parsons (1961) on the one hand and Althusser (1971) on the other propose scientific theories of society or history, they do not develop their positions through scientific tests of empirical propositions in the way that this process is usually construed.

Although the majority of empirically minded sociologists do not orient their work to the testing of such macro-sociological models, the links between individual action and social structure remain a problematic area and in one way or another many more recent theoretical positions side-step the issue rather than providing satisfactory solutions. Thus the more recent generative theories have concentrated either on reversing the traditional sociological perspective by proposing that social structures are in a constant state of re-creation through the concerted social actions of individuals

(Berger and Luckman, 1966), or have gone further in suggesting that structure consists in the cognitive strategies used by individuals to make sense of social interactions (Garfinkel, 1967). Although these approaches have been illuminating both in their own right and as critiques of earlier forms of sociological explanation, they have generally failed to cope with the fact that certain broad features of social structure, objectively defined, both persist beyond the lives of individuals and act as major influences on their actions. Thus the linking of individual action and structure remains a theoretical problem.

Reactions to the dangers of methodological individualism seem to underlie many of the sociological critiques of a family or individual approach to the study of social disadvantage and the intergenerational transmission of social 'problems'. The central issue for these critics is that individual or family based analyses either intentionally or unintentionally shift the 'blame' for social disadvantage from the social structure to the disadvantaged individual (Jordan, 1974). A further issue concerns the view that, although not necessarily a feature of individual based studies, this focus in practice obscures the nature of deprivation by fragmenting a general concept into a number of distinct disadvantages. Where single disadvantages overlap these are then subsumed under headings such as 'multiple disadvantage' or 'problem families' thus obscuring the class based nature of deprivation (Berthoud, 1983; Miliband, 1974). In that the class structure is a feature of capitalist societies adequate empirical tests of such propositions are possible, since the prediction should be that multiple disadvantages will not exist in non-capitalist industrial societies. As yet these tests have not been undertaken. It is apparent that these theories become, by default if not intention, sociologically reductionist and share the problems that the high level theories have. In the latter actions that do not

fit the theory may be categorized as not social. In the critiques of individual based studies of disadvantage, disadvantages that are not part of multiple difficulties in the lowest social statuses are not deprivations. Berthoud (1978) puts this explicitly:

"Almost every study of a particular social problem shows that the semi-skilled and the unskilled are most at risk. This tendency is so strong that we may conclude that if a social problem is not relatively common amongst those of low occupational status, it is not a deprivation at all".

However, since the great majority of members of the semi- or unskilled status groups do not suffer multiple disadvantages it follows that such theories must explain the absence of deprivation in these groups in structural terms also unless the class structure is redefined to include a sub-class of the most disadvantaged. If this is not done the problem of explaining recruitment to multiple disadvantage is a major one. If it is done, the problem becomes one of explaining both continuities and discontinuities without recourse to explanations through impacts of multiple disadvantage on personal development. Of course, these impacts may be considered to be epiphenomena of disadvantage but again such propositions are directly testable, for if this were the case levels of continuity in disadvantage would be the same within the children from multiply disadvantaged families regardless of measurable impacts on psychosocial development.

It is apparent that the problems of 'structure only' explanations of disadvantage are shown to be acute when the question of transmission is considered. Much of the debate about causes arises from an unfortunate failure to distinguish between the amount of disadvantage - which is

predominantly a question of the structural allocation and control of available resources - and the explanation of why particular individuals are deprived (Eversley, 1983).

The regrettable long-term consequence of sociology's wrestle with methodological individualism and its own consequent reductionist tendencies has been to perpetuate the notion that explanations of transmitted advantage or disadvantage must be either sociological i.e. 'structural' or psychological i.e. family based. In the meanwhile studies dealing with specific issues with respect to individual functioning and development have perforce needed to develop explanatory models incorporating the concept of a transaction between individuals and their environments in which both the controllable and uncontrollable aspects of social structure are a necessary part. Such models are considered in the third part of this section, but first it is necessary to review in more detail concepts of continuity as these apply both to individual functioning and to persistence of circumstances and environments.

2. CONCEPTS OF CONTINUITY IN INDIVIDUAL FUNCTIONING

The topic of stability or continuity in individual functioning has been a central concern in psychology both for psychometrics and for the study of personality. Surprisingly, it is only recently that writers concerned with these fields have become more precise as to what is meant by continuity and therefore what the implications are of the different continuities observed (Kagan, 1980; Rutter, 1984; Wohlwill, 1980). Kagan (1980) has made some interesting observations on possible reasons for this lack of precision in terms of the centrality of the notion of individual continuity in western philosophy and in the value orientations of industrial middle classes whose life course requires the notion of long term beneficial outcomes from delayed gratification.

There is, of course, little dispute as to the fact that meaningful and predictable links can be traced from earlier background, experiences or behaviour to later functioning, or that development goes through a number of predictable and often invariant stages. Rather the dispute concerns the nature of these links and in particular whether they reflect the influence of the characteristics of earlier stages on developmental course and outcomes. With respect to environmental influences, which are the central focus of this thesis, the issue thus becomes one of whether the mechanism promoting continuity operates through producing relatively permanent or irreversible changes in personal functioning.

Rutter (1984) has delineated six distinct meanings of the concept of stability: absolute invariance, regularity of pattern of change, ipsative stability, normative stability, continuity of structure or process and finally continuity in terms of predictable patterns of association between earlier experiences and later psychological outcomes. Absolute invariance -which Kagan sees as the most meaningful use of the word stability - refers to the acquisition of abilities which are acquired cannot be lost, or the development of abilities that have reached an asymptote, for example the acquisition of object permanence. Regularity of pattern is exemplified by the normal sequencing of developmental stages or by the pattern in the development of certain psychiatric disorders. Neither of these forms of continuity are of direct relevance here and will not be discussed further. Ipsative stability is defined as the persistence of a hierarchy of relations between dispositions in an individual. This has been little studied in developmental perspective both because of the greater attention that has been paid to normative stability and the difficulty in identifying and measuring functional equivalents at different ages. This latter difficulty is related to Kagan's earlier formulation (Kagan, 1971) of heterotypic

continuity involving a relationship in process across ages between two phenotypically different variables. Kagan later saw this as a mistaken attempt to force continuity on to certain aspects of development but it remains open as to whether specific underlying psychological processes do explain associations between such behaviours or dispositions at different ages. Normative stability refers to the probability of an individual retaining his or her position or ranking relative to others on some variable. IQ stabilities have usually been investigated in this way (Wohlwill, 1980). In this case any demonstrated stability lies in the stability of group differences not of individual attributes. Thus, as Wohlwill points out, stability coefficients used in IQ studies discard information relevant to changes in absolute level. Problems of normative measures of continuity apply also to inter-generational investigations as was apparent in the earlier discussions of associations with respect to income or housing. In these examples, too, apparent continuities can disguise major changes in level between generations.

Continuities in structure or process concern the extent to which a particular psychological mechanism has the same type of effect at different ages regardless of the surface form of related behaviours. For example, the presence of supportive relationships may have a similarly protective effect at all ages although the expression of supportiveness may vary. This should be distinguished from heterotypic continuities in which behaviours that are different in form are linked through some underlying process.

Finally, predictable associations involve those kinds of continuities most relevant to the study of inter-generational continuities, being of the kind where particular patterns of family environment or experience increase or decrease the risk of particular forms of psychosocial

outcome. Whereas the other varieties of continuities in dispositions or behaviours operate at the individual level, this is not necessarily the case for predictable associations where the link between experience and later behaviour may operate either through impacts on individual development or through the linking of similarly adverse environments or both. Of course, a consideration of environmental factors is essential for a full understanding of all types of continuity in individual behaviour, but an adequate assessment of their importance has usually been hindered by the stability of most environments. Such stability makes it difficult to establish both the amount of variance in behaviour correctly attributable to environment and the extent to which environmental impacts are situation specific. Most generally, sociologists have with a few notable exceptions (e.g. Brown and Harris, 1976) sidestepped these issues by remaining resolutely situationist (Dannefer, 1984). This approach has become more rather than less established with the development of radical sociologies (Eversley, 1983). These, thus, strangely have more in common theoretically with extreme behaviourism in psychology (e.g. Krasner and Ullman, 1973) although arriving at this position from very different starting points.

The lack of environmental changes across time has led to a reliance on variation across situations to supply much of the evidence for situationist views in psychology (Mischel, 1968), although Mischel himself has rejected the accusation of 'situationism' (Mischel, 1977) raised by Bowers and others (Bowers, 1973). Mischel's view is that the individual's response to particular situations is a consequence of his cognitive abilities to appraise the situation and his relevant behavioural repertoire. Within these parameters the actual behaviour is constrained by the individual's expectation of particular outcomes as learnt through previous experiences or generated by 'signs' in the situation. Outcomes are also related to their

value for the individual in that particular set of circumstances. Mischel, however, declines to consider these competencies as constituting traits or traitlike qualities, but this seems as much to be a caution against considering relatively stable dispositions as objects of study divorced from contexts, as it is a rejection of the usefulness of invoking them. Significantly for the focus of this thesis, for example, he points out that although a highly adaptive discriminative facility is characteristic of humans, "Indiscriminate responding (i.e. 'consistent' behaviour across situations) often may be shown more by maladaptive, severely disturbed, or less mature persons than by well functioning ones". Rutter has concluded (1984) that both situational and trait influences are important since, although situational factors are clearly powerful, personality characteristics determine the great individual variation in people's responses to situations. Both Mischel and Rutter emphasize the importance of interactions and transactions between individuals and environments such that individual capacities and dispositions may not only determine response but actively alter the environment. These points will be considered further when models for the process of continuity are discussed. It remains to point out here the hypothesized importance of cognitions in responses to circumstances. Conceptually these form a bridge between individual responses as conceived in psychology and 'typifications' or other concepts (e.g. Berger and Luckman, 1966) advanced in much recent sociological theory. This allows room in theory for values and capacities determined both by the social structure and by particular individual experiences.

II. THE PROCESS OF CONTINUITY

The foregoing discussion suggests that, on theoretical grounds, a full explanation of continuities in parenting problems may lie in a complex set of transactions between the individual and her environment. However,

before any such model can be formulated it is necessary to set out some of the major mechanisms that have been proposed and the evidence for them. Continuities in marital problems and psychiatric disorders have been discussed earlier, but although these factors are known to be related to parenting problems, any continuities in these that exist do not in themselves provide explanations for the links, only evidence for their possible nature. That is, the overlap of these factors may suggest that parenting problems are part of a more general disturbance in psychosocial functioning, but does not on its own show whether the continuities are due to social circumstances, long-term effects on functioning or genetic predispositions.

i) Impacts of Adverse Early Environments on Personal Functioning

The devastating impacts of severe early adversities for non-human primates have been discussed above. There are no studies of humans deprived of normal parenting in infancy to the same extent, although the few reported case studies of severely deprived children on occasions approach it. This evidence has been well reviewed and discussed by Clarke and Clarke (1976; 1984). The reports of Anna and Isabella by Davis (1940, 1947) and of two monozygotic twins by Koluchova (1976) clearly show the massive effects of severe early parenting deprivation on both cognitive functioning and social relationships. Similarly studies of institutionalized children, although not involving parenting deprivations to anything like the same extent, likewise detail deficits in cognitive and socio-emotional development. This is true both for earlier studies of very poor quality institutions (Skeels, 1940; 1955) and more recent studies of more satisfactory ones (Tizard et al, 1970; 1974; 1975; 1978; Wolkind and Renton, 1979; Yule and Raynes, 1972). These institutional experiences involved multiple caretaking figures with little chance for the children to establish stable relationships with any one parenting figure. The characteristic

disturbances that occur for these children involve both indiscriminate friendliness (Roy, 1983; Tizard and Hodges, 1978) and the precursors of affectionless psychopathy (Wolkind, 1974). Whether these difficulties persist into later childhood and adult life is not known.

The effects of overlapping psychosocial disadvantages such as low social class, large family size and parental criminality and psychiatric disorder have also been shown to increase the risk of emotional and behavioural problems in children (Wedge and Prosser, 1973; Rutter and Quinton, 1977; Rutter and Quinton, 1984), although associations with any of these variables singly are weak and inconsistent (Rutter, Tizard and Whitmore, 1970). For children with a family upbringing the most serious risks seem to apply to those experiencing open hostile or discordant behaviour within the family, particularly in conjunction with lack of parental warmth (Olweus, 1980; Quinton and Rutter, 1984; Rutter, 1971). Emotional/behavioural disturbances are characteristic of about half the children in institutions compared with about a third of children living in discordant families. There can thus be little doubt that the lack of normal parenting can have detrimental effects on children's functioning and that these effects can persist (Quinton and Rutter, 1984; Richman et al, 1982). Finally, the retrospective studies of battering parents review by Spinetta and Rigler (1972), suggest that the majority of battering parents had cold, cruel or rejecting upbringings.

Taken together these findings suggest that the mechanism for continuities on adverse parenting might well be in disturbances in personality development. However, it is apparent that many of the continuities in deviant personal functioning go along with continuities in psychosocial disadvantage. This is true both for deficits in intellectual functioning (Essen and Wedge, 1982; Wohlwill, 1980) and for antisocial and

behavioural problems (Quinton and Rutter, 1984; Rutter and Quinton, 1984). It is, therefore, necessary to turn to studies in which environments have changed radically in order to obtain some estimate of whether such changes are accompanied by parallel changes in functioning (see Clarke and Clarke, 1976).

ii) Studies of changed environments in childhood

The biggest changes in childhood environments involve early institutionalization and later adoption or fostering. In all cases presently reported these involve moves from less satisfactory to more satisfactory environments. It is therefore possible to determine whether improved circumstances can have a remedial effect, but not at present possible to know whether early satisfactory experiences have a protective one.

That radical changes in environments can cause dramatic improvements in functioning is amply demonstrated in the cases of previously isolated children mentioned in the previous section (Davis, 1940; 1947; Koluchova, 1976). Isabella was found at age six having spent all her early years in a darkened room with her deaf mute mother. She was unable to speak and her behaviour to strangers manifested extreme fear and anxiety. She seemed to lack any rudimentary skills in relationships. She had virtually no measurable I.Q. However, during a rehabilitation programme she progressed rapidly through a number of developmental stages and by age 14 she had passed the sixth grade in school (making her older than her classmates) and was reported as relating normally. Similarly, the 'Koluchova' twins discovered at age 7 after being kept in almost total isolation, were severely retarded in speech and intellectual development and acutely suspicious and distrustful. Their subsequent development, under a careful programme, was similar to Isabella's showing rapid cognitive gains and improvements in social behaviour. At age nine the two boys were fostered and by age eleven were normal in speech and social relationships.

Similar substantial changes in functioning have been documented for previously institutionalized children who were later fostered or adopted. The most satisfactory data are those from Tizard's long term comparison of children reared ^{institutions from} in infancy with working class children reared at home, according to the institution reared groups later environments (Tizard and Rees, 1974; 1975; Tizard and Hodges, 1978). At two the institutionalized children did not differ in I.Q. from the controls but were behind in language development and showed differences in social behaviour. Children who remained in the nurseries until 4 remained level with the controls in I.Q., but although not showing more pathological behaviours, tended to be more demanding with adults and were less likely to form deep relationships. The children's subsequent development was strongly influenced by their later environments. Those who remained in the institutions had decrements in I.Q. and persisting social problems. Those restored to their natural parents retained I.Q. levels similar to controls but were below average in school attainments. Those adopted before the age of 4 (mostly by middle class parents) had superior I.Q.s at 8, but in both groups of children returning to family environments some behavioural sequelae seemed to persist including overfriendliness and attention seeking both at home and at school. The children's attachment to adults however, depended much on parental attitudes and behaviour.

Environmentally induced changes in I.Q. have also been demonstrated in Kirk's (1958) experimental study of a preschool programme for the mentally retarded. Community and institutionalized children of low I.Q. (45-80) were given enriched preschool education and contrasted with 'non-treated' community and institutional groups of similar I.Q. The experimental groups showed initial increases in I.Q. in the nursery programme and maintained their advantages over the contrast groups when

in full time school, although the community contrast group showed signs of catching up. Similar preschool patterns were apparent for the experimental institutional group but no further changes occurred on entering the (poor) institutional school, so that the contrast group in this case showed no signs of closing the gap. The findings for social behaviour, based on the Vineland SQ, parallel those for I.Q. but the changes were greatest in the community experimental sample who also did better according to sociometric choices and playground observations. Interestingly, there is also a suggestion that community contrast children from inadequate homes (based on parental I.Q., social dependency, criminality, and poor conditions) do not show a strong developmental spurt on entering school, but the differences were not statistically significant.

Other studies of adopted children have produced broadly similar findings on a ~~variety of~~ outcomes. Seglow et al (1972) found no detectable cognitive or behavioural deficits at age 7 of adopted children in the National Child Development Study. However, findings on the same sample were different by age eleven (Lambert and Streather, 1980) by which time the adopted children's emotional and behavioural adjustment had worsened significantly, and, with social variables controlled was worse than that of legitimate children living with both natural parents. Gill and Jackson (1983), using unstructured interviewing techniques with post hoc codings found no significant evidence for emotional or behavioural problems in children trans-racially adopted, and no apparent ill effects on identity or self-feelings. In a study of 38 children from Asia and the Middle East adopted into American families between the ages of 5 months and ten years, Rathbun and her colleagues (1958; 1965) examined patterns of adjustment. On initial placement the children showed big variations in responses but often showing clinging and attention seeking behaviour. Ratings of

reactions on a three point scale ranged from 'mild' - in which reaction vanished in a week or two (39%) - to 'severe', in which there were major persisting difficulties (21%). Current emotional problems were said to be as much a reaction to current circumstances as to past history, but the measurement of these effects was not systematic. A follow-up of 33 of these children six years later through parental interview assessed functioning on four point scales covering personal competence and home, school and community relationships. Few direct data are presented, but 64% of the children were rated as average or superior on intellectual and social competence and only 6% (2 children) as having problems severe enough to warrant attention. Disturbance predominantly occurred in those showing problems initially but one third of those initially disturbed were functioning well at follow-up. The problems of the currently disturbed children were attributed to current family circumstances.

Finally, the long term effects ^{of} experimentally altered environments for deprived but not institutionalized children have been evaluated in a follow-up to age 9-19 of subjects from twelve early childhood education programs (Lazar and Darlington, 1982). Although earlier evaluations of these projects had failed to detect lasting improvements in intellectual progress (Bronfenbrenner, 1974), this later analysis shows long term beneficial effects. Initial improvements in I.Q. appeared not to have been sustained beyond four or five years, but participation in the programs related to an increased likelihood of meeting school requirements for progress, of improved positive evaluation of self and of schooling, and more positive maternal attitudes to education and occupational aspirations for their children. Further follow-ups are needed to determine whether these effects have an impact on the subjects' lives in adulthood, but the demonstrative of any effects is impressive, given the relatively short duration of these programs.

In summary, the great majority of evidence on the effects of radical positive changes in environment show striking recovery in cognitive functioning even when the remedial changes occur at age 10 or even later. This also appears to apply to less marked environmental changes. The picture with respect to behaviour is less clear. It is apparent that substantial improvements do occur but the evidence from the best studies also suggest that children lacking personal parenting in the early years are more likely to be showing characteristic disturbances in inter-personal relations several years after their transfer to more favourable circumstances.

(iii) Adult outcomes for changed environments

At the time the research for this thesis began there was only one study reported in which previously institutionalized children had been assessed in adulthood, that by Skeels (1966). Twenty-five children placed in infancy in a very poor quality institution in Iowa were studied. At placement all children were considered subnormal or retarded. At age 2 thirteen children (the experimental group) were placed in wards with long-stay high-grade older mentally subnormal females for approximately two years. Here they experienced a stable environment with something nearer to normal mothering. Over the study period the experimental group showed a mean I.Q. gain of 28 points compared with a decrement of 26 points in a comparison sample of 12 children. These I.Q. gains in the experimental group were maintained for those children who were subsequently adopted. No systematic behavioural data were presented. In adulthood, all 25 children were traced and assessed through open-ended interviews with themselves and their adoptive parents, where applicable. In the comparison group, none of whom had been adopted, four were still resident in state institutions, one had died and the remainder had significantly lower

occupational and educational achievements. Twenty-eight offspring of the experimental group aged 1 to 10 were tested and found to be of normal intelligence and development. In the contrast group only two men had married. One had divorced after an unsuccessful family life and one was happy and had four children. This one success from the contrast group had been transferred from the institution to a residential school for the deaf shortly after the first childhood follow-up. This study has recently been severely criticized (Longstreth, 1983) on whether it can be used as evidence that environmental changes can produce the massive I.Q. gains claimed by Skeels. These criticisms involve both the validity of the initial I.Q. measures (taken in infancy) and the genetic background of the treatment and comparison groups. These objections are convincingly documented and in consequence the many claims from the study on cognitive gains can no longer be sustained.

Nevertheless, this study clearly shows the possibility of satisfactory adult outcomes from severe early deprivation of parenting although it sheds little light on the extent of recovery or the processes mediating it. In the first place there are no systematic data on emotional/behavioural problems or changes either in childhood or into adulthood. Thus it cannot be determined whether the discontinuities are due to lack of initial unfavourable impacts or changes due to changed environments. For this reason, secondly, it is not known whether detectable although non-handicapping emotional sequelae are present in adulthood. Thirdly, there is a possibility that major selection factors influenced group differences since none of the contrast group ~~was~~ adopted although 9 had been considered for placement. It is not known whether genetic factors were influential here, or whether the early positive effects of the experimental programme had made the experimental group more attractive as adoptees.

In general, these studies on marked environmental change provide evidence both that continuities in adverse environments are substantially responsible for much of the continuity in individual psychosocial problems, but also that environmental continuities alone are not a sufficient explanation for behavioural ones. That this is so is clear from the fact that there are detectable sequelae in individual functioning many years after environments have been radically changed. This is true for both human studies (Tizard et al, 1974; 1975; 1978) and studies of non-human primates (Spencer-Booth and Hinde, 1971; Ruppenthal et al, 1976). Detectable effects of relatively transitory experiences of adverse environments before the age of five have been shown at age ten and eleven in the case of hospital admission (Quinton and Rutter, 1976; Douglas, 1976) even when concurrent psychosocial disadvantages are controlled.

In addition, it should be noted, such simple models of environmental continuity ignore more recent sociological and psychological evidence that individuals are an active force in the creation and maintenance of particular characteristics of their own immediate psychosocial circumstances, not simply passive recipients of environmental influences. This is well established for infant-parent interactions (Lewis and Rosenblum, 1974), and is likely also to be the case at certain key points in life history such as first pregnancy or the choice of marital partner. Evidence for the importance of these particular linkages is considered below, but first two further aspects of links through personal functioning will be considered: specific effects on parenting versus more general effects on psychosocial functioning, and genetic influences.

iv) Specific versus overall effects on functioning

The question of the nature of possible links between adverse parenting experiences and later parenting deficits through impacts on

personal functioning, has two aspects. Firstly, there is the question of the specificity of the impact - that is, whether it is confined to parenting or is part of a more general picture of difficulties in relationships. Secondly, is the impact primarily on methods or more generally applicable to skills. If the impact is both specific and confined to methods the implication is that the nature of the deficit is one of inadequately learned technique only, either through faulty modelling or lack of appropriate modelling experiences. There is no doubt that the witnessing of a successful aggressive model, for example, can lead to an increase in aggressive behaviour in children (Bandura, 1973; Bandura et al, 1961). In addition, prospective data from the Cambridge Longitudinal Study (Farrington, 1979) clearly show that the strongest predictors of violent delinquent behaviour in boys are discordant home environments involving harsh parental disciplinary techniques. It is likely that modelling of aggressive behaviour is one of the factors responsible for this continuity. However, these data do not imply that the mode of transmission of parenting problems is through the learning of faulty parenting behaviours only. If this were so such problems should occur in the next generation in the absence of wider psychosocial difficulties, but existing data do not support this: there are no examples of severe parenting problems occurring unassociated with a host of other psychological difficulties. Thus Smith et al (1973) found that some two-thirds to three-quarters of battering parents had a personality disorder, and more battering mothers showed neurotic disorders or had high neuroticism scores. In addition, although the risk of abuse is raised for all children in abusing families, child abusers are not necessarily violent to more than one son or daughter (Creighton, 1980). It is clear that in these families there are major deficits in both parenting methods and parenting skills but that the more enduring problems may lie in skills since these are more related to

general personality disturbances and to psychiatric disorders. On the other hand, experiments with non-human primates show that specific techniques as well as general abilities in relationships are grossly disturbed by severe deprivation in infancy. Lack of techniques appear both in sexual behaviour (Harlow, 1965) and in the correct way to hold and feed infants (Arling and Harlow, 1967). Later experiments at remediation using younger peers as therapists, however, led to virtually complete recovery in social and sexual behaviours by age three (Novak, 1979; Novak and Harlow, 1975). Some differences remained in the amount of passive social contact, but otherwise relationships with non-isolated peers were normal. No data are yet published on these 'treated' isolates as parents.

v) Genetic influences

The strong relationships between poor parenting and personality disorders, alcoholism and criminality make it necessary to consider the importance of genetics in transmission, since there is good evidence from twin and adoptee studies that these characteristics are strongly influenced by genetic factors (Shields, 1973; 1976; 1980; Rosenthal, 1970). However, these data should not be taken as evidence for the primacy of biological factors in the causation of these problems. For example Schulsinger's (1972) study of psychopathic adoptees in Denmark established that these subjects were twice as likely to have first degree relatives with personality disorders, but that the majority did not have biological parents with any kind of mental disorder.

A number of cross-fostering and adoption studies have shown that although genetic factors have a substantial influence on the transmission of psychopathy and alcoholism, environmental factors have a major impact on the appearance of these problems in adulthood. Thus in Hutchins and Mednick's (1974) study of 1,145 adopted men and a matched

control group both the criminal status of the biological father and of the adoptive father contributed to later psychopathy. Ten per cent of adoptees had criminal records if neither father was known to the police, eleven per cent if only the adoptive father was criminal, twenty-one per cent if only the biological father was known but thirty-six per cent if both parents had criminal records. An interactive effect has also been shown for criminality (Crowe, 1972; 1974).

Both psychopathy and alcoholism are associated with interpersonal, particularly marital problems. In the case of psychopathy this is partly a question of definition since general disturbances in relationships form part of the diagnostic criteria. With alcoholism it has generally been thought that marital problems were a consequence of drinking, but further work on Danish National Registers (Goodwin et al, 1973) has shown an increased rate of divorce in the adopted offspring of alcoholics even when they were not showing drinking problems. It may therefore, be that genetic factors mediate both outcomes in this case although they are unlikely to explain much of the variance in marital difficulties.

Finally, the effects of overt behaviours in mediating the impact of personality disorder in parents on children is shown on data on the children of psychiatric patients (Quinton and Rutter, 1984; Rutter and Quinton, 1984). In this four year prospective study children were classified according both to whether a parent showed a personality disorder and whether they were exposed to overtly aggressive or hostile behaviour. When children were not subject to this kind of symptomatology rates of persistent problems did not differ by the parent's personality designation. But when hostility was experienced, although both groups of children showed increases in disturbance, those of parents with personality disorders showed the highest rate of difficulties. It seems likely that this increase is due to the

interaction between genetically based susceptibilities and current stresses. However, the increased rates may also be due to the longer exposure to hostility of the children of parents with personality problems.

The time is now past when behavioural geneticists seemed concerned to explain away experiential influences and environmentalists to deny the relevance of genetic factors (Plomin, 1982). It is not only that estimates of the explanatory power of one or other set of variables depend on their relative variability (Madge and Tizard, 1980) - that is, in a situation in which genetic endowment is identical all the variance is attributable to environment and vice-versa. It is also - as Jencks has convincingly shown - that although we can, in principle, estimate the fraction of the variance in human behaviour currently traceable to genetic variation, we cannot ordinarily estimate the fraction of the total variance attributable to environmental factors (Jencks, 1980). This is because genetic variation often causes environmental variation so the two categories are not mutually exclusive. Heritability estimates thus set no upper limits on the effect of creating new environments. In addition there is no evidence that genetically based inequalities are harder to eliminate than other inequalities.

This issue has also been discussed in a provocative paper by Scarr and McCartney (1983) who argue that people 'select' their own environments through passive interactions, as when environments are provided for children by genetically related parents; through evocative behaviour as when smiling babies produce more responsive environments; and through actions which result in 'niche picking'. These processes are non-controversial : the authors assertion that people evoke and select their environments "to a great extent" is both impressive and genetically reductionist.

In summary, the possibility of genetic factors operating through personality variables as one set of links in intergenerational parenting

problems has substantial empirical support. On the other hand, these findings do not lead to a deterministic model of transmission. Rather, they suggest a pattern in which such factors increase individual vulnerabilities and possibly also increase the risk of the generation or selection of more stressful environments.

(vi) Modifying Influences

The foregoing discussion shows that a number of social circumstances increase the risk of parenting difficulties, although the nature of the effects is ill understood. The search for ameliorating factors has predominantly been concerned not with the relative impact of particular adversities or groups of adversities, but rather with those factors that promote resilience in the face of particular stresses. These have been assessed through social experiments that attempted to alter the capabilities of the child by enriched education. These studies did not measure the impact of changes on parenting as such, but there is now evidence that long term beneficial effects occurred through altering parental perceptions (Lazar and Darlington, 1982).

No data are available on the direct effects of increases in material resources alone on parenting, although there is some evidence that major material changes can have sizeable effects on family life, but in unpredictable ways. The best evidence for this is in the reports of the Seattle and Denver Income maintenance experiments (Hannan et al, 1977). Approximately, 5000 poor families in the two cities were randomly assigned to three income maintenance conditions in 1970-72. The income levels provided direct financial support at high, medium and low levels. Amongst the outcomes assessed from this experiment were variations in marital dissolution rates over a three year period. In families with income support dissolution rates were significantly higher than amongst controls but these

effects were most noticeable at the lower levels of support and were not significantly raised in the top support category for any ethnic group (White, Black and Chicano). Support levels *did* not affect remarriage rates amongst whites and blacks but *did* so very strongly for Chicanos. The size of dissolution effects ~~was~~ quite large i.e. if the entire sample had been enrolled in this program at the low support level the annual probability of marital dissolution would increase 63% for blacks, 194% for whites and 83% for Chicanos. Cultural differences may be implicated in these ethnic variations, but the variations with maintenance level are harder to explain. The authors suggest that some artefacts may be implicated, but these are not explored.

A substantial amount of data are now beginning to accumulate on the association between variations in parenting quality and the presence or absence of supportive relationships. A recent review of the effects of marital relationships on parenting (Belsky, 1981) documented such associations as: a relationship between marital tension and objectively measured maternal feeding competence; high marital communication and fathers' independent interactions with infants; and husband's criticism of wife and her negative orientation towards her child. At the time of this review ~~many~~ of these data were unpublished or existed only in conference reports. Nevertheless, since the association between marital problems and developmental problems in children is well established, it can reasonably be concluded that marital difficulties are directly related to parenting problems under certain conditions. Conversely, however, it cannot be concluded from such data that supportive relationships have a positive or ameliorating effect rather than simply being benign. In addition, these data shed little light on the question of the directionality of effects. For example, good parenting and supportive relationships might be mediated by personality features prior to both events.

Similar problems occur with respect to the effects of support in high risk situations, although the association with better parenting are also clearly demonstrated in this case. A number of examples can be given. Crockenberg (1982) examined by interview the social support given to 23 English teenage mothers and assessed their parenting through direct observations. Support was provided by the child's father or the maternal grandmother, but friends and neighbours also gave important instrumental support. Family support was associated with responsive maternal attitudes and behaviour, irrespective of child characteristics. Support from friends was concerned primarily with non-parenting aspects of the young women's lives and was not associated with variations in parenting.

Colletta (1979) has examined the relationship between support and childrearing practices of working mothers in 72 one and two parent families using open ended interviews. Measured support concerned mainly instrumental aspects of parenting circumstances (housing, housework, finance, etc) and the total amount of support received was positive related to less restrictive and punitive parenting in both two parent and moderate income one parent families. However, lower response to attention demands and higher frequency of spanking were not affected by support in low income one parent families. These parenting practices were related to satisfaction with the parenting role and satisfaction with the level of support. Low income single parent mothers were more dissatisfied with support although objectively they were not worse off. It is possible that these differences were related to personality characteristics that differentiated the two groups of single parent mothers and thus that support is more associated with parenting variations for parents without personality deficits.

This study illustrates a number of problems in investigating this topic. Firstly, there is a need to cover emotional as well as instrumental support. Secondly, it is necessary to pay more attention to the source of support. That is, the source of instrumental support may be immaterial as long as support materializes, but emotional support may be better provided by different categories of person for different purposes and at different times. Finally, the effects of support will vary according to the need for it and that need will be related not only to objective features of the context of parenting but also to the individual's psychological strengths and weaknesses.

Colletta considered some of these points in a further study of 50 adolescent mothers (Colletta, 1981), assessing the relationship between maternal acceptance - rejection and support using questionnaires and structured interviews. The most consistent predictor of maternal behaviour was the amount of support they received. With high levels of support they were more affectionate and praising. Within categories of support emotional support was most predictive, firstly from her own family and secondly from her spouse. These relationships were more powerful than those with friends and more predictive than instrumental support, but mothers who were able to break the continuous contact with their children for more than two hours a day, usually through work, were warmer and less rejecting. The most effective source of task assistance was the spouse. Finally Zur-Szpiro and Longfellow (1982) examined the correlates of paternal support in 22 Boston families receiving Public Welfare. Emotional support and support with child care were associated with lower maternal scores on a depression inventory and the child's view of the father as more nurturant. In addition, mother's perceived their parenting as less stressed. These effects were not apparent for financial support.

The remainder of the literature on social support and parenting has more usually been concerned with the consequences of the absence of support and the association of this with neglect (Giovanni and Billingsley, 1970) or abuse (Garbarino, 1979) delinquency (Rutter and Giller, 1982) or receptions into care (Schaffer and Schaffer, 1968). Existing evidence suggests that these associations are due more to parental circumstances and characteristics than to availability of potential supports (Quinton, 1980). Schaffer and Schaffer (1968) have shown, for example, that receptions of children into care following the birth of a sibling are associated with poor maternal relationships with her own family rather than with lack of kin living nearby.

At present, although the consistent demonstration of an association between support and parenting qualities is impressive, the direction, meaning and specificity of the association is little understood. However, in that some supportive relationships are shown to be much more powerful than others, it is unlikely that the direction of influence is wholly in terms of prior parental characteristics determining both relationships with adults and parenting skills. Nevertheless, satisfactory controls for prior personality remain to be applied.

III. MODELS FOR PERSON/ENVIRONMENT TRANSACTIONS

1. ECOLOGICAL MODELS

In recent years the limitations in the explanatory power of individual-focussed or social group focussed theories for predicting individual responses and life course on the one hand and group processes and change on the other has led to the development of more inclusive models. Relying on a systems approach such models have been proposed for both family relationships and child development (Bronfenbrenner, 1979) and parenting (Belsky, 1980; 1984). Bronfenbrenner, for example, sets out a

series of propositions concerning the context for human development as an ecological system. The structure of the system is ego-defined as a series of nested sub-systems. Thus at the centre are ego-defined micro-systems : a mother-child dyad or a nuclear family, or a school. These micro-systems are linked to form the meso-system, that is the system of settings that form the child's direct experience. Settings affecting members of the child's meso-system but not directly including the child - for example, father's workplace -constitute the exo-system, and these directly impinging exo-systems are similarly linked to the social structure as a whole - the macro-system. Members of particular settings are seen as having roles. Role or setting change is critical both for change and stability in individual functioning and development, for example, when a child acquires new roles on starting school or an adult makes a radical change in career path. A child develops through the progression of increasingly differentiated roles and settings, but with stable positive relationships with parent figures providing a pivotal linking function.

Bronfenbrenner's theoretical scheme is predicated on two central concepts: roles and interpersonal structures. With the latter concept Bronfenbrenner wishes to insist that social actions can only properly be construed in the context of relationships, a point also made forcibly by Hinde (1979; 1982). 'Interpersonal structures' are concerned with relatively stable groups of relationships in the context of child development, in particular the mother-child dyad or the nuclear family. These structures can be influenced by the setting within which they are operating, both immediately by proximal constraints on behaviour and distally by initiating persistent patterns of behaviour. Thus mother/infant behaviour may be altered by the circumstances of contact immediately post-partum and these influences may be discerned a year later (Klaus et al, 1972; Kennell et

al, 1974). These observations led to the proposition that there was an early critical period for 'bonding' or establishing the relationship between mother and child. This view has not subsequently been substantiated (Herbert et al, 1982), but the available evidence support the view that the circumstances surrounding childbirth can at least temporarily affect parenting (Richards, 1978). This may initiate a sequence of negative experiences and interactions for parent and child that may persist under some circumstances although this has yet to be confirmed. Similarly, the presence of another person in a setting may alter the behaviour of all three members. For example, the presence of a spouse has been shown to change the behaviour of mother, father and child such as by increasing positive affect (Parke, 1978).

The concept of role, in the sense of a set of stereotyped expectations, is invoked to explain the power of certain settings to generate behaviours different from those 'normally' displayed by individuals, the implication being that normal and abnormal behaviours are very strongly linked to role expectations within settings. If this is so then radical changes in setting should produce radical changes in behaviour. At present evidence is lacking whether major atypical role changes usually or frequently result in major changes in behaviour. Existing data are provided by such celebrated experiments as Zimbardo's Stanford Prison Experiment and Sherif's Robbers' Cave (Haney et al, 1973; Sherif, 1961). Despite the manifest affective impact of these role-playing situations, the significance of the dramaturgical component cannot easily be assessed. Real life examples of radical change through altered roles are so far only provided by single case studies (Bandura, 1982). Here the examples involve catastrophic effects on individuals through chance encounters with charismatic individuals or sects. It is clear that dramatic changes can occur, but the limits set by both

individual predispositions and vulnerabilities and a more normal range of settings encountered are not known. The situation is likely to be exceedingly complex. For the child, development appears to proceed most satisfactorily through a sequence of increasingly differentiated contexts and demands. Normal role transitions are part of this socially supported sequence. Radical role transitions stand more chance of being outside an acceptable developmental sequence and to be unsupported. Finally, sociology has long since abandoned the attempt to define social structures in terms of roles with clearly defined expectations (e.g. Nadel, 1957) because such definitions are not easily provided for many of the most important roles. This is true even for 'mother' and 'father'. The general prescriptions for caring and nurturant behaviours do not provide sufficient guide as to parenting. Expectations concerning parenting acts and child development are known to vary quite strongly with age of parent and social status. Thus the role prescriptive aspect of parenting seems the least likely reason for behavioural changes occurring as a result of this major normal role transition.

Bronfenbrenner's development of this ecological model is of considerable importance in bringing together much of the evidence concerning the consequences of major environmental changes and in shifting the emphasis in developmental psychology from an individual based perspective to one involving reciprocal influences between individuals within systems of relationships. On the other hand, the model imposes an over formal structure on much of human activity. More importantly, in concentrating on the ways in which contextual determinants of behaviour are themselves determined by their place in other systems, it fails to include individual factors as determinants of setting characteristics as well as consequences of them. In addition there is no convincing process

elaborated whereby the consequences of one setting are carried forward into other contexts later in life. In short, it contains no psychological mechanism for mediating effects. Thus the index to the main volume (Bronfenbrenner, 1979) contains no reference to cognition, intelligence, self-esteem, mastery or any other individual mediating characteristic. Bronfenbrenner has recently restated his views in an admirable summary of the history of environmental models in developmental psychology (Bronfenbrenner and Crouter, 1983). Here more attention is paid to the place to ecological transitions occurring during people's lives, but the nature of linking processes is little discussed.

The ecological perspective has been developed with specific reference to parenting by Belsky (1980, 1984), who also makes an attempt to integrate ontogenetic aspects of individual parenting qualities into the model. Belsky outlines three sources of influence on parenting: the parents' ontogenetic development, the child's characteristics, and contextual sources of stress and support including marital relationships, social networks, employment and financial resources. As a general model this formulation is so inclusive as to be of very limited use. In addition the reliance on a systems formulation results in some unwarrantable assumptions. For example, Belsky (1984) argues that the critical question for testing the model is whether normal variations in the level of support are systematically related to normal variations in parenting. But a model of influences on parenting that includes ontogenetic and contextual determinants need not make this assumption. Indeed it maybe that these influences are not strong within the normal range but only affect those who are particularly vulnerable through background influences or particularly short of current resources and support or both. Belsky partly concedes this point by asserting that 'because parenting competence is multiply

determined, it stands to reason that the parenting system is buffered against threats to its integrity that derive from weakness in any single source'.

Although these ecological theories provide a much more satisfactory description of the balance of influences leading to different parenting outcomes, they do not cover the reasons for the confluence of particular sets of factors satisfactorily. They do not provide an explanation of continuities or discontinuities. These may, of course, be chance matters. In the next section the evidence for mediating processes is considered.

2. VULNERABILITY/STRESS MODELS

An addition to the conceptual framework needed for a satisfactory specification of the links between childhood experiences and adult functioning has been provided through the development of vulnerability/stress models, mostly in relation to biological vulnerabilities occasioned by peri-natal stresses or genetic loadings (Gottesman and Shields, 1975). Studies examining this issue have been very consistent in their general findings that such biological risks are predictive of later behavioural problems, but only or principally when the individuals at risk are subject to particular stresses or adverse environments. This effect has been shown notably in cross-fostering studies with respect to criminality (Crowe, 1972; Hutchins and Mednick, 1974). In the latter study of all male Copenhagen adoptees born 1927-41, for example, the highest rate of criminality (36%) occurred in those where both the biological and adoptive fathers had a criminal record. Being reared by a criminal father increased the incidence of criminality only when the biological father also had a criminal background, whereas having a criminal father increased the risk regardless of rearing circumstances.

Similar effects have been shown for peri-natal stresses that may or may not have a genetic component. In a longitudinal study of the birth

cohort on the Island of Kauai, Hawaii, in 1955, Werner and Smith (1977, 1982) have investigated the relationships between peri-natal stresses, adverse family and environmental circumstances and emotional and behavioural adjustment at ages 10 and 18. Although peri-natal stresses were strongly predictive of later persistent learning and behavioural problems, it was the interaction of early biological stress and early family instability that carried the greatest risk and the persistence of problems was related to the persistence of the adverse environment.

A feature of the models developed from an examination of these kinds of data has been a move away from considering personal factors and environmental influences as providing two alternative pathways to later outcomes, to an increasing emphasis on transactions between people and contexts (Sameroff and Chandler, 1975). The reciprocal effects of children and caregivers on each other have been well established (Bell and Harper, 1977; Lewis and Rosenblum, 1974). In some cases this has been discussed in terms of the child's ability to elicit predominantly positive responses from the environment (Werner and Smith, 1982), but a more appropriate formulation also involves the notion that the individual's characteristics and responses in part determine the environment. This has been shown, for example, for adverse temperamental characteristics in childhood which elicit more maternal criticism especially in the context of family discord (Rutter and Quinton, 1984). Similarly in later life factors leading to the selection of a more or less satisfactory spouse partly determine the environment in which parenting will take place. It is important to note that in these person-environment transactions the impetus to a new configuration will come sometimes from the individual, sometimes from the environment and sometimes from an interaction between them.

3. BIOGRAPHICAL MODELS

(i) The Nature of Biographical Models

Biographical or life-history approaches have a long history in both developmental psychology (Reinert, 1979) and in sociology, especially through the influence of the classic studies of the Polish peasant by Thomas and Znaniecki (1919). However, this perspective has been in eclipse until recently in the shadow of normatively focussed psychological research and both structuralist and structural/functional theories in sociology. Their recent revival and development (Baltes and Brim, 1979; Elder, 1974; 1979; Elder and Liker, 1982; Brown et al, 1984) has derived in part, from the need to take individual life-history into consideration when trying to account for 'outcomes' at particular points in time and the apparently inconsistent relationships that obtain between particular antecedent stressors or events and later problems. Such models, therefore, constitute a development of the vulnerability/stress models discussed above. Their distinctive feature is an attempt to develop methodologies able to trace out the linkages (Elder, 1974) existing between antecedent factors and outcomes and the reasons for discontinuity when these occur. The kind of explanation possible from this approach is potentially much more sophisticated than that which relies on identifying major single causes of outcomes ('Maternal Deprivation', 'Early Loss', 'Social Class' etc.) because it assumes that many outcomes are context determined and thus that they will be expected to show their influence only under certain circumstances. Finally, biographical models are more able to cope with questions of change in level or quality of individual functioning and its relationships to socio-structural and contextual influences.

At present the methodology for biographical models depends not on the testing of prior hypotheses but rather on the exploration of the

nature of the association between the hypothesized major independent variables and outcomes through the testing of alternative explanatory models. As such, the analysis is not concerned with the amount of variance in the dependent variable explained, but with the strength and nature of relationships between variables. This exploratory approach requires rigorous testing for possible artefactual or spurious pathways.

A neat example of this approach is provided by Brown et al's (1984) further examination of the relationship between early loss of mother and the onset of depressive disorders in adult women. In their initial work (Brown and Harris, 1978) a definite association was observed between loss of mother before the age of 11 and onset of disorder in adulthood, but only in the presence of provoking events and only in working class women. The finding of an association between loss and depression in other studies was inconsistent (e.g. Birtchnell, 1980) and this led a number of reviewers to conclude that the effect, if any, was weak (Richards and Dyson, 1982).

Brown and Harris hypothesized, following Bowlby (1980) that loss itself was the critical event and had its effects through its impact on self-esteem and mastery through loss of an important source of value or reward. They pursued this model in a further series of studies, selecting subjects specifically with regard to early loss experiences, and paying detailed attention to the immediate circumstances and impact of the loss, (Brown et al, 1984) but with detailed measures of subsequent life history. The factors surrounding the loss did not predict later depression but the data showed that the degree of disruption consequent upon the event was strongly related to adult depression in working class women, especially when this disruption involved receptions into care. A further specification of the quality of subsequent care, involving parental indifference and lax control as well as abberant separations, related to depression in both class groupings but more

strongly for the working classes (53% vs 9%, depressed v 21% vs 7% for the middle class).

However, this was not simply a question of experiences of poor care predisposing women to depression under later stressful conditions through the hypothesized cognitive mechanisms. Lack of care led to a higher risk of more stressful circumstances through the subsequent 'selection' of more adverse life courses. Thus, women who had experienced a lack of care were more prone to pre-marital pregnancy and this in turn was associated with a higher rate of depression. However, the data again showed that this association is not a direct consequence of pre-marital pregnancy, but a consequence of its power to determine adult circumstances through its effect on class position. The path to depression is, therefore, a progressively divided route that channels just some of those who experienced early loss into circumstances that may raise psychological vulnerability and subsequently, via pre-marital pregnancy, to the pathogenic contexts containing more provoking events and more contextual vulnerabilities (young children and no outside work and lack of marital support).

Two sorts of linkage or continuity are apparent in this process. The first involves the linking of adverse environments as when lack of early care increases the risk of later working class status regardless of early pregnancy. This is a continuity of adversity rather than a continuity of the 'same' environment. The second linkage involves the psychological processes and personal capacities that increase the probability of the first. Of course, a number of discontinuities in circumstances will be a matter of chance (Bandura, 1982) quite beyond the direct influence of the individual. This may apply to single cases or to a substantial proportion of a population, as in the Great Depression (Elder, 1974). Such serendipitous events give valuable

clues as to the magnitude of change in personal functioning that is possible. However, in research on continuities and discontinuities the extent to which conjunctions of environments and dispositions increase the probability of one life path rather than another is of more concern. Of particular importance are those features of personal functioning that promote resilience or coping in the face of stress and which lead away from the selection of more adverse environments. A number of related cognitive characteristics are the most frequently discussed of these features, and the evidence for cognitive mediators is discussed in the next section.

(ii) Self-Concepts as Mediating Factors

Self-concepts have been conceptualized in a number of related ways. The most general notion, self-esteem refers to the feeling of one's own worth as an individual (Coopersmith, 1967; Rosenberg, 1979) whilst self-efficacy or mastery (Bandura, 1977) refers to the perceived ability to act in a way positively to respond to challenges or to control one's own future, or to the conviction that one can successfully execute the behaviour required to produce particular outcomes. Expectations of self-efficacy therefore affect both the initiation and persistence of coping behaviour. In most schemes (e.g. Bandura, 1977) although self-efficacy expectations are not necessarily consonant with required capacities for effective behaviour, these features are normally in balance through feedback mechanisms. A consequence of this is that efficacy expectations can be raised by changes in performance. This is the explanation in social learning theory for the success of behavioural treatments. Expectations are derived primarily from performance accomplishments, but also from vicarious experiences and verbal information. Bandura's view is that successful accomplishments tend to generalize to similar situations, but little work has yet been done on the extent to which mastery expectations are context specific. It is clear that

this model successfully covers the majority of phenomena encountered in the treatment of phobic states, but has not yet been applied so satisfactorily to more general aspects of psychosocial functioning. There are a number of reasons for this. Firstly, the level and quality of measurement of self-concepts has been rudimentary, relying primarily on self-completion questionnaires. These questionnaires have most usually tried to measure self-esteem - a more general trait measure - than self-efficacy, which may be more situation specific. Secondly, when these measures have been used they have been investigated as dependent variables (Rosenberg and Pearlin, 1978) or as independent ones (Demo and Savin-Williams, 1983) but not as critical linking factors in specific sociological or psychological models. Under these circumstances it is not surprising that results are inconsistent. For example, Rosenberg and Pearlin found a relationship between self-esteem and social class that strengthened with age, but Demo and Savin-Williams failed to replicate this. The more interesting question is under what circumstances is class related to low self-esteem and under what conditions is this of any consequence?

There are virtually no data that assess questions of this type prospectively but two that have done so show interesting relationships between circumstances and self-concepts operating in either direction. In his follow-up into middle life of subjects from the Oakland Growth Study who passed through the Great Depression, Elder (1974; 1979) examined adult outcomes in relation to deprivation experiences during the depression and later personal history. There were no direct measures of self-concept in the teens but deprivation experiences had different consequences depending on social class. This particularly affected marriage patterns. One-third of middle class women from deprived homes married under the age of 20 compared with only 8 per cent from non-deprived homes. Deprivation, on

the other hand, had no effect on age at marriage in the working class, 46 per cent of whom married this young. The factors related to early marriage for middle class women were emotionally distant family relations, early dating and sex, a strong desire for social acceptance, emotional sensitivity and limited educational support. From this it seems probable that deprivation experiences affected self-concept through the impact on their family and that this was related to earlier marriage. In both classes women who entered marriage early achieved less educationally, started their families at an earlier age, had more children and less stable marriages. In this way circumstances may have made some middle class women follow a more 'working class' marital history. However, these patterns were not related to psychological adjustment in middle life although the data are not presented so as to allow a proper appraisal of this.

In a recent study McLaughlin and Micklin (1983) took advantage of data on 5159 women from the American National Longitudinal Survey of labour market experience begun in 1968, to examine the relationship between the timing of first birth and changes in personal efficacy. As with the early loss data, previous studies had discussed early pregnancy effects as both 'critical' and 'slight'. Data collected in 1970 and 1973 had included questionnaire measures of self-efficacy and thus changes in efficacy with pregnancy experience could be examined. Three birth experience groups were defined, zero parity, first child before age 19, and first child at age 19 or later. Statistical controls were applied for those variables associated with changes in efficacy (age, parental social class, educational level, and length of time between first birth and the second efficacy measure). Although levels of personal efficacy were related to parental class and education, the data are not analysed to show whether changes are similarly associated. Comparisons of mean change scores for the birth groups shows

no significant differences, with all groups rising slightly in efficacy. However, the change was smallest for the early birth group. In addition when controls were introduced for the initial level of efficacy, the early birth group showed a significant fall in efficacy feelings (locus of control) as against the other two groups who showed change in the direction of a greater feeling of control. Although the meaning of the size of change reported is not clear, the data provide some evidence that net of race, education and social class of origin a first birth by the age of 18 results in a decline in personal efficacy. The problem with such analyses, using multivariate statistical controls to examine group differences, is their limited ability to trace linkages through sub-groups and the social and psychological significance of the findings.

Brown et al (1984), although they suffer from a reliance on retrospective measures of self-concept, show the potential for tracing through these linkages in a more focussed manner. Two measures of coping and self-efficacy were devised. Coping was defined by positive actions in the face of pre-marital pregnancy such as seeking termination or choosing whether the father of the child was to become the spouse or not. Childhood helplessness was rated on the basis of evidence concerning confidence in social relationships and handling day-to-day matters, and mastery in planning for the future. Neither successful coping nor pre-marital pregnancy were related to class of origin but coping had an impact on the risk of later depression. However, successful coping was associated with lower rates of depression only if it led to middle class status in adulthood. This evidence is counter to the suggestion that the associations found can simply be explained through continuities in personality functioning. The findings on childhood helplessness are more complex in that helplessness was strongly related to successful coping with pregnancy but helplessness was

not related to later depression except when it was associated with lack of care in childhood. Since lack of care was only weakly associated with helplessness but strongly related to later depression regardless of pregnancy status, the conclusion must be that teenage helplessness in the absence of prior adversity is of no consequence for later depression. This conclusion must remain equivocal until prospective studies with good contemporary measures of self-concepts have been undertaken. The lack of a strong relationship between lack of care and teenage helplessness might be taken as evidence against a cognitive route for adverse linkages in the earlier teenage years, but measurement problems may be more to blame.

Alternatively, feelings of helplessness may be so common at this age for a variety of reasons, that associations with major causal circumstances are obscured. Many possibilities remain to be explored. For example, self-concepts may be predictive only when they involve generalized negative self-efficacy. Alternatively, in the early teens they may be less determinative of later outcomes because they have less direct impact on life course at that time since decisive actions are more determined by the behaviour of others. There may be a section of life course, shorter for working-class than middle class women, in which high self-efficacy has a maximum chance of changing environments. At other points, when the contextual constraints are more influential, self-concepts may function more as protective factors. This is likely to be the case, also, when adult statuses are more ascribed than achieved - as Brown et al (1984) have suggested for women of working class adult status.

(iii) Early Pregnancy as a Linking Factor

The effects of early childbirth in closing down opportunities for young mothers (and possibly fathers) has long been assumed (Campbell, 1968), and supported by data from large scale census studies. Coombs et al

(1970) analysed data from 1053 once married white Detroit families collected in 1962, and similar data from 1570 couples collected in 1960. Pre-marital pregnancy was not consistently related to parental class or education and not related inversely to class at all, but was related to age at marriage. Interestingly, premarital pregnancy rates were higher when the wife's family or origin was of higher educational attainment, and when the couple's educational attainment was dissimilar, than when the couple's backgrounds were similar. Subsequently, marriages following premarital pregnancy were worse off economically even with parental education and husband's age at marriage controlled. Premarital pregnancy was associated with an increased likelihood that the husband was a high school drop out. This was not explained by background factors (SES), but the association held both for early and later pregnancies indicating that husband's qualities were partly implicated. Nonetheless, the economic impact of pre-marital pregnancy held for all levels of husband's education and therefore indicated an independent effect. These long-term effects on economic status and educational level have been substantiated for wife's education also, using path analysis techniques (Hofferth and Moore, 1979). These analyses show that early pregnancy and age at first marriage have measurable effects that can be detected many years on in the life course. For example, the educational and economic disadvantages persist for at least ten years (Coombs et al, 1979; Hofferth and Moore, 1979), partly because early pregnancy tends to be associated with larger family size. The data reviewed earlier suggest that in general early pregnancy is not strongly related to social class but that its effects are greatest when it determines current class position. For this reason the size of effects detected in the large census studies indicate the overall consequences of early pregnancy for a particular population, but almost certainly underestimate the magnitude of

effects in particular sub-groups. Although there are parenting correlates of early pregnancy (v.s.) nothing is yet known about the paths from early pregnancy to later parenting difficulties.

(iv) Assortative Mating and Spouse's Characteristics as Linking Factors

There is now ample evidence that people choose spouses who are in some way similar to themselves, coming from the same locality, sharing a similar background (Burgess and Locke, 1960), to have had similar family relationships and to be alike in various aspects of appearance and attitude (reviewed in Byrne, 1971). However, for such processes to be important in promoting continuities in social or psychological difficulties it should be the case that assortative mating tends to occur with respect to various problems or deficits in personal functioning. In the previously discussed data, for example, low self-esteem should lead to the choice of a partner with similarly adverse self-concepts. If such processes do not occur, the explanation for the conjunction of adverse personalities or backgrounds is likely to be in restricted social opportunity or milieu.

The evidence for similarity in personality between spouses is inconsistent (Byrne, 1971; Merikangas, 1982), although similarities appear more common in stable than unstable personalities (Cattell and Nesselroade, 1967). It is not clear, however, whether this complementarity results from an increasing likeness with time, or prior personality characteristics.

This issue has been predominantly considered for psychiatric disorders where recent findings suggest that both 'contagion' - where the stresses caused by disorder in one partner increase the risk of disorder in the other - and assortative mating occur. For example, Merikangas and Spiker (1982) found that mentally ill spouses differed from those who were mentally well in ^{having} a family history of psychiatric disorder. However, since in their study neither partner had been mentally ill at the time of marriage,

the assortative mating was not on the basis of illness itself. Recent data from a four year prospective study of adult psychiatric patients with children (Quinton and Rutter, 1984; Rutter and Quinton, 1984) examined this question further. In families where the spouse showed no illness at the start of the study, illness was more likely to develop if the patient's disorder persisted than if it did not, suggesting that contagion effects had occurred. This effect was strongest for female spouses. On the other hand, since the initial rate of disorder in spouses was higher than that in the general population the possibility of assortative mating also existed. Of course, the higher initial rate in spouses may also reflect a history of contagion since the majority of patients had longstanding or recurrent illnesses. Rates of personality disorder were high in spouses but there was no suggestion that patients and spouses were matched for personality problems.

It cannot be determined from these data whether these families were matched on other personality characteristics or whether the associations found were due to selection through any psychological processes. Discussion of assortative mating usually assume that some such process has occurred, but it is evident that the matching of backgrounds may occur through other social processes or through a failure actively to choose a well functioning spouse or to discriminate between less or more satisfactory potential partners. Nevertheless, the question of the extent to which psychological characteristics help to determine the quality of marriage partner is crucial, because such factors may explain either the apparent effects of spouses or social functioning or define the nature of the link between earlier adversities and later problems.

(v) Mate Selection

Surprisingly, despite a voluminous literature on interpersonal attraction and mate selection, little work has been done on the processes

leading to cohabitation and the consequences of particular sequences. This may account for discrepancies in results on homogamy and heterogamy, and also be of consequence for explaining the place of marriage as a promoter of both continuity and discontinuity in social characteristics. In an interesting early paper Kerckhoff and Davis (1962) examined progress towards permanence in 94 student couples at Duke University over a 6-7 month period. Measures were taken at the first assessment on background characteristics and on value consensus and need complementarity. Progress towards permanence was assessed from the students' account of being closer to being a permanent couple as against being the same as before or less likely to become established. As would be expected in a student population, couples were homogamous with respect to background factors, consistent with Winch's (1955) view that such factors simply define the field of eligibles rather than positively determine personal choice. Couples high initially on both consensus and complementarity measures were significantly more likely to progress towards permanence, but an interesting pattern emerged when the sample was split according to the length of time they had been together (over 17 months or 17 months or less). In this case higher value consensus had an effect on the increased likelihood of permanence in 'short term' couples but not in long term ones. Conversely complementarity predicted permanence in the reverse fashion, showing no effects for short term relationships but positive associations for long term ones. Amongst couples showing low value consensus high need complementarity was highly predictive in long term pairs but not in short term ones. These findings led the authors to propose a filtering process in which overt homogamous factors performed in initial screening of potential mates, with consensus on values and attitudes being more significant as a relationship progressed and need complementarity becoming important in longlasting relationships. The

implications of this sequence are clear since cohabitation occurring early in the process of accommodation are more likely to be determined by external forces only and therefore, if the delimited field contains a high proportion of deviant or unsatisfactory spouses, to increase the risk of unsupportive or stressful relationships. Both hasty marriages and those precipitated by premarital pregnancy are likely to have this effect, as are teenage cohabitations, since the experience on which satisfactory choices may be based is more limited. From a sociological perspective most of the research on mate selection is disappointing because it fails to take into account that the processes leading to marriage or cohabitation will vary very considerably with social and cultural circumstances as will the consequences of particular choices. Few studies choose their target groups or populations for any theoretical reason but concentrate rather on trying to abstract general principles governing mate selection from particular instances. This enterprise is unlikely to be productive unless questions of mate selection are embedded in ^a sociological or a psychological study in which the causes and consequences of choice of partner are specifically linked. At present explanations of the nature of these processes are entirely speculative.

Brown and Harris's (1978) Camberwell data showed clearly that an intimate supportive relationship with a husband or boyfriend exerted a powerful protective effect against the onset of depression in those otherwise rendered vulnerable through current circumstances and provoking events. Since this effect also applied to vulnerabilities through early loss it seems likely that this supportive effect is genuine and not an artefact of prior selective processes. However, this variable has not yet been applied to the later Walthamstow data and so it is not known whether this protection also applies in the face of lack of early care. On the other hand, a clear relationship emerged between premarital pregnancy and lack of intimacy in

marriage, thus establishing an indirect route to depression from early experience.

Further evidence on this issue comes from a questionnaire study of 79 young women whose mothers had died in the subjects' childhood by Parker and Hadzi-Pavlovica (1984). Measures of both trait depression and lifetime depressive episodes (state depression) were taken. Measures of current marital support were based on self reports of spouses characteristics on three items ('supportive, 'loving' and 'understanding'). Higher trait depression scores were related to reports of lower paternal and stepmother care following the parental death. When current marital affection was included low affection in combination with low stepmother care, accounted for 33% of the variance in trait depression scores, whereas lower marital affection was the only predictor of state depression. Most importantly, the outcomes depended on the combinations of these circumstances. Those with both good early care following loss and a currently supportive marriage had the lowest rates of depression and those with low ratings on both measures the highest. Although those with low care scores in childhood had somewhat increased rates of state and trait depression in the presence of marital support over those with good relationships at both periods, they scored lower than those with satisfactory childhood experiences and currently unsupportive marriages.

Although further data are needed, the conclusion from these two studies must be that the effects of marital support are unlikely to be simply artefacts of selection, with the women more adversely affected by early experiences choosing less satisfactory spouses. If this were the case marital support should have no effect once early experiences are controlled, but this is clearly not so.

In summary, a route to depressive disorders in adulthood from poor care in childhood following loss of mother, through early pregnancy and mating patterns seems established. The role of self-concepts as factors predisposing to both unsatisfactory marital choices or premature pregnancies, and to later depression seems highly plausible but some key links in this chain are, as yet, not firmly established. Prospective studies with more sophisticated measures of self concept in the teenage years followed through into marriage are necessary. There are, as yet, no data concerning the role of mating patterns or cognitive factors in continuities in parenting. Indeed, knowledge of linking mechanisms in this area is rudimentary. If parenting skills are part of a more general set of relationships qualities, then the links should partly follow those for psychiatric disorders. None of the studies providing evidence for the nature of these links were completed or available when the research for this thesis was planned or when the data collection was completed.

SECTION C - RESEARCH ISSUES, DESIGN AND METHODOLOGY

I. RESEARCH ISSUES

This research was designed to examine a number of outstanding issues discussed in the literature review. Since the existing data on intergenerational continuities in parenting problems was sparse, and since what there was showed that the strength of continuities varied with the aspect of parenting under consideration, the first issue was simply to quantify intergenerational continuities and discontinuities and to specify the nature of parenting deficits.

Secondly, even with the extent of continuities more firmly established, a number of problems arise concerning their interpretation. Firstly, what evidence might there be to suppose that the statistical association reflected a causal mechanism such that the experience of poor

parenting in childhood could cause an individual to behave as a poor parent later?

Thirdly, the available evidence suggested that continuities were strongest in the case of severe problems such as child abuse, where they were associated with many other psychosocial problems including psychiatric and marital problems and economic hardship. It was therefore unclear whether childhood adversities have any effect on parenting independent of these other features. The issue here was whether there is any direct effect on parenting or whether the impact of adversities operates either through its more general impact on personality development or alternatively through promoting continuities in social disadvantage. A related issue, little explored in previous research concerned the nature of the interplay between personal dispositions and social forces.

Fourthly, most of the existing data showed that continuities appeared stronger retrospectively rather than prospectively, but adequate data with respect to prospective links was lacking. It seemed that many individuals now showing serious parenting problems had abnormal upbringings but it was likely that this overestimated the strength of continuities since all those with adverse experience but now functioning normally would remain unidentified. For the investigation of continuities a retrospective design was necessary in order to determine the extent to which severe problems arise anew in each generation unassociated with previous adversity - for example, in response to current material hardships. In order to examine the strength of continuities and to study the processes of discontinuity a prospective design was necessary. Clearly the combined retrospective/prospective design needed to use the same definition of parenting problems and the same measures of parenting. The study of the processes of discontinuity seemed particularly important since, unless

discontinuity could be simply explained in terms of a weaker exposure to adversity, the possibility existed that discontinuity was partly determined by the presence of compensating or mitigating experiences of a positive kind. These considerations have implications for both sociology and developmental psychology because on the one hand they involve consideration of wider social processes both beyond the individual's control and also influenced by it, and on the other hand, they have implications for the views of development stressing either personality traits and hierarchical developmental stages or alternatively those emphasizing the importance of contextual specificity.

Fifthly, most studies had considered continuities across generations in terms of the links between one parent and child. It seemed clearly necessary to take the experiences of both parents into consideration (and more in multiply parented families). It was important to study the extent to which the effects of the early adversities experienced by one parent were exacerbated or attenuated by the background and behaviour of the other.

Finally, there was the issue of the extent to which the adverse effects of early experiences are modifiable and the ways in which such modification may occur. There has been a tendency to assume that psychosocial functioning is unlikely to change greatly once adulthood is reached. Thus reports on parenting continuities based on one-point-in-time assessments tend to assume that problems will persist. There were few data on changes in parenting in those at some point showing difficulties although Sheridan's (1959) study of the rehabilitation of seriously neglectful mothers showed that improvements could be effected especially in the context of a steady and affectionate marital relationship.

II. THE CHOICE OF A PARENTING INDEX

In order that both retrospective and prospective strategies could be used it was necessary to choose an index of parenting problems that could satisfy the following criteria. (i) It must reflect severe and persistent parenting difficulties; (ii) such difficulties must be reasonably common in the general population; (iii) they must be of a kind known substantially to increase the risk that the children develop disorders of psychosocial development; (iv) the index must be able to be employed on an epidemiological basis to identify both families currently experiencing parenting difficulties and to identify individuals who had experienced similar parenting problems in their own childhoods.

The admission of children into the care of a local authority because the parents were no longer able to cope with child rearing was the most appropriate index that met all four criteria. Several studies have shown the very considerable difficulties in relationships and in child rearing experienced by the parents of children admitted to care - even when the ostensible reason for admission is the mother's confinement or physical illness (Schaffer and Schaffer, 1968; Wolkind and Rutter, 1973); about 2 percent of 7 year old children in Britain have been in care for some period of their lives (Mapstone, 1969); and follow-up studies have had the consistent finding of a marked increase in emotional and behavioural problems among the children taken into care (Lambert et al, 1977; Wolkind and Rutter, 1973; Yule and Raynes, 1972) with differences persisting into adulthood (Wolkind, 1977). For the retrospective approach social service records of one inner London borough allowed a rapid identification of all families living in a defined geographical area who had a child admitted into care. For the prospective study an earlier study by King et al (King et al, 1971; Yule and Raynes, 1972) provided a sample of adults who had the experience of institutional care when young.

III. OUTLINE OF THE TWO STUDIES

Retrospective Study

The 'in care' sample in the retrospective study consisted of a consecutive sample of forty-eight families with European-born parents who had children admitted to residential care by one inner London borough during a continuous eight-month period. In order to exclude cases in which admission occurred because of some short-term crisis, the series was confined to families for whom this was at least the second time a child had been taken into care. Selection was further restricted to those with a child between the ages of 5 and 8 years living at home prior to admission, so that comparable assessments of parenting could be made. This group is referred to as the IN CARE sample. The comparison group consisted of forty-seven families with a child in the same age group living at home with its mother, but in which no child in the family had ever been taken into care by a local authority. This sample was drawn randomly from the age-sex registers of two group general practices in the same inner London borough. It was possible to interview over 90 per cent of mothers in both samples.

Prospective Study

The prospective study consisted of a follow-up into early adult life of 93 individuals who, in 1964, were in one or other of two Children's Homes run on group cottage lines. The children had been admitted to institutional care because their parents could not cope with child-rearing, rather than because of any type of disturbed behaviour shown by the children themselves. The regimes in the cottages were studied systematically by Tizard and his colleagues (King, Raynes and Tizard, 1971) and the children's behaviour at school was assessed by means of a standardized questionnaire (the Rutter B Scale - Rutter, 1967). Both sets of data were available. As in the retrospective study, the sample was

restricted to children identified as 'white' (on Tizard's original record sheets); and was defined in terms of those aged between 21 and 27 years on 1 January 1978. Of the ninety-three 'ex-care' women, four had died by the time of follow-up. Eighty-one of the eighty-nine women (91 per cent) still living were interviewed (including one in Germany and three in Australia). This group is referred to as the EX CARE sample.

The contrast group of 51, comprised a quasi-random general population sample of individuals of the same age, never admitted into care, living with their families in the same general area in inner London, and whose behaviours at school was assessed at approximately the same age by means of the same questionnaire. The group was originally studied because it constituted the control group for a study of the children of parents with some form of psychiatric disorder (Rutter and Quinton, 1981). The contrast sample was similarly followed to age 21 to 27 years using methods of assessment identical to those employed for the 'ex-care' sample. Of the fifty-one female controls, forty-one (80 per cent) were interviewed, five could not be traced and five did not agree to be seen.

IV. INTERVIEWING METHODOLOGY

(i) Interviewing Techniques

In both studies women and cohabiting spouses were interviewed in their homes for some 2½-5 hours about their childhoods, their subsequent histories, their current psychiatric state, the nature and quality of marital relationships, the background characteristics of previous cohabitees and their own parenting behaviour. The interviewing methods used were based on techniques developed by Rutter and Brown and their colleagues (Brown and Rutter, 1966; Graham and Rutter, 1968; Rutter and Brown, 1966; Quinton et al, 1976) and tested in a series of naturalistic and experimental studies of interviewing by Rutter, Cox and their colleagues (Rutter and Cox,

1978). All interviews in the retrospective study were undertaken by the author who is highly experienced in the methods used. The reliability and validity of the assessments of marital relationships, psychiatric state and social contacts are well established (see also Walker et al, 1984). Although no formal tests of reliability were possible in the retrospective study since only one interviewer was used, the rates of psychiatric disorder in the comparison group were very similar to those obtained in epidemiological studies of families in similar inner London areas (Rutter et al, 1975a; Brown et al, 1975). Moreover, the mothers' rating of their own current state on a symptom inventory known to distinguish between those with and without psychiatric problems (Rutter et al, 1970) closely paralleled the rates of disorder obtained from the more detailed interview data (Table 2.8). In the prospective study four additional interviewers were used and were trained to criterion levels on these established measures.

Interview measures of parenting were newly developed for this research. The approach used was identical in both studies. The assessments concentrated on devising measures of how parents dealt with issues of discipline and responded to distress, rather than just whether they employed a particular technique. Parents were encouraged to talk freely about the child and to describe the child's life and the parent's handling in detailed and concrete terms. They were asked to describe the child's daily routine, including the regularity and timing of waking, of mealtimes, and of bedtimes, as well as the parents' handling of any problems associated with these. The major part of the parenting assessment dealt with the parent-child interactions over issues of control, peer and sib disputes, and fears and anxieties. The parent was first asked to describe the child's characteristics in these areas, and to report in detail the most recent incident. This involved specification of precipitants, of the child's behaviour and of the

methods used by the parent to gain control, calm distress, settle disputes and allay fears or worries; giving as full an account as possible of the sequence of events. The frequency and typicality of such interactions were established as well as the frequency of less often occurring parenting issues or parenting techniques. For example, the most common control sequence might involve a parent at first ignoring the behaviour, then trying to distract the child and finally raising her own voice. The parent would then be asked if she ever used different methods or if the sequence ever extended further than this, perhaps to the child being smacked or sent to his room. An important part of the rating concerned the way in which the dispute (or episode of distress) terminated. In particular, codings were made of the proportion of control sequences that ended in a 'reconciliation' or re-establishment of a positive relationship through overt behaviours of contrition and acceptance. In addition the balance of power between parent and child was assessed as reflected in the proportion of control episodes in which the parent established his or her own authority when she tried to do so.

In this way a detailed day-to-day picture of parenting style was developed from a wide range of individual ratings. In addition to these handling characteristics, information was systematically obtained on the frequency of parent-child interaction in play. This was rated in the prospective study on a number of categories such as reading, imaginative (role) play, rough and tumble play, involvement in household tasks or watching television. Finally, in the second study the parent was also asked to describe the previous days activities in detail so that scores of the amount of concentrated, continuous, available separate activity could be rated.

Overall ratings of parenting style and consistency were made taking all the information into account. This included the level of expressed warmth, the sensitivity shown in the handling of the child, the style, effectiveness and consistency of control and of the management of anxieties and fears. These overall ratings allowed the interviewer to summarize information from a number of features of parenting and parenting contexts which could not be easily derived from the individual ratings. For example, difficulties in one area such as feeding or sibling relationships can be balanced against positive features such as anticipatory actions to reduce anxieties or the use of rewards for good behaviours (as defined by the parent). Examples of rating definitions and procedures are given in Appendix E.

The reliability of such overall judgements has been shown for a number of ratings used in these studies both of adult relationships such as marriage (Quinton et al, 1976) and other relational features assessed both between adults and from adults to children such as expressed warmth and criticism (Brown and Rutter, 1966; Rutter and Brown, 1966). These approaches were extended to other aspects of parenting to cover the overall style, consistency and effectiveness of control and of the handling of anxiety and distress. The criteria for those ratings were established by the author in the first (retrospective) study. In the prospective study interviewees were trained to reliable levels, and overall team reliability was maintained by weekly team discussions of tape recorded case examples.

Such overall judgements on parenting are subject to possible interviewer biases since the background of the parents is known. This question is examined for the prospective study in chapter 7 in a comparison between interview ratings and direct home observation from a complementary study of the follow-up samples (Dowdney et al, 1984). In the latter assessments observers were kept blind to the mother's family history.

(ii) The Issue of Long term recall

The studies presented in this thesis rely heavily on long-term recall as the major source of data and therefore the methodological issues surrounding this need to be reviewed. Data evaluating the reliability of reporting are discussed in the description of the second study, where the methodological issues will be highlighted.

Long term recall is often held to be an unreliable source of information, particularly with respect to questions of past attitude, feelings or relationships. Reports are felt to be inaccurate both through forgetting or telescoping and through systematic biases occasioned by present circumstances and marital state. Remembering is essentially a reconstructive process (Bartlett, 1932) and this reconstruction is held to the relationships between past and present events in order to make sense of them. There is not a doubt that many studies have shown distortions and biases in reporting. In an early review of the accuracy of paediatric history taking, for example, Wenar (1963) documented errors in reporting of maternal health during pregnancy and childhood illnesses, in mother-child relationships and child-rearing practices. These data are problematic because of lack of systematic criterion measures, but these problems are avoided in two studies comparing maternal reports of child development with more systematic objective data. Robbins (1963) compared accounts *at* three years of child development with accounts given at 3-6 monthly intervals from the time of birth. Errors were particularly high for toilet training, which was reported later than it occurred, and weaning, which was reported as earlier. In general, whether events had occurred was more accurately reported than when.

Similar results were found by Yarrow and her colleagues (Yarrow et al, 1970) in their much cited comparison of mothers' reports of their

children's development with systematic independent clinic data. The interview period in this case was much longer, being up to thirty years later in some instances. In general, correlations between reports and records were low. More importantly, systematic trends were found with mothers reporting children's development as less difficult than it appeared in the records. The later reports were influenced by the child's developmental history and in response to current child rearing fashions. There was also a tendency to overestimate ability in retrospect, in comparison with psychometric tests taken when the child was young.

In one final example (Cherry and Rodgers, 1979) maternal reports of measles in their children given at age 2 and 4 years were compared. About 10 per cent of mothers reporting the illness when the child was two did not do so when the child was 4. Conversely 11.5 per cent reporting no measles when the child was two reported it as occurring under this age when the child was four. No independent (e.g. health visitors) data were compared so that false negative rate overall is not known, nor where the reporting problems lie.

A problem in evaluating all reports of recall lies in the fact that no studies have included all relevant information systematically so that it is difficult to know where the errors lie. The central variables are: the quality of the criterion measures, the style and quality of the interviewing, the salience of the events recalled, and evidence that interviewers and interviewees share the same definitions of the events under discussion. For example, in Robbins's data "The responses to memory items, which took but a small fraction of the time spent in talking with the parents, were written in the course of the interview so as to expedite analysis of the present data". The interview records were then edited for ambiguities and converted to comparable scoring systems. In most discussions of the

accuracy of long term reporting the errors are usually discussed as errors of recall, but it is clear that a host of questions regarding the limits of long term retrospection remains to be answered.

The great majority of reports deal with events that are of no great emotional significance, especially when they seem unrelated to subsequent history and events. What evidence there is suggests that major events are more readily recalled than minor ones. This prolonged hospital admissions or those involving surgery are more likely to be remembered than minor contacts (Cannell et al, 1961), and discrete events than particular instances of similar series, or happenings without clear transitions (Baddeley, 1979). There are tendencies for time periods, ages and quantities to be rounded, and this is likely to involve both interviewer and respondent effects.

The problem of the source of error complicates the interpretation of recall of discordant family relationships in the report by Wolkind and Coleman (1983) which showed that women with current psychiatric disorder were more likely to report problems in their parents relationships, but this was not the case for women who had been assessed as having psychiatric problems previously but were now symptom free. Problems in parental relationships were assessed from spontaneous responses to a single question without further probing. It is thus not known whether the apparent bias could have been overcome with better interviewing.

At present, therefore, no clear indications exist concerning the optimal and methods for encouraging accurate recall or the limits to reporting. However, since both errors, distortions and biases are known to effect prevailing data collection methods, interview studies need to be designed with these in mind and analyses to proceed in the knowledge of the reliance to be placed on particular sorts of information. When only

retrospective data are available it is preferable to place most reliance on major discrete events located within broad time periods that are *demarcated* by major transitions in life history; to place more weight on clear descriptions of prior events and relationships than generalized feelings and attitudes, and to use the reconstructive nature of memory to locate events within a coherent life history framework.

One final point concerns recall versus reporting. Accounts of childhood are likely to be based as much on family knowledge as on recall. This will be particularly true for the early years. What data there are suggest that the agreement between reports and external sources of information may improve with time when, at salient points, topics become the focus of family or combined attempts to remember. This seems true of events surrounding early child rearing (Yarrow et al, 1970; Cherry and Rodgers, 1979) which may become a focus for discussion when grandchildren are born. In this thesis no distinction is drawn between recall and reporting, since the studies are not a test of memory.

PART II:
THE RETROSPECTIVE STUDY
FAMILIES WITH CHILDREN
CURRENTLY IN CARE

CHAPTER 2

THE RETROSPECTIVE STUDY:

CURRENT CIRCUMSTANCES AND PARENTING

This section presents the findings from the Retrospective study of families with children multiply admitted into care. This part of the investigation was concerned to examine the extent to which serious current family and parenting problems are associated with similar adversities in the parent's childhoods and the extent to which they arise anew in each generation through social hardships unassociated with previous disadvantages. The current circumstances and parenting skills of the in-care sample and a comparison group are discussed in this chapter. Intergenerational continuities are considered in chapter 3.

I. SAMPLES

(i) The 'In-Care' Sample

The 'in-care' group consisted of a consecutive series of 48 families living in one inner London borough, who had children admitted into residential care from the maternal home during a continuous eight-month period. Only those families for whom this was at least the second time a child (either the same child or a different one) had been taken into care were included in the sample, in order to exclude those cases in which admission occurred because of some short-term crisis. In addition, selection was further restricted to those with a child between the ages of 5 and 8 living at home in order that comparable assessments of parenting could be made in all families. Families in which either the parents of children had been born abroad were excluded as it could not be assumed that their childhood experiences would be comparable with those of U.K. families.

Families with mentally or physically handicapped children were also excluded as the presence of such handicaps might make the assessment of parenting skills not comparable with that of families with non-handicapped children.

(ii) Comparison Group

The comparison group consisted of 47 families with a child in the same age group living at home with its mother, but in which no child in the family had ever been taken into the care of the local authority. The sample was drawn randomly from the age-sex registers of two group general practices in the same inner London borough as that used for the in-care sample. These practices were chosen because they served the more socially disadvantaged part of the area and thus the two groups could be expected to be roughly comparable in socio-economic level and environmental circumstances. However, precise matching was not undertaken because the relevant variables on which to match could not be known in advance.

(iii) Checks on sample completeness

All possible care was taken to ensure that no cases in either group fitting the sample definitions were missed. The In-Care sample were initially identified by the Borough's 'Reception Into Care' forms. Information was always checked with social workers unless the forms gave positive information that ruled out the family on grounds of one or other of the selection criteria. For example, cases with no information about previous admissions were always checked with social workers before they were excluded.

Problems with the Comparison Group arose principally because addresses were out of date, or because delays in administrative machinery meant that the initial list of families included some who were no longer registered with the practices. In addition, since the general practitioners

could not reveal family details for reasons of confidentiality, a larger number had to be screened in order to get a sample fitting the criteria. Thus in order to obtain the sample of 47 families, 76 families had to be contacted. There were no families from the original list who remained untraced or whose inclusion in the sample remained in doubt.

(iv) Interview Rates

As shown in Table 2.1, it proved possible to interview the mothers in both groups in the great majority of cases. The refusal rates were similar to those obtained in other epidemiological surveys (Rutter et al, 1975a).

TABLE 2.1
INTERVIEW RATES

	<u>IN-CARE</u>	<u>COMPARISON GROUP</u>
Total No. of Eligible Families	n = 48	n = 47
Mother or Father Interviewed	92%	91%
Mother Interviewed	89%	91%
Cohabitee of Mother Interviewed	71%	90%
(% of interviewed mothers)		
Basic Data on First Cohabitee	82%	90%
(% on interviewed mothers)		

The success in interviewing high proportions of the mothers especially in the In-Care sample often depended on making many visits to the families, in order to build relationships of trust and in order not to add

further complications to the problems of social work management. Thus, in several cases between six and eight months elapsed between a case being identified and a final completed interview. On other occasions over 30 visits were necessary before the family felt confident enough to discuss their situation.

Most of the cohabitees in the Comparison Group were interviewed, but the success rate for the cohabitees in the In-Care group was substantially lower. In four of the six un-interviewed cases, the wife refused permission for the husband to be contacted on the grounds that it would cause serious family disruption. Since only about half of the mothers in the In-Care group were currently cohabiting, the resulting number of interviewed cohabitees (15) was small. Statistical comparisons of fathering are given below but the small numbers and relatively high refusal rates should be taken into account when interpreting them.

II. MULTIPLE ADMISSIONS AND PARENTING PROBLEMS

(i) Family Care History

Although the minimum criterion for inclusion in the In-Care group was two admissions into care for a child in the family, in the majority of families the number of admissions was greater than this. Of the 48 families, 36 had at least two children with multiple admissions into care. In only 10 cases did the admission involve just one child in the family (four of these were one-child families). Thus it is clear that In-Care families have indeed experienced chronic difficulties, usually extending to the care of several children in the family.

Since the index child - that is the one on whom parenting information was sought - was chosen on the basis of age (5-8 years inclusive) this need not have been a child admitted to care. However, in only six cases had the index child never been in care and in 35 of the 44 interviewed cases the index child was one of those admitted during this care episode.

The justification for using multiple admissions to care as an indicator of current parenting difficulties may be examined firstly by considering the reasons for admission, and secondly by comparing the interview measures of parenting for the In-Care and Comparisons Groups.

(ii) Reasons for Admission

The reasons for admission were taken from the Reception-Into-Care forms, since these give the social workers' judgement as to the most pressing justification for placement. These reasons may be divided into three categories: (1) those stressing environmental factors or hospital admission for physical reasons; (2) those involving psychiatric or marital difficulties but not directly mentioning parenting; and (3) those including statements referring to parenting problems. Examples of each group are given in Appendix A. Of the 48 cases, 9% were in Group One, 27% in Group Two and 64% in Group Three. Nearly all the admissions involved situations in which parenting problems were mentioned, or in which major family problems known to have adverse effects on parent-child relationships were present. All analyses were re-run excluding the cases in Group One, but since this did not affect any of the significant associations, the data presented here include all forty-four of the interviewed families.

(iii) Interview Measures of Parenting(a) Mother-Child Relationships

TABLE 2.2

MOTHER-CHILD RELATIONSHIPS

	<u>IN-CARE</u>	<u>COMPARISON</u>	<u>SIGNIFICANCE</u>		
	n = 40* %	n = 43* %	X ²	d.f.	p
Lack of expressed warmth	45	19	5.54	1	<0.02
Insensitivity	65	28	10.04	1	<0.01
Lack of play	33	16	Exact test [†] p = 0.06		
At least two of these	59	23	8.10	1	<0.01

* The n's for the individual items in this and all subsequent tables vary slightly because of missing data.

[†] Exact tests are one-tailed

In all these main areas the In-care group mothers showed greater difficulties in parenting. Table 2.2 summarises the findings with respect to various aspects of parent-child relationships and positive interactions.

Nearly half the mothers in the In-Care Group were low in expressed warmth to the child, nearly two-thirds appeared insensitive to the child's distress or worries and a third did not play with their child. In each case, the proportions were about twice those in the Comparison Group. When the individual indicators were considered together, much the same pattern was seen. About twice as many of the in-care group mothers showed problems in their personal relationships and interactions with their children.

b) Maternal Discipline

TABLE 2.3
DISCIPLINE OF 5-8 YEAR OLDS

	IN-CARE	COMPARISON	SIGNIFICANCE		
	n = 40 %	n = 43 %	X ²	d.f.	p
Aggressive Control	62	42	2.43	1	NS
Unresolved conflicts	60	31	5.41	1	<0.05
Inconsistency	79	44	9.28	1	<0.01
Ineffective control	26	5	5.63	1	<0.02
At least two of these	72	40	7.34	1	<0.01

Table 2.3 summarises the findings on maternal discipline. In both groups a high proportion of mothers used disciplinary techniques that were aggressive in style, involving slapping or hitting the children or frequent severe shouting. The extensive use of such techniques is in keeping with other evidence concerning disciplinary methods in families of similar social class (Newson and Newson, 1968). However, the style of discipline may be of less importance than its effectiveness or its consistency, and in both of these respects the In-Care mothers were also much more likely to be having difficulties. Twice as many of this group were involved in disciplinary episodes in which the control attempt was unsuccessful or the conflict was unresolved. Resolution of conflicts was regarded as having occurred if there was any form of reconciliation between the child and the parent, either through direct apologies or through actions that provided clear signals that the relationships had been re-established (for example by giving each other a hug or starting some joint activity). In general these reconciliations involved some indication that the nature of the original

dispute had been recognised and that the nature of the rules or procedures governing that type of activity had been reaffirmed.

Inconsistency of discipline (meaning control episodes that were arbitrary or unpredictable either in terms of the particular child behaviours reacted to, or in terms of the strength or nature of the parental response) was considerably more frequent in the In-Care group. An even greater difference was evident with respect to the effectiveness of control (a rating of the extent to which the parents were able to maintain control when they tried to do so). Ineffectiveness in this sense was a feature of a quarter of the Care mothers but only five per cent of the Comparison Group. When these various indicators were considered together much the same pattern was seen. About twice as many In-Care group mothers were having serious difficulties in discipline. These differences are particularly striking if they are viewed the other way round. In the Comparison families 37 per cent of the mothers showed no problems in any aspects of parenting at all but this was so for only ten per cent of In-care group mothers; thus, as anticipated from the definition of the group, parenting difficulties were substantially more frequent in the In-Care families. It should be noted that there were no differences in the proportions of mothers in each of the three Admission-into-Care groups who reported two or more parenting problems in the areas of either relationships or control. Two or more problems in one or both areas occurred in 66% of Group One, 77% of Group Two and 75% of Group Three. It is apparent that, whatever the mediating mechanisms may be, multiple admissions to care were strongly related to reported parenting difficulties.

(iv) Dependent Variable of Parenting Difficulties

In the analysis of factors associated with serious parenting difficulties either admission into care (as an index of parenting failure) or

the direct interview measures of parenting might be chosen as the main dependent variable. The former has been selected for two main reasons. Firstly, it provides the better index of serious parenting failure in that, by definition, at least one child had had to be taken into Care because the parents could not cope with parenting at the time. Secondly, it would be misleading to rely on the parenting measures as best representing the differences between the two groups. A lack of problems on the interview measures in the comparison group probably meant that there were no serious parenting difficulties, but obviously this could not be so in the 'in care' group, as the admission into care meant that there had been some kind of breakdown in parenting. The In-care - comparison group contrast itself provided the best means of comparing families with and without serious problems in parenting. It was not possible to examine the antecedents of parenting as assessed at interview by pooling the samples, because of the major differences between the two groups both as regards background variables and current family characteristics. Such a procedure would confound between-group differences with within-group correlations. However, the interview measures were useful as a means of within-group comparisons. Accordingly, for some purposes, comparisons have been drawn between better parenting and less satisfactory parenting (as assessed from interview) within the In-care group, and separately within the comparison group (chapter 3).

III. CURRENT CIRCUMSTANCES

(i) Family Structure

TABLE 2.4

	<u>CURRENT FAMILY STRUCTURE</u>		SIGNIFICANCE		
	IN-CARE n = 44 %	COMPARISON GROUP n = 43 %	X ²	d.f.	p
Single parent household	51	9	15.93	1	<0.001
4 or more children	61	19	14.81	1	<0.001
Severe marital discord (% of cohabiting couples)	32	10	Exact test p = 0.041		

As shown in Table 2.4, the family structure and circumstances of the two groups were markedly different. Whereas over 90 per cent of the Comparison mothers were in a stable cohabitation (in almost all cases with their legal spouse) this was so for less than half the In-care families. Indeed only 33 per cent were living with men to whom they were married. Moreover, of the half living with a male partner of some kind the proportion who had a markedly discordant relationship was several times that in the Comparison Group. The parenting burden on the In-care families was also much greater, in that over 60 per cent of them had at least four children compared with only one in five of the Comparison families.

These circumstances had important implications for the parentage of the children. In 93 per cent of the Comparison families, all the children had the same father, whereas this was so in only 43 per cent of the In-care families. Furthermore, in a high proportion of cases none of the

children were living with their biological father. Not only therefore were just over half the In-care families single-parent households lacking any father figure, but even amongst the half with two parents, in a third of the families the mothers' current cohabitee was not the father of any of the children.

(ii) Social Status and Housing

TABLE 2.5

CURRENT SOCIAL CIRCUMSTANCES

	IN-CARE	COMPARISON	SIGNIFICANCE		
	n = 43 %	GROUP n = 43 %	X ²	d.f.	p
Semi/unskilled social class	81	39	14.06	1	<0.001
Council/Trust Housing	91	93	NS		
Person/Room ratio of over 1	55	24	8.77	1	<0.01
Less than 1 year in current home	52	12	14.45	1	<0.001

Table 2.5 summarises some of the main features of the families' current social conditions. The majority of the In-care families were of low social status and half were living in rather crowded conditions (a reflection of their considerably larger families). Although social status was partly determined by their single parent status, the difference between the groups remained when the In-care mothers had a current cohabitee. However, nearly all the families in both samples were in local authority or private trust housing. Much the biggest difference between the groups lay in the proportion who had been in their present accommodation for less than a year. This applied to half the In-care families but to only one in ten of the

Comparison Group. Frequent housing moves were a particularly prominent feature of the In-care families. Despite these differences it was apparent that many of the Comparison families were themselves disadvantaged. Thus two-fifths of the fathers had unskilled or semi-skilled jobs - a proportion well over twice that in the general population as a whole.

TABLE 2.6
HOUSING CIRCUMSTANCES AT ADMISSION*

	IN-CARE	COMPARISON	SIGNIFICANCE		
	n = 44 %	GROUP n = 43 %	X ²	d.f.	p
<u>Household Facilities</u>					
Own lavatory	98	98			NS
Bathroom with hot water	81	98	4.63	1	<.05
Own kitchen with hot water	86	98	Exact test p = 0.05		
Lack of one of these three facilities	19	2	4.6	1	<.05
<u>Sleeping</u>					
Child shares bed with parents or sibs or shares room with parents	28	5	6.83	1	<.01
<u>Heating</u>					
Paraffin or portable bar fires only	48	0	22.7	1	<.001
Central heating	10	49	11.4	1	<.001
<u>Play Space</u>					
Private play space of some kind	29	7	5.4	1	<.05
Garden	23	0	9.42	1	<.01
<u>Housing problems</u>					
Some or major problems	67	26	13.51	1	<.001
<u>Housing Disadvantage Index**</u>					
Overall housing disadvantage	47	7	15.19	1	<.001

* All measures concern housing at the time of admission into care; 34% of cases had moved in the period before interview.

** Overall disadvantage is coded as present if one of the three basic housing facilities were lacking, or the child's sleeping arrangements were unsatisfactory, or if there were 'severe' housing problems.

Nevertheless, a more detailed study of housing circumstances at the time of admission into care, shows the greater disadvantage experienced by the In-care families. Although this group was somewhat worse off in respect of basic household facilities, the disadvantages were more striking in other aspects of housing. For example, in over a quarter of the In-care families the child had to share a bed with its parents or sibs, or had to share the parental bedroom, compared with only one in twenty of the Comparison Group. None of the latter relied on paraffin heaters or electric bar fires for their household heating but nearly half the In-care families did so.

Conversely, nearly half the Comparison Group had central heating whereas this was so for only one in ten of the In-care sample. These differences are a reflection of the fact that the Comparison Group were much more likely to be in new or newly-renovated local authority housing. Many In-care families were in older flats or patch repair housing and this accounts for the fact that nearly one-quarter of them had a garden, or some private play space for their children, whereas this was the case for only seven per cent of the Comparison Group.

The housing differences are even more apparent if assessed in terms of an overall housing disadvantage index. Nearly half the In-care families either lacked one of the three basic housing facilities or had unsatisfactory sleeping arrangements for their children, or had housing with severe problems with damp or other structural defects, compared with only 7 per cent of the Comparison Group.

The greater material disadvantage of the In-care families was also evident in terms of their household possessions at the time of admission (Table 2.7). Less than half of them had a washing machine, despite their greater number of children and very few had a car or a telephone and were thus much more restricted in communications with family or friends. An

overall score of housing possessions, based on the availability of shared use of these and other items, brings out the differences between the groups. Three-fifths of the Comparison Group (a disadvantaged sample) had a high score on possessions compared with only one in nine of the In-care cases.

TABLE 2.7
HOUSEHOLD POSSESSIONS AT TIME OF ADMISSION

	IN-CARE	COMPARISON	SIGNIFICANCE		
	n = 41 %	n = 43 %	X ²	d.f.	p
Television	84	100	4.1	1	<.05
Washing Machine	46	81	9.41	1	<.01
Fridge	78	100	8.1	1	<.01
Telephone	12	58	17.3	1	<.001
Car	5	30	7.9	1	<.01
Possessions score of 8 or more*	11	60	7.6	1	<.01

* The possessions score is the sum of scores on the above items where 0 = not available, 1 = shared use, and 2 = exclusive use.

(iii) Psychiatric Disorder and Deviance

Table 2.8 outlines some of the main features of the psychiatric history and current adjustment of the two groups of mothers. The rates of disorder and deviance amongst the Comparison group mothers are comparable with those obtained in previous general population studies of mothers in inner London (Brown et al, 1975; Rutter et al, 1975b). In sharp contrast, the rates in the In-care group mothers were several times higher on all indices, with the differences most marked in terms of indicators of severe psychiatric disorder. Thus, nearly two-thirds of the In-care group

mothers have been under psychiatric treatment at some time and no less than two-fifths had been in-patients in a psychiatric unit or mental hospital. In both cases the proportions were very much higher than those for the Comparison Group. Moreover, the majority of In-care group mothers (78 per cent) were assessed on interview data as having some form of current handicapping psychiatric problem. In most cases this took the form of an affective condition involving depression or anxiety, but frequently it was associated with personality disorder, i.e., a long-standing maladaptive pattern of behaviour existing at least from the individual's early teenage years.

TABLE 2.8

CHARACTERISTICS OF MOTHERS

	IN-CARE	COMPARISON	SIGNIFICANCE		
	n = 43 %	n = 43 %	X ²	d.f.	p
Psychiatric treatment ever	65	9	26.32	1	<.001
In-patient psychiatric treatment ever	44	2	11.33	1	<.001
Malaise questionnaire score of 7 or more	83	30	21.56	1	<.001
Current disorder (interview rating)	78	21	25.17	1	<.001

The rate of current psychiatric disorder was four times that in the Comparison Group. Not only was psychiatric disorder rated very much more frequently in the In-care group mothers but also they rated themselves as having emotional disturbance much more often than did mothers in the Comparison group. The difference between the two groups with respect to

the proportion with a score over 7 or more on the malaise inventory (the cut-off which best discriminates people with psychiatric disorder - Rutter, Tizard and Whitmore, 1970) was closely similar to that for interview ratings for psychiatric disorder.

(iv) Characteristics of Cohabitees

As noted earlier, half of the In-care group mothers had no current cohabitee. Also it proved impossible to interview approximately one-quarter of those men who were currently part of the family. The resulting small numbers make statistical comparisons inappropriate. More information was available when the mothers' account of the current or previous spouse was considered and these data are presented in Table 2.9.

TABLE 2.9

CHARACTERISTICS OF SPOUSES

	IN-CARE	COMPARISON GROUP	SIGNIFICANCE
	n = 24 27 %	n = 39 %	
Psychiatric contact ever	11	21	NS
Current psychiatric disorder	47	23	Exact test p = 0.029
Personality disorder	44	15	Exact test p = 0.023
Malaise inventory score of 7 or more	36	26	Exact test p = 0.052
Any convictions	79	51	Exact test p = 0.052
Probation or prison	53	13	Exact test p = 0.003

It is apparent that the cohabitees of the In-care mothers were generally more socially deviant. This was most striking with respect to the proportion who had been put on probation or been in prison. This applied to

over half the cases but to only 13 per cent of the Comparison group. The difference between the two samples with respect to any convictions was much less, as a consequence of the high proportion of fathers in the Comparison Group who had been found guilty of less serious offences, including driving offences and drunk or disorderly, or who had only transitory involvement in crime*. The In-care group husbands were somewhat more likely to have current psychiatric disorder and were substantially more likely to be diagnosed from interview data as having long-standing personality problems (this rating was based on persistent and handicapping difficulties in relationships and in life functioning generally -it was by no means synonymous with having a criminal record). However, few of the In-care group husbands had sought psychiatric help and the proportion who had received any kind of treatment for a psychiatric problem, either by a general practitioner or a psychiatrist, was actually less than in the Comparison group. The rate of disorder in the latter was many times higher than that reported in other epidemiological work.

(v) Parenting by Cohabitees

Details on the differences between the two samples with respect to parenting by current cohabitees are given in Table 2.10. Surprisingly, there were few differences between the two groups of men with respect to the various measures of parenting. The fathers of the children admitted into care were somewhat more likely to be insensitive and to be inconsistent in disciplinary control but otherwise the findings for the two groups were

* Road traffic offences included involve drunken or dangerous driving. Speeding and parking offences were not counted.

closely similar. Particular caution should be exercised however when interpreting these findings, since anecdotal evidence from the mothers' accounts for those In-care group fathers who refused to be interviewed, suggested that parenting deficits might be greater in them. It is therefore likely that the differences between the two groups of fathers were greater than appears to be the case from these figures.

TABLE 2.10

PARENTING BY COHABITEES

	IN-CARE n = 14 %	COMPARISON GROUP n = 34 %	SIGNIFICANCE
<u>Relationships and Interaction</u>			
Low warmth	38	31	NS
Insensitivity	46	32	NS
No playing with child	15	20	NS
<u>Control</u>			
Aggressive control techniques	31	39	NS
Inconsistency	69	41	NS
Unresolved conflicts	42	45	NS
Ineffective control	38	30	NS

(vi) Mothers' social relationships and support

Table 2.11 summarises the main findings with respect to the social relationships and support experienced by mothers. Very few of the In-care group mothers reported current close relationships with their own fathers compared with half of the Comparison group mothers (approximately the same numbers in each group had fathers who were still alive). Rather fewer of the In-care group mothers also reported close relationships with their own mothers or with their sibs but these differences fell short of

statistical significance. A close relationship in this connection meant that there was fairly frequent contact, that positive feelings were expressed towards the person and that the respondent said they would confide in the parent about problems or worries. Strained relationships with all categories of close relatives were many times more common in the In-care sample than in the Comparison group but again the difference was most marked with respect to fathers. Strained relationships were rated as present when contact was avoided or when the respondent adopted a markedly critical attitude towards the parent's current behaviour or personality. The Comparison group mothers were twice as likely (51 per cent versus 23 per cent) to see their parents at least weekly and they were more

TABLE 2.11

MOTHER'S SOCIAL RELATIONSHIPS AND SUPPORT

	<u>IN-CARE</u>	<u>COMPARISON</u>	<u>STATISTICAL</u>		
	N= 28-32* %	GROUP N= 28-34 %	X ²	df	p
<u>Close Relationships:</u>					
with father	7	50	10.59	1	<.01
with mother	31	50	NS		
with sibs	31	40	NS		
<u>Strained Relationships:</u>					
with father	36	4	7.2	1	<.01
with mother	34	9	5.0	1	<.05
with sibs	43	12	8.3	1	<.01
<u>Contact</u>					
with parents at least weekly	23	51	5.01	1	<.05
<u>Family seen as close</u>	28	67	10.5	1	<.01
<u>Confiding Relationships</u>	54	72	NS		

* The n's for cases and controls vary slightly depending on missing data and on whether there are living parents or sibs.

than twice as likely (67 per cent versus 28 per cent) to report that they felt that their family was a close one. Altogether it was clear that the In-care group families were considerably less likely to have close relationships with near relatives, and considerably more likely to have strained relationships with them. On the other hand, over half the In-care group mothers (54 per cent versus 72 per cent amongst the Comparison mothers) reported that they had a confiding relationship with someone, including either a spouse, a relative or a friend, to whom they could turn, or with whom they could talk over personal worries or difficulties.

(vii) Practical Help

In both groups most of the mothers had received some help from kin or friends over the previous three months. However, the In-care group mothers were rather less likely to have received any help with the children either in looking after them or collecting them from school. On the other hand, the In-care group mothers were more likely (51 per cent versus 22 per cent) to have borrowed money and somewhat more likely to have borrowed household articles of some kind.

TABLE 2.12

PRACTICAL HELP GIVEN

	IN-CARE	COMPARISON	SIGNIFICANCE		
	n = 38 %	n = 41 %	X ²	d.f.	p
Looking after children	44	71	4.9	1	<.05
Baby-sitting	36	54	NS		
Collecting from school	13	24	NS		
Lending articles	41	32	NS		
Lending money	51	22	6.2	1	<.02
Help wanted	71	15	23.5	1	<.001

Nevertheless, the majority of the In-care group mothers (71 per cent) said that they wished that there was someone they could turn to for help with practical matters, as against only 15 per cent of the Comparison group. Clearly this was a reflection of their less satisfactory primary group relationships, their greater need for emotional and practical support and probably also a function of their frequent moves of housing, which prevented the development of helping relationships with neighbours.

IV. DISCUSSION

(i) Parenting and Current Disadvantage

Even in comparison with a relatively disadvantaged social group, the current disadvantage of the In-care families was very striking. The majority faced a number of severe problems. About half were single parents and a high proportion of those mothers with current cohabitees were experiencing discordant relationships with and also histories of imprisonment for their spouses. Many mothers were coping on their own with large families in unsatisfactory and overcrowded housing. A large proportion had, over the previous years, moved frequently from one set of unsatisfactory housing conditions to another.

If these data are simply considered cross-sectionally the parenting difficulties of these families might be interpreted as being either a direct reaction to social disadvantage or secondary to the resulting stress and psychiatric problems experienced by the parents. Indeed, as discussed in chapter 3, there is evidence that the current environmental circumstances affect the mothers' parenting; also it is known that psychosocial stresses are factors may play a role in the genesis of psychiatric disorders in women (Brown and Harris, 1978). Nevertheless, it is not possible to conclude that current social disadvantages are a sufficient explanation for the differences between the groups with respect either to parenting problems or psychiatric

disorder. Questions remain on why some disadvantaged families have children taken into care whereas others do not, and on why families come to be in poor social circumstances. Both issues are considered further in the following chapter in relation to the findings on the parents' childhood experiences..

(ii) Parenting and Admission to Care

The data presented in this chapter demonstrate that parents with children multiply admitted to care were twice as likely as a socially disadvantaged comparison group to be experiencing parenting difficulties with a young school-aged child. Caution must be exercised in drawing firm conclusions from these findings since the assessments of parenting were based on single interviews with parents. Nevertheless two conclusions are warranted.

Firstly it is apparent that 'parenting' is neither a unitary phenomenon nor an intrinsic attribute of individuals that is independent of circumstances. In the first place a few of the In-care group mothers were coping reasonably well with their 5-8 year olds, and rather more had only mild or moderate difficulties, even though they may have had more problems in the past or have current difficulties with other children. In addition, the problems in parenting that exist in one area do not necessarily imply that deficits exist across the board. Thus although 89% of the in-care group mothers were either low in expressed warmth to their child or had unreconciled disputes with them, only 19% had both problems at the same time. In the second place, a substantial minority of comparison group mothers were also having significant parenting difficulties although there was no question of their children going into care.

Clearly, parenting difficulties associated with Reception into Care cannot be seen as something that is independent from other aspects of

life. The In-care families were distinguished as much by other kinds of family difficulties as by parenting problems per se. They constituted a multiple problem group and not just one with parenting difficulties. The impact of poor parenting on the child or of a difficult child on the parents' ability to cope has to be considered in the context of the family's general emotional and physical resources. Thus a secure relationship with one parent can attenuate the effects of a poor relationship with the other (Rutter, 1981), and a good marital relationship can make it easier to cope with a difficult child even if parenting techniques are not particularly skilled.

The second conclusion is that the parenting problems of the In-care group mothers were more a reflection of general problems with interpersonal relationships than of deficiencies in specific techniques. Thus the differences between the groups were less marked with respect to smacking or shouting than they were in the general sensitivity with which parents perceived and dealt with their children's worries and upsets, or in the consistency with which they pursued their control attempts to some firm conclusions. This conclusion is consistent with the much higher rates of both psychiatric and marital problems in the in-care group families. Similar difficulties were also apparent in their relationships with their relatives; this pattern has also been reported amongst other groups experiencing severe disadvantage (Wilson and Herbert, 1978) or having children taken into care because of the mother's confinement (Schaffer and Schaffer, 1968). The extent to which all these problems represent continuities between childhood experiences and current circumstances is considered in the next chapter.

CHAPTER 3
THE RETROSPECTIVE STUDY:
INTERGENERATIONAL CONTINUITIES

I. PARENTS' CHILDHOOD EXPERIENCES

(i) Mothers' Social Background

The in-care and comparison groups differed little in their social background (Table 3.1). In both samples, about half the mothers came from a sibship of at least 4 children and about half came from families in which the father held an unskilled or semi-skilled job. It is clear from these findings that the proportion of mothers in both groups who had socially disadvantaged childhoods was considerably greater than in the population as a whole, but the two groups did not differ significantly between themselves on these variables. The in-care mothers seemed somewhat more likely to have been in-migrants to London, but again this difference was not statistically significant.

(ii) Deviance and Disorder in Mothers' Parents

The differences were somewhat greater with respect to parental deviance and disorder as reported by the mother (Table 3.1). Psychiatric problems in the mothers' parents, as evidenced by known visits to the family doctor or hospital contacts were similar in the two groups, but reports of paternal criminality or drinking problems were significantly more common for the in-care group mothers. In all, 49 per cent of the latter reported having a parent with psychiatric, drink or criminal difficulties, compared with a third (32%) of the comparison group.

TABLE 3.1
MOTHERS' CHILDHOOD FAMILY

	<u>IN-CARE</u>	<u>COMPARISON</u>	<u>EXACT</u>
	N = 44*	N = 43*	<u>PROBABILITY</u>
	%	%	
Sibship of 4 or more	64	49	NS
Semi/Unskilled Social Class	60	47	NS
London Born	50	67	NS
Maternal Psychiatric problems	38	29	NS
Father with psychiatric or drink problems	20	5	0.05
Father with a criminal record.	12	0	0.03

* The Ns for the comparisons in all tables vary slightly with missing data.

(iii) Family Relationships in Mothers' Childhood

The differences between the two groups were much more striking with respect to family disruption and harsh parenting during the mothers' childhoods (see Table 3.2.). Thus, a quarter of the in-care mothers had been in care themselves, compared with only 7 per cent of the comparison group; 44 per cent of the former had been separated from one or both parents for at least one month as a result of family discord, as compared with 14 per cent of the comparison sample; and three times as many had suffered harsh discipline from one or both parents. Discipline of this severity involved frequent physical punishment, often including beatings with sticks, shoes or other objects, being repeatedly locked in cupboards or cellars - or in one case, being tied in the bagwash - amongst the regular

methods of punishment. Of all the background factors, it was discordant and aggressive family relationships that most clearly differentiated the two groups.

TABLE 3.2
FAMILY RELATIONSHIPS IN MOTHERS' EARLY CHILDHOOD

	<u>IN-CARE</u>	<u>COMPARISON</u>	<u>STATISTICAL SIGNIFICANCE</u>	
	N = 44	N = 43	X ²	df p
	%	%		
Ever in Care	25	7	3.98	1 <0.05
Separation from parents through discord or rejection	44	14	8.12	1 <0.01
Parental Marital Discord	45	14	8.57	1 <0.01
Hard or harsh paternal discipline	27	10	3.78	1 NS
Hard or harsh maternal discipline	38	10	8.25	1 <0.01

The high levels of early stresses experienced by the mothers in both groups can be illustrated by considering the overlap of a range of adversities that have frequently been shown to be associated with a variety of psychological difficulties in childhood (Rutter and Quinton, 1977; Wedge and Prosser, 1973; Davie et al, 1972). The factors included in this analysis are: in-care experiences, prolonged hospitalizations, persistent parental discord, separations from parents through discord, hard or harsh discipline, large family size, low social class, and psychiatric or criminal histories for the parents.

TABLE 3.3
NUMBER OF MOTHERS' CHILDHOOD ADVERSITIES

		<u>IN-CARE</u>	<u>COMPARISON</u>
		N = 44 %	N = 43 %
Number of adversities	0 or 1	11	35
	2 or 3	27	49
	4 or more	61	16

$$X^2 = 19.21, 2 \text{ df}, p < 0.001$$

Table 3.3 shows that 61 per cent of the 'in-care' mothers experienced four or more of these adversities, compared with 16 per cent of the comparison group. Almost as striking, however, is the fact that nearly two-thirds of the latter sample experienced two or more of these hardships.

(iv) Mothers' Early Teenage Difficulties

The two groups of mothers also differed markedly in the frequency of teenage problems. Marked unhappiness at school and persistent truancy were twice as common for the in-care mothers, and discordant relationships with one or both parents were four times as frequent. The significance of these problems is discussed below.

TABLE 3.4
MOTHERS' EARLY TEENAGE DIFFICULTIES

	<u>IN-CARE</u>	<u>COMPARISON</u>	<u>STATISTICAL SIGNIFICANCE</u>		
	N = 44 %	N = 43 %	X ²	df	p
Marked unhappiness with schooling	57	26	7.48	1	<0.01
Persistent Truancy	49	26	4.03	1	<0.05
Marked discord with mother	45	14	8.57	1	<0.01
Marked discord with father	45	5	16.70	1	<0.01

(v) Mothers' Later Teenage Difficulties

TABLE 3.5
MOTHERS' LATER TEENAGE PROBLEMS

	<u>IN-CARE</u>	<u>COMPARISON</u>	<u>STATISTICAL SIGNIFICANCE</u>		
	N = 42 %	N = 43 %	X ²	df	p
Left home by age 19	65	26	11.49	1	<0.001
Left home for negative reasons	92	33	27.33	1	<0.001
Pregnant at 18 or less	61	23	10.75	1	<0.001
Negative Reasons for Marriage	74	29	15.45	1	<0.001
Deviance or childhood adversity in first husband	63	39	3.65	1	NS

The difference between the two groups was equally marked with respect to difficulties in the later teenage period. More than twice as many in-care group mothers had left home by their nineteenth birthday, more than twice as many were already pregnant by this age, and more than twice as many had left home for negative reasons, that is, because of rejection by their parents or to escape intolerable circumstances (premarital pregnancy in itself was not considered to be a negative reason if the relationship with the future father was a positive one in which marriage or regular cohabitation was already planned). Following, and perhaps as a consequence of these disturbances, three-quarters of the In-Care group mothers began their first marriages or cohabitations for negative reasons, compared with less than one-fifth of the controls, and the majority set up their first home with spouses from similar adverse backgrounds or with current problems of a psychiatric or criminal nature. Only limited data were available on first spouses. However, 63 per cent of first spouses in the In Care sample had discordant childhoods or had psychiatric or criminal problems in their teens compared with 39 per cent of the first spouses of the comparison women. As shown in the previous chapter, a high proportion of the first marriages of the 'In Care' mothers broke down. At the time of the study, only about one-quarter lived in harmonious marital relationships, compared with three-quarters of the comparison group. The data on current cohabittees suggest that the overlap of early adversities and current deviance may have been much greater for the In Care sample.

(vi) Characteristics and Background of Current Cohabitees

The current 'fathers' of the in-care children were more likely to have had deviant histories and current psychiatric disorder than the fathers of the comparison group (table 3.6). This was most striking with respect to the proportion who had been on probation or in prison; 55 per cent of the

current husbands in the Care group, but only 13 per cent of the comparison group.

TABLE 3.6
CHARACTERISTICS AND BACKGROUND OF CURRENT COHABITEES

	<u>IN-CARE</u>	<u>COMPARISON</u>	<u>STATISTICAL SIGNIFICANCE</u>
	N = 14-18	N = 35-38	Exact probability
	%	%	
Current Psychiatric disorder	58	18	0.003
Any convictions	85	51	0.01
Ever in prison or on probation	55	13	0.001
<u>Background</u>			
Sib group of 4 or more	78	64	NS
Semi/unskilled social class	40	37	NS
In-care or analogous experience*	31	11	NS
Separations from parents through discord-rejection	20	11	NS
			<u>X² df p</u>
Hard or harsh discipline by either parent	53	19	4.34 1 <0.05
Parental marital discord	50	19	3.28 1 NS
<u>Parental Deviance</u>			<u>Exact probability</u>
Father psychiatric or drink problems	33	8	0.04
Father with criminal record	20	6	NS
Mother with psychiatric or drink problems	19	31	NS

* This category includes long institutionalization which may have involved being In Care.

The comparison of social background and childhood adversities for the husbands shows many similarities to the comparison between the mothers - thus the two groups of men were similar in social background but there were consistent differences in in-care experiences, harsh discipline, parental discord and paternal deviance and criminality. These data should be treated with caution, since the number of in-care husbands in the analysis was small, due to high proportions of single-parent families and the lower interviewing success rates. Nevertheless, the consistency in the differences for both mothers and their husbands is noteworthy.

(vii) Overview of Parents Childhood Experiences

It is clear from these findings that the childhood experiences of the parents in the in-care group differed sharply from those of parents in the comparison group. The In-care group mothers and fathers were somewhat more likely to have had parents who had shown deviance or disorder themselves; they were much more likely to have experienced serious adversities in early childhood; they were much more likely to have suffered seriously strained family relationships in the early teenage years; twice as many left home early in the later teenage years, often becoming pregnant or marrying to escape family tensions; and far more married (or cohabited with) men from a similarly disadvantaged background who showed deviance or disorder themselves. It is not difficult to create a coherent story linking this unhappy string of adversities and stressful experiences. Indeed, it is scarcely surprising that with this background of deprivation, disadvantage, and discordant relationships that the women grew up to experience difficulties in parenting their own children.

However, the threads tying these variables together are more difficult to unravel. On the one hand, the marked overlaps over a wide range of past adversities and current personal and social handicaps in the in-care families, means that explanations of parenting problems solely in terms of current social disadvantage are likely to be inadequate. On the other hand, two features of the findings suggest that explanations for continuities solely in terms of 'deviant personality development' are also unsatisfactory. Firstly, although all manner of childhood adversities were more frequent in the in-care group, they were also surprisingly common in the comparison sample. The question therefore arises as to why the latter did not suffer parenting breakdown* or show current handling difficulties as assessed from the interview measures, to anything like the same extent. Was it simply because they experienced less adversity overall or was it that they had experienced important protective factors? Secondly, the in-care families were currently living in circumstances that were socially and materially much less satisfactory than those in the comparison group. This observation raised the question of the extent to which childhood adversities were important not primarily because they predisposed to a deviant or handicapped personality development, but rather because they made it more likely that, as adults, individuals would be living in seriously disadvantaged circumstances.

The remainder of this chapter will discuss the extent of the continuity in parenting and in associated family problems when viewed retrospectively, and attempt to disentangle some of the social and psychological threads tying these problems together across generations.

* Only one family was excluded from the Comparison group because a child had been In-Care.

II. INTERGENERATIONAL CONTINUITIES IN PARENTING PROBLEMS

(i) Introduction

The analysis of the current adjustment and circumstances of the two groups showed that the in-care families were characterised as much by a complex of family, psychiatric and environmental difficulties as by parenting difficulties as such (chapter 2). There was, however, a clear excess of current parenting problems, in both control and responsiveness for the mothers in the care group. They were characterised by more current handling difficulties and by a range of family problems associated with recurrent parenting breakdown. Although limitations in parenting skills are likely to be involved in breakdown, and although particular problems are likely to be associated with current adverse parenting contexts, it is helpful to keep parenting breakdown and handling problems distinct when considering intergenerational continuities. In examining the transmission of parenting problems in the In-Care sample, in practice we are examining the transmission of a wide range of family difficulties. For example, the backgrounds of the in-care parents were characterised as much by difficulties between their parents as by behaviours directed at the children. Although parenting skills themselves are almost certainly affected by childhood experiences, the extent of difficulties manifest in adult life may be determined as much by the overlap of concurrent personal and social disadvantages as by these early adversities. The contribution of current stresses to handling problems is discussed below.

The central questions with respect to the transmission of parenting problems are therefore: firstly, the extent to which parenting breakdown was associated with early family adversities; secondly, the mechanisms involved in continuity and discontinuity; thirdly, the extent to which current handling problems were related to childhood stresses; and

fourthly, the role of current family and environmental hardships in perpetuating or attenuating difficulties.

(ii) Early Experiences and Parenting Breakdown

In considering the relationship between early adversities and parenting breakdown, it is necessary to take into account the backgrounds of both mothers and fathers. This is because it is not only the transmission of parenting problems that is being considered, but also the family environments in which parents, especially mothers, are operating. The role of fathers and husbands in both these aspects of transmission is considered later.

For the analyses of intergenerational continuities with respect to parenting breakdown, the information on fathers refers to the current cohabitee (where there was one), but, where there was no spouse at the time of interview, information on the previous cohabitee has been used. In all cases, ratings apply to only one 'father' in each family. Information was available on 27 fathers in the in-care group and 39 fathers in the comparison group. No firm conclusions can be drawn about the families where information is lacking, but there are reasons for assuming that the rates of childhood adversities were at least as high as in the families where information was available on both parents. Firstly, the missing information was predominantly amongst the In-Care group husbands. The first cohabitees of the mothers in this group are known to have higher rates of earlier adversity or teenage problems than the comparison group, and this applies particularly to those cases in which information on the current or most recent cohabitee is missing. Secondly, among those cohabitees for whom information existed, the rates of early adversity were much higher amongst the cases than amongst the comparison husbands. It is known that people not successfully contacted in surveys generally have higher rates of

various problems than those who participate (Cox et al, 1977); it is likely that the fathers not contacted had more problems than those included in this analysis. The background variables used in this comparison are those that singly most strongly distinguish the two groups. Early adversity was rated as present if there were at least two adversities before the age of 16 involving admissions to care, harsh parenting, parental marital discord (including separations), and parental deviance or psychiatric disorder.

TABLE 3.7

CHILDHOOD ADVERSITIES IN MOTHERS AND FATHERS

	<u>IN-CARE</u>	<u>COMPARISON</u>	<u>RESIDUALS</u>
	N = 27	N = 39	
	%	%	
Neither parent	11 (3)	59 (23)	3.91
Mother only	33 (9)	15 (6)	-1.71
Father only	22 (6)	21 (8)	-0.12
Both	33 (9)	5 (2)	-3.02

$$\chi^2 = 19.18, 3 \text{ df}, p < 0.01$$

The findings for those families for whom information was available are presented in Table 3.7*. Four conclusions can be drawn from these data; firstly, as already noted with Table 3.3, a surprisingly high proportion of comparison group parents had experienced childhood

*Footnote:

The contribution of each cell to the overall significance may be assessed by examining the adjusted residuals. These may be compared with the standard normal deviate, i.e., <1.96 for the 5% level of significance (see Everitt, 1977).

adversities - in two-fifths of families one or both parents had experienced two or more of these childhood stresses. It is thus apparent that despite quite serious adversities in childhood, individuals can become ordinarily well-functioning adults, or at the very least be in no danger of having a child admitted to care. Secondly, the differences between the two groups are most striking with respect to childhood adversities in both parents. Thirdly, in cases when only one parent had suffered childhood adversity, the difference between the in-care group families and the comparison group appeared to apply to mothers only. Finally, there were only three in-care group families in which neither parent had experienced two or more of the defined childhood adversities. Even in these cases it is apparent that their childhoods contained definite hardships. Details of these families and of the 'no adversity' families in the comparison group are given in appendix B. It is clear that in terms of the familial antecedents of parenting breakdown intergenerational continuity, looking backwards was virtually complete.*

III. PROCESSES OF TRANSMISSION

(i) Relative Importance of Parental Deviance and Adverse Childhood Experiences

Both parental deviance and adverse experiences have been shown to be more common during the childhoods of the mothers in the in-care group. Not surprisingly, these two background variables tend to be associated, and the biggest differences between the two groups concerned mothers who experienced both.** Thus, three times as many of the In-care

*This conclusion requires that comparable rates of maternal adversity were also found in those in-care cases omitted from the analysis because no data were available on husbands. This information is given in appendix C. It is clear that these mothers also suffered considerable childhood stresses.

**For this analysis early adversity was rated as present if any one of in-care, hard or harsh parenting, parental marital discord and separations occurred before the age of 16. Parental deviance was defined as treated psychiatric disorder, alcoholism or conviction for indictable offences, in either parent.

mothers had both parental deviance and adverse family experiences, and three times as many comparison mothers had neither background factor.

TABLE 3.8

ADVERSITY AND PARENTAL DEVIANCE IN MOTHERS' FAMILY BACKGROUND

	<u>IN-CARE</u>	<u>COMPARISONS</u>	<u>RESIDUALS</u>
	N = 41	N = 42	
	%	%	
Neither factor	15 (6)	52 (22)	3.64
Early adversity only	37 (15)	14 (6)	-2.34
Parental deviance only	5 (2)	21 (9)	2.22
Both	44 (18)	12 (5)	-3.26

$$\chi^2 = 24.79, 3 \text{ df}, p < 0.001$$

The relative importance of these two factors can be examined by considering the cases where there was only one of the two adverse features. It was striking that the comparison mothers recalled parental deviance or disorder on its own significantly more frequently. It was only the adverse experiences such as reception into care, family discord or disruption or harsh parenting that were much more common in the In-Care group.

It may be concluded that it was not a family history of parental criminality, alcoholism or psychiatric disorder as such that directly put the mother at risk for later parenting breakdown, rather it was the personal experiences of a disruptive or stressful kind. It seems that such parental deviance was important largely because it greatly increased the likelihood of these adverse experiences; but when it did not do so, it did not substantially increase the risk of parenting breakdown. These findings make

a purely genetic explanation for the links between childhood experiences and major parenting problems unlikely, although they do not mean that hereditary factors are unimportant. Cross-fostering studies suggest that the main way in which some hereditary influences may work is to make individuals more susceptible to stresses of various kinds (Hutchings and Mednick, 1974; Crowe, 1974). These factors in part determine who is likely to succumb to environmental stresses, but it is largely the environmental factors that determine whether genetically-based problems will be manifested or not. The findings from the present study also suggest that it is the personal experiences that are more directly important than the family history of parental deviance in determining later problems.

(ii) The Role of Teenage Difficulties

It has been shown that the rates of both early adversities and problems during the early teenage years are much higher in the In Care group. The question therefore arises whether this provides evidence that continuities are due to disturbed personality development.

TABLE 3.9
FREQUENCY OF TEENAGE PROBLEMS

	<u>IN-CARE</u>	<u>COMPARISON</u>	<u>RESIDUALS</u>
	% (n)	% (n)	
Neither problem	9 (4)	58 (25)	4.73
School problems only	29 (12)	26 (11)	-0.31
Poor relationships with parents only	19 (8)	9 (4)	-1.29
Both problems	43 (18)	7 (3)	-3.83

$$\chi^2 = 27.29, 3 \text{ df}, p < 0.001$$

The teenage difficulties considered here involved marked unhappiness at school, persistent truancy from before the final year and

markedly negative relationships with one or both parents. As table 3.9 shows, only 9 per cent of the In-Care group mothers were free of any of these problems compared with nearly three-fifths of the Comparison group. School problems on their own occurred at a similar rate in both groups and seemed of little importance in leading to parenting breakdown. The differences were greatest with respect to problems both at home and at school. These were experienced by 43 per cent of the In-Care sample but only 7 per cent of the Comparison group.

It was rare for teenage problems involving poor relationships with parents to occur in the absence of some early family discord or disruption (defined by admission into care, hard or harsh parenting, parental marital discord, or separations through discord or rejection). Thus, 71 per cent of the comparison sample with such teenage problems had experienced one or more early adversity compared with 22 per cent without such problems. Similarly, amongst the In-Care group, 92 per cent with relationship difficulties with parents had one or more adversities before their teenage years compared with 56 per cent without such difficulties. However, the question remains whether there was an association between childhood adversities and parenting breakdown that was not mediated through marked teenage problems. This is examined in table 3.10.

TABLE 3.10
EARLY ADVERSITIES AND TEENAGE PROBLEMS OF MOTHERS

	<u>IN-CARE</u>	<u>COMPARISON</u>	<u>RESIDUALS</u>
	% (n)	% (n)	
Neither problem	22 (9)	67 (29)	4.19
Early adversity only	22 (9)	7 (3)	-1.96
Teenage Problems only	20 (8)	19 (8)	-0.11
Both problems	37 (15)	7 (3)	-3.31

$$X^2 = 21.49, 3 \text{ df}, p < 0.001$$

For this analysis marked teenage problems were rated as present if there were two or more teenage difficulties involving marked unhappiness at school, persistent truancy and discord with parents. Early adversities were rated as for the analysis in table 3.7, but excluding problems occurring only during the secondary school years. The biggest differences between the two groups lay in the proportion with both problems or without either. However, when early adversities or teenage problems occurred on their own a statistically significant difference between the groups was present only with respect to early adversities. This suggests that isolated teenage problems, such as these, are of little importance per se as a precursor of later parenting breakdown, and that adverse experiences in childhood may be associated with marked parenting problems even when there are no overt behavioural or emotional problems during adolescence itself. Continuity in parenting difficulties can not therefore be explained simply by measurable direct effects on personality development. However, necessarily this suggestion must be somewhat tentative in the absence of systematic contemporaneous measures of behaviour obtained during adolescence. The

issue is reconsidered in the prospective study in which such data were available (see chapters 8 and 9).

(iii) The Role of Fathers and Husbands

As discussed above, when background adversities in only one parent were considered, a difference between the two groups occurred only with mothers. It seems likely, therefore, that the background and functioning of the mother are more important when parenting breakdown is being considered. However, this does not mean that mothers are more affected by childhood experiences than fathers, or that the latter are unimportant in the transmission of severe parenting problems. In the first place, the In-Care group husbands also had much increased rates of early adversity and of current deviance. In the second place, it has been shown that an excess of deviance or disorder in the parents of both mothers and fathers in these samples occurs only amongst their own fathers. Finally, the effects of deviance have been shown to operate primarily through the associated family discord and disruption. Taken together, these findings suggest firstly that although parenting breakdown is closely related to the mother's ability to cope, this greater maternal vulnerability to stress may be determined to a considerable extent by childhood disruptions in which their fathers play a key part, and secondly that when deviance or disorder in husbands form part of the context in which deprived mothers are parenting, the likelihood of breakdown is considerably increased.

Interestingly, the available data showed few differences between the In-Care and Comparison group fathers in current parenting techniques and skills (chapter 2). It seems likely that this is due to the much more restricted repertoire of parenting skills that men are called upon to deploy with younger children, rather than to a lack of a connection between childhood adversities and parenting in men.

(iv) Housing Problems

The In-Care group families were much more likely than the Comparison group to be living in poorer housing as evidenced by lack of basic facilities, major structural defects or the need for children to share beds or to share a bedroom with parents. Nearly half had major problems of these sorts compared with 7 per cent of the Comparison group (chapter 2). The question therefore arises whether the continuities between early adversities and parenting breakdown operate only through links with current disadvantages.

This issue can be examined by fitting linear logistic models to early adversities using the criterion of group selection (i.e., In-care or Comparison group) as the independent variable with current circumstances as intervening variables (table 3.11). Although this procedure appears to approach things from the wrong direction - that is predicting an antecedent factor from its outcome - it has been shown to be a legitimate technique because of the properties of the cross-product ratio (see Fienberg, 1977). We can therefore ask whether the intervening variables are significantly related to early adversities and then whether links between early adversities and outcome remain when the adverse current circumstances are taken into account. For this analysis early adversities were defined as for table 3.7. The intervening variables were housing, as defined above, and marital circumstances. These were rated as unsatisfactory if the women was a single parent or had a spouse with current criminality or psychiatric disorder, and as satisfactory otherwise.

TABLE 3.11
GROUP SELECTION, CURRENT DISADVANTAGES AND EARLY ADVERSITY
LINEAR LOGISTIC ANALYSIS

<u>Model Fitted</u>	<u>Scaled Deviance</u>	<u>d.f.</u>	<u>p</u>	<u>Reduction in Deviance</u>	<u>d.f.</u>	<u>p</u>
Initial model constant	22.95	7	0.001			
1. Marital circumstances only	14.84	6	0.05	8.14	1	0.01
2. Housing problems only	17.13	6	0.01	5.85	1	0.02
3. Group selection only	5.66	6	NS	17.32	1	0.001
4. Marital + housing	9.72	5	NS	13.16	1	0.001
5. Group + marital + housing	2.37	4	NS	20.61	3	0.001
Difference between models 3 and 5				3.29	2	NS
Difference between models 4 and 5				7.35	1	0.01

The results of this analysis are clear cut. The best fit to the data is provided by a simple additive model which includes both the group selection criterion and current disadvantages. The models fitting these variables singly all provide significant reduction in scaled deviance which suggests that each is related to early adversities. However, the fit of the group selection criterion is the only one that on its own reduces the deviance to a non-significant level. On the other hand, the simple additive model including both current circumstances only, has a similar effect. We may judge the relative importance of these influences by noting that the

addition of the group criterion to this model produces a further significant reduction in deviance whereas the addition of housing and marital circumstances to the effect of group selection does not.

We can conclude from this analysis that more disadvantaged current circumstances are related to adversities in childhood but that these links are insufficient to explain the association between such adversities and parenting breakdown. Although these simple additive models fit the data well, the question of interactions between early adversities and later circumstances must remain open because of the small numbers and the range and definition of indicators used.

(v) Psychiatric Disorders

The above analyses suggest that current disadvantages are important mediating variables in the links between early adversities and parenting breakdown but they do not provide any evidence concerning the processes which lead from the one to the other, nor on the nature of their current impact. The differences between the two samples on a history of major psychiatric problems and on current disorders is very striking and it seems likely that this is one important linking factor. Unfortunately, the overlap of psychiatric disorder and other problems in the In-care sample was so great and the rate of disorder so high as to preclude examination of the issue in this part of the study.

IV. CURRENT HANDLING PROBLEMS

The above analyses have been confined to a discussion of the antecedents of parenting breakdown. This was necessary both because multiple breakdown is likely to be a better indicator of parenting difficulties than a one-off interview assessment and because data from the prospective study suggest that the antecedents and correlates of current moderate handling problems may be different from those for more severe parenting

difficulties (see chapters 8 and 9). However, it is possible to make a preliminary analysis of the contribution of current circumstances to day-to-day handling problems. Because of the marked difference in the frequency and severity of current problems between the two samples, these analyses are necessarily restricted to within-group comparisons.

(i) In Care Mothers

Since virtually all the In-Care mothers had suffered marked early adversities, the question of the independent effect of current circumstances is redundant. Nevertheless, the effects of housing problems and/or lack of marital support as defined above on current handling can be considered against the background of adverse childhoods. Current handling problems were rated as present if the mother had two or more problems in the areas of control and/or responsiveness. These data are presented in Table 3.12.

TABLE 3.12

HOUSING PROBLEMS, MARITAL SUPPORT AND HANDLING PROBLEMS
(In Care Mothers)

	<u>HANDLING PROBLEMS</u>		<u>RESIDUALS</u>
	%	N	
Neither adversity	33	(6)	2.50
Lack of marital support only	64	(14)	1.08
Poor Housing only	100	(3)	-1.05
Both problems	94	(16)	-2.31

$$\chi^2 = 10.25, 3 \text{ df}, p < 0.05.$$

A number of points can be made about this table. Firstly, only 15 per cent of mothers were free of both adversities. Secondly, the presence of one or both current adversities significantly increases the risk

of current handling problems. Thirdly, housing problems seldom occurred on their own, but where they did so there is a suggestion that they also increased the risk of handling difficulties. Finally, the most frequent adversities were those that involved lack of marital support, but the overlap of these with housing disadvantage provided the largest single category. These data illustrate the difficulty of isolating the independent effects of problems such as housing in multiply disadvantaged groups. Although it was not possible to examine the unique contribution of housing problems to marital difficulties, the existence of a substantial group with marital problems but without housing disadvantages suggests that the presence of housing problems is not the primary reason for lack of marital support.

It is clear that the multiplicity of difficulties in the In-Care families makes it impossible to tease out the factors influencing current handling problems. The next section examines some of these questions for the comparison mothers, a group for whom the overlap of adversities was less.

(ii) Comparison Group Mothers

The data on the comparison mothers showed that quite severe early adversities did not usually lead to parenting breakdown, but it remains to be demonstrated that this attenuation of influences is also true of day to day handling problems.

When the strict definition of adversities applied in earlier analyses was used there was no association with current handling problems. Thus 19 per cent of mothers without handling problems have experienced such adversities compared with 18 per cent with handling difficulties. It therefore remains to be seen whether the parenting problems in this group can be explained by current disadvantages.

Because the comparison group were better housed the impacts of current circumstances had to be examined using a less severe definition of housing difficulties than that used for the In-Care sample. In this case 'Housing Problems' was used as an indicator of disadvantaged living conditions and was rated as present if the family had any of the following: major structural problems, children sharing a bed, lack of a kitchen, bathroom or toilet or more than 1.5 persons per room. Poor circumstances were also rated if the family had two of the following: some overcrowding (1.1 - 1.4 persons per room), lack of washing machine and lack of telephone. The definitions of marital problems and handling difficulties are as for the In-Care mothers. It was clear that current housing disadvantage was significantly related to parenting problems. Thus mothers in poorer housing were twice as likely to have current handling problems (64% vs 28%, $\chi^2 = 3.90$, 1 d.f., $p < 0.05$). However, we cannot conclude from this finding that housing itself was necessarily responsible for this relationship. The data on the In-Care group showed a strong association between housing and marital problems. Table 3.13 presents a similar analysis for the comparison group using the less strict definition of housing problems.

TABLE 3.13

HOUSING DIFFICULTIES, MARITAL SUPPORT AND HANDLING PROBLEMS
(Comparison Mothers)

	<u>HANDLING PROBLEMS</u>		<u>RESIDUALS</u>
	%	(n)	
Neither adversity	27	(15)	1.05
Lack of support only	21	(14)	1.49
Poor housing only	25	(4)	0.53
Both problems	80	(10)	-3.20

$$\chi^2 = 7.340, 3df, p, NS$$

Both versus the rest $\chi^2 7.58, 1 df, p < 0.01$

Table 3.13 suggests that, as in the In-Care group, poorer housing was strongly associated with lack of marital support and occurred on its own in only 9 per cent of cases. As with the In-Care mothers, the presence of additional current stresses significantly increased the risk of handling problems only when both stresses occurred together. Current housing problems when occurring singly appeared to have no effect on parenting. The differences in patterns of association within the two groups when either factor occurs on its own may be due merely to random variations but may also be due both to the lower level of housing stress considered for the comparison sample or to the association in the In-Care group between housing and other unconsidered risk factors. In addition, it should be remembered that the 'lack of marital support' group amongst the In-Care mothers included a higher proportion of single parents. Finally it may be that the more stable childhoods of the comparison mothers made their parenting less vulnerable to the effects of marital problems. However, it is clear that poorer housing is related to a lack of marital support in both samples and that the conjunction of such circumstances markedly increases the risk of current handling problems. Since marital problems commonly occur in both groups in the absence of housing difficulties, housing problems seem unlikely to be the primary reason for most marital difficulties.

Finally, it is also possible to examine the links between early adversities, current stresses and handling problems in the Comparison group, using lack of marital support as the current stress. Early adversity was rated as present if any one of the indicators of early family disruption was present, i.e., admission into care, separation through discord, marital discord or hard or harsh parenting before the age of 16.

TABLE 3.14

EARLY ADVERSITY, MARITAL SUPPORT AND HANDLING PROBLEMS
(Comparison mothers)

<u>EARLY ADVERSITY/ MARITAL SUPPORT</u>	<u>HANDLING PROBLEMS</u>	
	%	(n)
Neither factor	31	(13)
Early adversity only	0	(6)
Lack of support	40	(15)
Both	78	(9)

$X^2 = 4.07$ with 3 d.f., NS

Table 3.14 suggests that although one third of mothers with satisfactory childhoods and good current marriages had some current handling problems, lack of marital support seemed to increase the likelihood of parenting difficulties. Lack of marital support was as common for mothers without early adversities as it was for those with such problems. Interestingly, in the few cases where mothers with adverse childhoods were currently in satisfactory marriages there were no parenting problems. The rates of handling problems seemed most markedly increased when current stresses were associated with early adversities. The numbers are too few to allow formal statistical appraisal of these findings and accordingly they should be treated with extreme caution. Nevertheless, the data suggest that stable childhoods may provide mothers with more capacity to cope under stress and conversely that the adverse effects of moderate early family problems are principally manifest when these lead to or are associated with disadvantageous circumstances. It is not known whether the same is true for multiple early adversities. The stresses caused by poverty and poor

circumstances are amenable to amelioration through appropriate social policies, but the stresses caused by marital problems may be more intractable.

V. DISCUSSION

The data presented in this chapter clearly demonstrate a very strong link between multiple parenting breakdown and markedly disrupted family experiences in childhood. In other words, such breakdowns seldom occur in response to current disadvantages alone. On the other hand, the comparison group data show that quite severe early adversities seldom lead directly to parenting problems of this kind. We must therefore conclude that when continuities do occur they are mediated by some additional linking mechanisms. Two models for these links have been proposed. On the one hand, continuities have been held to occur through the effects of early disruption on personality development and coping abilities; on the other hand, it has been argued that continuities occur primarily through the transmission of material disadvantage, and therefore that disadvantage is a prime cause of family disruption. The findings presented here show that continuities cannot be explained by either model to the exclusion of the other. Firstly, the two groups of parents differ primarily in terms of the experience of early disruption and not in family structure or material disadvantage in childhood. But, secondly, the groups are currently distinguished both by family discord and disruption and by much greater material hardship. The data suggest that current parenting problems are related to this hardship but also that parenting breakdown is strongly associated with marked psychiatric problems in one or both parents and with marital difficulties. It seems likely, therefore, that in terms of parenting breakdown the current overlap of multiple personal and material adversities

is important. Parenting resources must be considered in terms of such variables as the time available; the person's own emotional state; the presence of other life stresses and problems; the qualities of the spouse; the extent to which child rearing is shared; the existence of other satisfactions and achievements apart from parenting (or in a job outside the home); the availability of adequate social supports; and housing conditions. In this study, the frequent lack of resources in all these areas for the In-Care mothers made it impossible satisfactorily to assess the relative contribution of these factors to parenting breakdown and to handling problems.

The features of life histories that link early family disruption with current problems are clear. They involved emotional and behavioural disturbance in childhood, unhappy family and school experiences in the early teens, leaving home for negative reasons, early pregnancies, more deviant spouses, marital breakdown and large families. Lack of marital support seems to be a key factor in the continuity of family problems, probably because it helps to perpetuate earlier psychological problems and hinder the development of parenting skills and satisfactory parent child relationships. This may also be true of early pregnancy but this could not be determined from these data. The effects of a conjunction between early adversities and current stress or lack of support is also apparent for the comparison mothers. These data on both samples suggest that early disruption may increase vulnerability to current stresses with a consequent effect upon parenting. However, we cannot conclude that early adversities affect current functioning only when this combination occurs. The much more severe early adversities experienced by the In-Care parents may have a continuing effect on current functioning in the absence of stressful experiences, but the high frequency of all problems in this sample did not allow examination of this possibility. Finally, we could not determine the

extent to which the continuities in the In-Care sample were due to chance rather than to a persisting lack of resources or to structural or personal factors leading to deviant mate selection. These questions are examined further in the prospective study.

PART III:
THE PROSPECTIVE STUDY
FOLLOW-UP OF WOMEN FROM TWO
GROUP COTTAGE CHILDREN'S HOMES

CHAPTER 4
THE PROSPECTIVE STUDY
SAMPLING, TRACING AND DATA COLLECTION

Purpose

The purpose of the prospective study was to examine the extent to which the experience of poor parenting in childhood leads to parenting difficulties in the same individuals when adult and the processes mediating continuity and discontinuity.

The study by King et al (1971) on which the follow-up is based was particularly suitable for this purpose because it provided a epidemiologically based sample of inner London children experiencing one form of long-term substitute care; because the quality of care had been systematically evaluated; and because behavioural data (the Rutter 'A' and 'B' scales) were available on the great majority of children during their time in care. Details of the children's homes are given in chapter 5.

I. SAMPLING

The follow-up samples from the two Homes were defined as all children coded as 'white' on the record sheets from the original study (King et al, 1971) who were aged between 21 and 27 years on January 1, 1978 and for whom Rutter 'B' Scales had been completed by their schools. The age criterion was applied in the hope of obtaining a high proportion of subjects with young children. Selection was further restricted to those with 'B' Scales because of the importance of this independent measure of functioning during the childrens' time in care. However, in order to increase the sample of sibling pairs in the study, the sibs of those chosen on the main selection criteria but for whom 'B' scales were missing were also included. The totals in care and the totals selected are given in Table 4.1.

TABLE 4.1.
SAMPLING FROM CHILDREN'S HOMES

	Total in age group	Total with B scale	Selected because sib	Total selected
HOME 'A'	47	42	2	44
HOME 'B'	56	37	12	49

The comparison group of 51 comprised a quasi-random general population sample of young women of the same age, never admitted into care, living in childhood with their families in inner London, and whose behaviour at school was assessed at approximately the same age by means of the same questionnaire. The group was originally studied because it constituted the control group in a study of the children of parents with some form of psychiatric disorder (Rutter and Quinton, 1981). This sample was similarly followed to age 21 -27 years using assessments identical to those used for the ex-care sample. The sample departs from a truly random sample only insofar as it is restricted to children in the same school classes as the children of mentally ill parents. The available data show that this introduced no relevant distortions or biases.

II. TRACING

The follow-up study of the institutionalised children presented major problems in tracing. Only a minority of children returned home to their parents for any length of time, and for those who did so relationships were often very poor. As a consequence, in many cases even when parents could be traced, they did not know the current whereabouts of their children.

Initially it had been hoped to make extensive use of social service records as a tracing source but in general these did not prove to be very useful. In the first place between three and fifteen years had elapsed since the children's final discharge from care so that existing addresses were quite out of date. Secondly, a substantial proportion of case notes were missing or could not be found. Thirdly, of the ten boroughs holding case files, five boroughs waited over one year from the beginning of the study before agreeing to allow access to the notes. Fourthly, two boroughs decided to allow the notes to be seen only with the written permission of the subjects we wished to contact. In virtually all cases, once contacted, the subjects freely gave permission but, of course, this procedure meant that the notes were of no use for tracing purposes.

In the early stages some contacts were made using last known address from the social services notes and others were provided by current or past staff from the children's homes to whom we sent lists of the children in our samples. However, the single most useful tracing source was the National Health Service Central Register, the Local Family Practitioner Committee (FPC) and the subjects' General Practitioners. The procedure used was for the Central Register to provide details of the local FPC areas in which the subjects were last known to have been registered. The FPC's were then contacted for the names and addresses of General Practitioners; finally, the doctors were asked if they would help us get in touch with the subjects either by forwarding a letter or by providing us with their names and addresses. These techniques proved very successful for tracing both cases and the comparison sample so that approximately 70 per cent of each group was located by these means.

Interviews were conducted both with the subjects and with their current spouses. The success rates are given in table 4.2. In all, 91% of

female ex-care subjects were traced and all of these were interviewed. The tracing losses for female controls were somewhat higher but 89% of those traced were also interviewed, giving an overall success rate of 80%.

TABLE 4.2.
INTERVIEW RATES

	<u>Home 'A'</u> (N= 44) %	<u>Home 'B'</u> (N= 49) %	<u>Total</u> (N= 93) %	<u>Comparison Group</u> (N= 51) %
Traced	89	98	91	90
Interviewed	88 ^a	94 ^a	91 ^a	80
% Interviewed of those traced	100 ^a	100 ^a	100	89
Spouses Interviewed	45 ^b	75	63	73

a) *Four* dead subjects (one from Home 'A' and four from Home 'B') not included in calculation.

b) Two husbands were in Australia.

III. THE INTERVIEW

The interview used in the prospective study was developed from the Retrospective study schedule during a six-month piloting period. The interviewing undertaken by the author, one full-time and three part-time interviewers.

The assessments of current family relationships and social functioning followed the measures developed in *1971* -- earlier studies and new interviewers were trained to satisfactory levels of agreement with the author. In addition two major new areas of the interview were developed to cover features of individual life history and parenting. Insofar as these

areas contained codings of expressed emotion, training to satisfactory agreement was conducted by the author. The remainder of the life history and parenting sections focussed on obtaining a detailed and event oriented account of what had happened to the subjects, and on how they handled their children.

Because of pressure of time and because two of the interviewers were employed for only one year, no formal tests of inter-rater reliability were possible on these new interview sections. As an alternative, comparability of rating standards and thresholds were monitored in two ways. Firstly weekly team meetings were held in which rating problems were discussed and agreed interpretations of the rating notes made. Secondly extensive cross-checking of each other's interviews was carried out. Thus, prior to the transfer of interview data to computer coding sheets the interview was read and checked by another team member who raised queries about problematic codings or the evidence upon which ratings were based. The final transfer of data for the computer always involved one of the two senior interviewers as the checker.

IV. SOCIAL SERVICES CASE NOTES

Social Service case notes were available for about half of the originally selected sample*. The abstracting of data from social services case files was undertaken by all team members. Despite the fact that such

Footnote *

The prospective study included a parallel follow-up of men. In the analyses of current functioning and of recall which follow data from both studies are used to increase the sample size. Case notes were available on 107 of the full sample of 217.

records included a number of statutory record forms concerning the child's reception into care and his or her subsequent progress and history, systematic evaluations of any aspects of family life and circumstances were lacking. The records provide some indication of the most pressing justification for reception but not necessarily of other adverse features of the parents such as psychiatric problems or criminality. As a result, the piecing together of the child's in-care history, the reasons for admission and subsequent history and adjustment was a laborious task. Interviewers generally dictated key features of the child's life from the notes, paying particular attention to evidence of family discord, psychiatric or criminal history, neglect or abuse, poor circumstances and the adjustment of the child. In abstracting case note data and arranging subsequent interviewing care was taken that wherever possible the interviewer was blind to the contents of the case files.

A number of important areas could not be determined from the notes. For example, there were no consistent data on parental visiting; changes of cottage within the homes were not systematically logged, and there were no records of changes of houseparents. Finally, no records appear to have been kept in these notes of the children's educational progress or their emotional or behavioural development. Such assessments only appear when a child was referred to psychological services for assessment because of problems of one sort or another. The notes did contain painstaking and conscientious hand written accounts of Child Care Officers of their contacts with the families but these were of limited use in assessing the lives and progress of the children. For all these reasons the comparisons between subjects recall of their childhoods and the official records presented below should be treated with caution, especially in concluding that discrepancies are due to errors in recall.

V. THE VALIDITY OF INTERVIEW DATA

Evidence for the validity of the assessments of current circumstances and functioning has been presented in previous studies (Brown and Rutter, 1966; Quinton et al, 1976; Rutter and Brown, 1966), and data concerning the validity of the parenting assessments is presented in chapter 7. Here the principal concern is with the problems of validity for the long term recall of life history events. But first two further analyses are presented concerning the validity of the ratings of current functioning.

(i) Agreement between Self Ratings of Malaise and Psychiatric Assessments

All subjects were asked to complete a short 24 item questionnaire before being questioned on current psychiatric symptomatology. This 'Malaise' Inventory has been shown to be an effective screening instrument in identifying adults with symptoms of anxiety or depression (Rutter et al, 1970). A comparison between the self-ratings and the interview assessments of current handicapping psychiatric problems is given in table 4.3.

The agreement between the two measures was generally satisfactory. Seventy-six of those who were rated as having anxious-depressive disorder at interview rated themselves as having similar problems on the questionnaire, but the agreement fell to 50 per cent for those considered predominantly to have personality disorders. This is not surprising since the questionnaire was not designed to identify such problems. Only 4 per cent of subject who rated themselves below the cut-off point were assessed as having anxious/depressed symptoms.

TABLE 4.3.
CURRENT PSYCHIATRIC DISORDER AND SELF-RATINGS OF MALAISE
ALL SUBJECTS

Questionnaire rating	<u>Interview Rating of Disorder</u>			
	<u>No Disorder</u>	<u>Anxious/depressive disorder only</u>	<u>Personality Disorder and Anxious/depressive disorder</u>	<u>Personality Disorder only</u>
No problem	143	3	3	13
Problems	15	7	12	13

Figures are numbers of subjects. Ratings missing on 11 cases.

iv) Agreement between Self Reports of Criminality and Official Records

TABLE 4.4.
OFFICIAL AND SELF-REPORTS OF CRIMINALITY
 ALL SUBJECTS

		<u>Official Report</u>	
		<u>None Known</u>	<u>Criminal Record</u>
Self- Report	No Criminality	145	11
	Criminality	10	50

Figures are numbers of subjects.

% agreement on occurrence = 83%
 % agreement on Official Record = 90%.

Criminal records were provided through the Home Office Research Unit on all subjects. It is therefore possible to compare their own reports of criminal activities with these records. It is evident that agreement was very high (table 4.4). The percentage agreement on the existence of a criminal record was 90 per cent. Moreover, where discrepancies occurred subjects were as likely to report that they had been convicted for an indictable offence when this did not appear in the records, as they were to deny the existence of known offences. It is almost certain that some discrepancies occurred because of problems of matching official records with identifying information on our subjects.

TABLE 4.5.
PERSISTENT CRIMINALITY AND PERSONALITY DISORDER
 ALL SUBJECTS

		<u>Criminal Records</u>	
		<u>None or One Court appearance only</u>	<u>Two or more Court appearances</u>
Personality Disorder Rating	No Disorder	154	16
	Antisocial	3	8
	Other types	25	9

Figures are numbers of subjects

One further methodological issue that could be explored using the official criminal records was the relationship between interview ratings of personality problems and an independent record of behaviour. We may conclude from these data that an interview rating of antisocial personality disorder is strongly supported by official criminal records with 73 per cent of those thus rated have a record of persistent criminality. The frequency of criminal activity was also raised for those with other types of personality problem. On the other hand, only half of the subjects (52%) with more than one court appearance were rated as having this kind of psychiatric disorder.

(iii) The Validity of Long Term Recall

The methodological problems of long term recall have been discussed in chapter 1. The approach to these problems involved encouraging the respondents' recall of their earlier lives by focussing on well defined life history periods bounded by major events determined externally. In principal this meant questioning about and placing events in relation to the subjects' schooling history or changes in institution. For example, they were asked to remember if they first went away before they started school

or later; if their father left home after they went to a particular school or before, etc. The interviewer then tried to build a coherent picture of the subject's life by relating remembered events to each other and to major external happenings in a 'before or after' fashion. Most of the ex-care subjects became very involved in this task since this was often the first time they had ever had the opportunity to put together memories of their lives in a coherent fashion. In addition to this temporal placing techniques, the problems of distorted recall were confronted by concentrating on major events or severe disturbances in the children's lives, with regard to relationships the focus was on clearly positive or negative features distinguished both the intensity and persistence in time together with recall of specific characteristics or happenings.

In considering the problems that arise from problems of recall it is important to distinguish between inaccuracies and systematic biases since only the latter may lead to false conclusions concerning the relationship between earlier events and later outcome. Random inaccuracies in recall may lead to false negative conclusions that there are no associations when in reality such associations exist; that is the failure to detect processes intervening between childhood experiences and later functioning. The possibility of false positive conclusions (i.e., the creation of associations through systematic bias when in reality no such associations exist) is a more serious problem in investigating the factors involved in transmission.

(iv) Agreement on Early Experience between Interview Reports and Official Records

Because of the limitations of social services notes mentioned earlier, no conclusive checks on the accuracy of long term recall or reporting are possible. Nevertheless, it is instructive to compare the subjects' account of a number of key variables with the evidence that could be abstracted from case notes.

The most satisfactory estimates of the accuracy of reporting may be made by examining the extent of agreement between the subjects and the case notes where the latter give positive evidence for the presence of a particular problem. Because the notes were not compiled systematically, no conclusions can be drawn concerning the positive reports by subjects when these items are not mentioned in the records. However, we may have more confidence in the degree of agreement shown when positive case note evidence is presented. As table 4.6. shows, the accuracy of reporting of major family characteristics as assessed on this basis was most satisfactory with respect to maternal psychiatric problems and to marital problems (92% and 86% agreement on positives respectively) but lower with respect to paternal characteristics and parenting features. There appear to be two reasons for this. Firstly, fathers were much less likely to be or remain regularly in contact with their children and were thus much more shadowy figures. Secondly, problems associated with very poor parenting were more often associated with early admission to care, so that the subjects' knowledge relied more on hearsay evidence than on recall. This can be illustrated by examining the levels of agreement according to the child's age at admission to long term care.

As is clear from table 4.7., the proportion of 'correct' reporting of both marital discord or separations and of parenting deficits rises with age at long term admission. Thus the percentage agreement on the definite occurrence of marital problems was only 22% for those admitted under the age of two, compared with 61 per cent for those admitted between age two and five and 73 per cent of those admitted at age five or later. For poor parenting, clear reporting ('recall') only became satisfactory for those in the oldest admission group, where the agreement with the case note evidence agrees 68 per cent.

TABLE 4.6.

FAMILY CHARACTERISTICS PRIOR TO ADMISSION
COMPARISON OF SUBJECTS' REPORTS AND OFFICIAL RECORDS

	Agreed <u>None</u>	Reported in Subject		Agreed <u>Present</u>	Agreement on <u>Occurrence</u> %	Agreement <u>on notes</u> %
		<u>Only</u>	<u>Only</u>			
Maternal Psychiatric	31	13	4	22	72	92
Maternal Criminality	42	6	9	13	63	74
Paternal Psychiatric	39	16	5	10	49	80
Paternal Criminality	32	19	7	12	48	77
Marital Discord/ Separations	9	11	12	37	76	86
Neglect/Abuse/ Bad parenting	22	10	15	23	65	75

Figures are number of subjects.

TABLE 4.7.
OFFICIAL AND REPORTED FAMILY DISCORD AND POOR PARENTING
BY ADMISSION GROUP

	<u>MARITAL DISCORD AND SEPARATIONS</u>									
	<u>Admitted Under</u>		<u>Admitted Age</u>		<u>Admitted Age</u>		<u>Admitted Age</u>			
	<u>Two</u>		<u>2 to 4yrs. 11m.</u>		<u>5 or over</u>		<u>5 or over</u>			
	<u>Reported occurrence</u>		<u>Reported occurrence</u>		<u>Reported occurrence</u>		<u>Reported occurrence</u>			
	<u>None</u>	<u>Definite</u>	<u>None</u>	<u>Definite</u>	<u>None</u>	<u>Possible</u>	<u>Definite</u>	<u>None</u>	<u>Possible</u>	<u>Definite</u>
Official	2	1	3	0	4	3	4	4	3	4
Possible	4	0	0	0	1	0	0	1	0	0
Definite	2	1	3	7	6	5	15	2	5	15
% agreement on definite occurrence	22%		61%		73%					

	<u>POOR PARENTING, NEGLECT, ABUSE</u>									
	<u>Admitted Under</u>		<u>Admitted Age</u>		<u>Admitted Age</u>		<u>Admitted Age</u>			
	<u>Two</u>		<u>2 to 4yrs. 11m.</u>		<u>5 or over</u>		<u>5 or over</u>			
	<u>Reported occurrence</u>		<u>Reported occurrence</u>		<u>Reported occurrence</u>		<u>Reported occurrence</u>			
	<u>None</u>	<u>Definite</u>	<u>None</u>	<u>Definite</u>	<u>None</u>	<u>Possible</u>	<u>Definite</u>	<u>None</u>	<u>Possible</u>	<u>Definite</u>
Official	9	0	6	3	7	1	6	7	1	6
Possible	1	0	1	0	1	0	1	1	0	1
Definite	3	1	6	1	3	2	13	3	2	13
% agreement on definite occurrence	29%		14%		68%					

Finally, the accuracy of reporting of the age at first admission to care and the age at admission to either home 'A' or 'B' can be considered. These data were consistently recorded in the King et al data and also constitute the 'hardest' measure against which to assess reporting.

TABLE 4.8.
REPORTED AND OFFICIAL AGES AT ADMISSION TO CARE

		<u>REPORTED</u>		
		<u>Under 2</u>	<u>2-4.11</u>	<u>5 or over</u>
Official	Under 2	26	15	5
First	2-4.11	9	26	5
Admission	5 or over	0	12	29

28% full agreement, 59% within one year, 77% within two years.

Official admission	Under 2	1	1	0
to Home 'A'	2-4.11	5	27	0
or Home 'B'	5 or over	0	15	82

44% full agreement, 74% within one year, 87% within two years.

(Note the large 5 v. 2-4.11 cell may be due to confusion between age at admission including Homes A/B stay and actual transfer to institution).

It is apparent (table 4.8.) that the accuracy of reports was substantially better for the (later) time of admission to the two children's homes -nearly always the beginning of long term care. Thus the reports of those first admitted under the age of two were correct in only 57 per cent of cases, whereas this rose to 71% for those whose first admissions were at age five or later. Only two children from whom records were available were admitted to home 'A' or 'B' under two years of age. The accuracy of reporting of admissions to the two Homes for those admitted later was substantially better, with those admitted between two and five correct in 82% of cases, and those admitted at five or later correct in 85 per cent.

The extent to which these levels of reporting can be considered as satisfactory depend on the use to be made of the information. Thus 44 per cent of subjects are correct to the year concerning their later admission, 74 per cent are correct to one year and 87 per cent within two years. This final level of reporting is good. If, however, the placing of subjects into groups with respect to a particular age of admission is required - under two for example - reliance on self-reports would not be sufficient.

(v) Agreement Between Sibs

The inconsistencies in the case notes make it difficult to judge the accuracy of those positive reports of family characteristics that were not officially recorded. An alternative way of examining such reports is to compare the accounts of sibs on the same set of variables (table 4.9.). For this analysis all pairs of sibs were included. Thus, for example, a sib group of three provided three pairs. Sibling agreement was better than the agreement between individuals and official records. Percentage agreement on occurrence ranged from 69 per cent for paternal psychiatric disorder to 91 per cent for marital discord and separations. It will be appreciated that these accounts were given to different interviewers who did not exchange information on a subject's reports prior to interviews with other members of the family.

TABLE 4.9.

	<u>Agreed None</u>	<u>One sib only</u>	<u>Agreed present</u>	<u>Agreement present</u> %
Psychiatric disorder: mother	24	14	24	77
Criminality mother	40	9	13	74
Psychiatric disorder: father	30	15	17	69
Criminality father	30	14	18	72
Marital discord/ separation	8	9	43	91
Neglect/abuse/v. poor parenting	24	17	21	71
Contact with parents in care. More than 3 monthly before age 11	32	8	22	85

In that these descriptions are referring to characteristics and events, the great majority of which were experienced at not later than the age of six or seven, the level of agreement is impressive. This does not necessarily provide evidence for the accuracy of recall since such information may have come to the subjects from other sources later in their lives or from discussion between themselves. Nevertheless both the comparisons with official records and the comparison between sib accounts give confidence in the quality or reporting of the major features of the subjects' childhoods.

VI. BIASES IN REPORTING: LONG TERM RECALL

(i) Overlap between Accounts of Relationships

The problems concerning systematic biases in long term recall have been discussed above. Assessing the degree of such bias is more

problematic. In that continuities between early experiences and later adjustment are matters of investigation in this study, it might be expected that poorer current adjustment might be associated with unhappier earlier experiences which are accurately recalled. Evidence for systematic reporting biases can be assessed in these data by considering the extent to which relationships with different groups of persons - for example care staff, sibs and peers - are reported in the same way, or conversely the extent to which subjects differentiate between these relationships in their reporting. These reports both for earlier and later childhood are given in table 4.10a and b.

TABLE 4.10a.

OVERLAP BETWEEN ACCOUNTS OF RELATIONSHIPSRELATIONSHIPS WITH PEERS

<u>Relationships with staff</u>	Years 0 - 11				Years 11 - 16			
	<u>Good</u>	<u>Neutral</u>	<u>Mixed</u>	<u>Poor</u>	<u>Good</u>	<u>Neutral</u>	<u>Mixed</u>	<u>Poor</u>
Good	5	10	1	4	19	13	2	1
Neutral	0	44	1	8	11	22	0	0
Mixed	1	9	2	2	6	6	2	2
Poor	1	23	0	25	3	18	1	9
	Tau (b) = 0.31				Tau (b) = 0.37			

TABLE 4.10b
OVERLAP BETWEEN ACCOUNTS OF RELATIONSHIPS

<u>Relationships with sibs</u>	<u>Years 0 - 11</u>				<u>Years 11 - 16</u>			
	<u>Good</u>	<u>Neutral</u>	<u>Mixed</u>	<u>Poor</u>	<u>Good</u>	<u>Neutral</u>	<u>Mixed</u>	<u>Poor</u>
Good	2	17	0	5	16	13	0	2
Neutral	2	42	0	17	10	32	3	6
Mixed	0	5	2	2	2	2	0	0
Poor	1	15	0	13	6	4	0	4
	Tau (b) = 0.17				Tau (b) = 0.17			

The data show that although there was a tendency for those with the unhappiest experiences to report poor relationships with different categories of people, there was great heterogeneity in the accounts. Moreover, the patterns of reporting vary with the age under consideration. Thus, relationships with sibs, peers and staff were generally seen as worse in the infants and primary school years than in later early adolescence. In summary, the data show that subjects did not tend to report all early relationships in the same way.

(ii) Current Functioning and Accounts of Early Experiences

A further test of possible biases in reporting can be applied by examining the association between current functioning and earlier experiences. Here the question is not whether those currently functioning more poorly reported worse early experiences, but whether they consistently saw the majority of earlier experiences in the same light.

Table 4.11. shows the association between overall psychosocial outcome and reports of relationships with staff and peers in the two main childhood periods. For both these times, subjects with currently poor functioning were more likely to assess their earlier relationships as poor, although this trend became much more pronounced in the teenage years. The proportion of well functioning adults who reported poor relationships with staff in the earlier age period was significantly different from the reports of those currently with problems. The association between psychosocial outcome and the reporting of good relationships was by no means as consistent. Those with good psychosocial outcome were not significantly more likely to report their in-care relationships as positive than those with current difficulties, except as regards relationships with care staff in their teens. It seems probable that these patterns of association reflect true variations in in-care experiences since they differ by time period and by the type of relationship under consideration. This conclusion can be further supported by the data presented in chapter 8 which show substantial variations in the kinds of experiences and relationships that are associated with parenting problems and psychosocial outcome. However, the absence of consistent and independent contemporary evidence on the subjects' childhood relationships inevitably means that this assessment of the extent of systematic reporting biases has limitations.

TABLE 4.11a

PSYCHOSOCIAL OUTCOME AND ACCOUNTS OF RELATIONSHIPS IN CARERELATIONSHIPS WITH STAFF

Years 0 - 11

<u>Social Functioning</u>	<u>Good</u>	<u>Neutral</u>	<u>Mixed</u>	<u>Poor</u>
Good	5	15	0	8
History only	3	13	5	3
Some problems	9	11	3	15
Poor	3	14	6	23

Good relationships vs. the rest $X^2 = 5.213$, 3 d.f. NS
 Poor relationships vs. the rest $X^2 = 10.53$, 3 d.f. $p < 0.025$

Years 11 - 16

<u>Social Functioning</u>	<u>Good</u>	<u>Neutral</u>	<u>Mixed</u>	<u>Poor</u>
Good	10	5	4	1
History only	9	6	3	1
Some problems	11	11	1	9
Poor	6	12	8	20

Good relationships vs. the rest $X^2 = 12.91$, 3 d.f. $p < 0.01$
 Poor relationships vs. the rest $X^2 = 16.00$, 3 d.f. $p < 0.01$

TABLE 4.11b

PSYCHOSOCIAL OUTCOME AND ACCOUNTS OF RELATIONSHIPS IN CARERELATIONSHIPS WITH PEERS

Years 0 - 11

<u>Social Functioning</u>	<u>Good</u>	<u>Neutral</u>	<u>Mixed</u>	<u>Poor</u>
Good	1	25	0	2
History only	3	14	1	6
Some problems	2	20	1	15
Poor	1	27	2	16

Good relationships vs. the rest $X^2 = 3.63$, 3 d.f. NS
 Poor relationships vs. the rest $X^2 = 9.51$, 3 d.f. $p < 0.025$

Years 11 - 16

<u>Social Functioning</u>	<u>Good</u>	<u>Neutral</u>	<u>Mixed</u>	<u>Poor</u>
Good	8	10	2	0
History only	9	9	0	0
Some problems	12	17	2	1
Poor	11	21	2	12

Good relationships vs. the rest $X^2 = 4.59$, 3 d.f. NS
 Poor relationships vs. the rest $X^2 = 17.13$, 3 d.f. $p < 0.001$

VII. SUMMARY OF SOURCES OF INFORMATION

In the analyses that follow, variations commonly occur in many of the table Ns. To a minor extent, this is due to missing data on individual interview items, for example because a subject could recall nothing of her childhood, or because a topic was insufficiently probed. However, larger fluctuations occur when analyses are performed which included some key variables for which information was not available. This is particularly the case for tabulations in which emotional/behavioural disorder in childhood as rated on the teachers or houseparents questionnaires are made. The general approach has been to maximise the use of known data. Thus, family characteristics of refusals are included in certain descriptive tables if these are known. The various sources of information and available data are summarised in table 4.12. In the analyses that follow variations in table Ns of not more than one case either way are not noted. Wider variations are given in the table headings.

TABLE 4.12.
SAMPLES AND SOURCES OF INFORMATION

	<u>Ex-care</u>	<u>Comparison</u>
N selected	93	51
N interviewed	81	41
Maximum N used	82	45
<u>Of Those Interviewed</u>		
Children aged 2 or over	49	16(32) ^a
Current parenting assessment	42	13(27) ^a
Overall parenting assessment	48	13(27) ^a
B scale	68	40
Overall questionnaire rating	68	-
Current parenting & B scale	34	13
Overall parenting & B scale	39	13
Current parenting & overall Q score	34	-
Overall parenting & overall Q score	40	-
Social Services Records	40(46) ^b	-
<u>Observational Samples</u>		
Observed	23	21(c)

-
- (a) Ns including wives of male comparison subjects.
 (b) Total Social Services Records for selected subjects including refusals.
 (c) Eleven selected female subjects and the wives of ten male comparison subjects.

CHAPTER 5

THE RETROSPECTIVE STUDY

THE CHILDHOODS OF THE TWO SAMPLES

I. THE HOMES*

i) General Characteristics

Both of the Children's Homes were purpose built institutions designed as group cottage homes and administered by the Children's Department of the Local Authority in their area. The children in the homes had been placed for long term care by all of the Inner London boroughs. At the time of the original study in 1964 the first home had 340 children and the second 377. Each occupied its own distinctive site surrounded by a substantial fence. The first home was a single estate of detached houses along both sides of a tree-lined avenue situated just outside the Greater London area and isolated from the surrounding neighbourhood. The second home was similarly set out but occupied a larger site within a south London suburb, with one of its two avenues giving onto a suburban street. The first home has subsequently been demolished but the second is still in use, although also facing closure. The general impression is of an open and physically pleasant environment.

Both Homes were well provided with facilities. There were nursery and primary schools, swimming baths and shops in both establishments. In addition, one had its own church and the other a community centre. The self-contained nature of the two institutions was often commented on during our interviews because although it provided containment and comfort for the younger children, many of the subjects in the study felt that their lack of experience in handling the outside world had been a serious problem as they became teenagers and went to secondary schools outside the Homes.

* The descriptions of the Homes are taken from King, Raynes and Tizard (1971).

The living units in both Homes were known to the staff and children as 'cottages', with each cottage being identified by the name of a tree or plant. The first home had twenty-two cottages in use at any one time, variously designed to hold a maximum of fifteen or twenty children. The general pattern was of kitchen, living areas, staff sitting room, bathroom and lavatory on the ground floor, and bedrooms upstairs. Just over half the children slept in bedrooms containing five beds whilst more than one fifth had their own room or shared with just one other. In the second home thirty of the thirty-six cottages were semi-detached and the remainder detached. All were designed to hold up to twelve children and had substantially similar accommodation. No children were in bedrooms with more than four beds, and a fifth were in single or twin rooms. Nearly all cottages had extra toilet facilities for children playing outside. In 1964, 89% of children in the first home were in cottages containing 15 or more children, whilst in the second home 92% of children were in cottages containing 10-14.

Whilst none of the cottages in either home was luxuriously furnished, all were able to provide a reasonable standard of comfort. There were for example, enough easy chairs for people to sit down if they wanted to, and most rooms had carpets or rugs on the floor. Some cottages would have benefited from redecoration, but without exception they had a clean and 'lived in' appearance. Most of the cottages in both homes had been successful in avoiding an institutional atmosphere by varying the patterns of curtains, bedspreads, wallpapers and so on from room to room. All of the children had some private space in which to keep their possessions - some had drawers, others lockers - although no housemother in either home felt that these facilities were entirely adequate. The second home was particularly lacking in hanging space for clothes to which the children could

have direct access. All cottages had a television, although these were not provided by the local authority: usually, staff and children contributed to the rental.

ii) Staffing

The staffing of the two homes was very similar. Between them they employed the equivalent of 255 full-time staff to care for 717 children - an overall staff:child ratio of about 1 to 3. In both Homes each cottage was in the charge of a housemother permanently assigned to that unit. Thirty-two per cent of housemothers at the first home, and 17 per cent at the second were married women whose husbands lived with them in the units. Occasionally the husbands were employed by the institutions as housefathers, and in such cases the married couple shared responsibility for their household. There were five such living units in the first home and one in the second. More usually the husband pursued a full-time occupation elsewhere and would help out in the cottage during the evenings even though not a full-time member of the staff. More than 80 per cent of housemothers in both establishments had worked in the same unit for a year or longer and many of them had five or more years experience in the same cottage, where they had watched the children grow up.

In the first home there were two additional grades of child care staff attached to the cottages - deputy housemothers and assistant housemothers. Deputies carried somewhat more responsibility and had a slightly higher salary than assistants. The grade of deputy housemother did not exist in the second Home, where all junior staff were referred to as assistant housemothers. At the time in question, there were no male junior staff in either home, although there had been some deputy housefathers in the first home prior to the 1964 study, and a few assistant housefathers were appointed subsequently.

Junior staff were allocated permanently to cottages, with the policy of both establishments being to keep the staff in the same unit, unless severe problems arose in relationships between staff and children. Even so, 56 per cent of deputies and 84 per cent of the assistants in the first home had worked in the same unit for less than one year. In the second home, 55 per cent of the junior staff had worked in the same unit for a similar period. In both cases the figures reflect the high turnover of junior staff in the two homes, rather than transfers between units, since less than a quarter of the junior staff in each home had worked on two or more units during their stay. The mean ratio of assigned cottage staff to children was 1:5 in each home, and the staff were considerably stretched to provide tolerably acceptable staff ratios, despite the fact that they were not employed on a shift basis and worked long hours.

Virtually all the full-time child-care staff in the homes were themselves resident in the cottages. Allowing for days off-duty the best staffing pattern that could develop was as follows: a cottage with two permanent members of staff would have both of them on duty at the times when the children were present for only three days of each week, but have four days when one member had to cope alone. A unit with three staff had two of them on duty for six days and all three on duty for the seventh. What was striking about the staffing of the units was that in neither home were there staff spare to cope with illness and holidays. At such times the units carried on with whatever staff remained. This may be the reason that the turnover of junior staff was high.

Much of the responsibility for deciding the daily routine of the living units lay with the housemothers. Meals were cooked by the cottage staff in the household kitchen and could be taken at the convenience of staff and children in the cottages. With certain limits, care or credit allowances

were available to purchase clothes or toys for the children, either from the local stores or the shops within the homes. Houseparents were usually able to take the children with them to make the purchases. In both Homes each housemother was given a weekly housekeeping allowance from which she was able to buy food and household goods for the unit. Most housemothers had regular orders with the local milkman, baker, grocer, and greengrocer who delivered goods to the cottages.

There was very little specialization in roles between the staff. Although housemothers took responsibility for buying goods and administration, they could also be found cooking, cleaning and tidying and washing and caring for the children.

iii) Daily Life

In most cottages the children were wakened between 6:45 and 7:30 am. They washed and dressed themselves and then came down to breakfast, the youngest being helped by the staff. The cottages generally required the children to help in preparing meals, setting the table or washing up. At least one member of staff ate with the children at all meals. In some cottages staff had separate crockery, but this was comparatively rare. In many cottages breakfast was a straggling affair, with some children having finished and left before others started. This pattern held for other meals as well.

Only the very youngest remained in the cottages during school hours. Over half in both homes went to the schools within the grounds. The older children went to secondary schools outside, and many travelled long distances by public transport. The education provision for all children was by the local authority. The policy concerning secondary schooling was deliberately to spread the children amongst many schools, so that not more than thirteen children from the first home and twenty-three from the

second went to the same school. This was to prevent concentrations of deprived children in local schools. Only a very small proportion of children attended special schooling of any kind.

All of the children had their own clothes in adequate, if not plentiful, supply. Most had some choice of what they wore, usually by going with the housemother to make purchases, or if older, buying things themselves with their allowances. Virtually all of them had their own toys and most had their own books. Although the cottages were short of storage space, nearly all of the children had some personal space in which to keep their possessions. The children could use the gardens and the grounds more or less as they wished. They mostly had the run of their cottage, although some housemothers were more restrictive. In most cottages children spent time in the staff quarters, they could bring paintings home from school and hang them on the walls of their bedrooms, and all children received pocket money which was given out by the housemothers. They were encouraged to save and the housemothers would then help them with purchases. Despite this they often made comments at interview about how little knowledge and experience they had in dealing with this aspect of everyday life when they finally left care. The children were permitted to go to other cottages to play and to have tea and could, in return, bring their friends back to their cottages. Birthdays were special occasions on which they received cards, a small present and a birthday tea. There was a full range of clubs and activities in the evenings and weekends and these were generally well remembered when the subjects looked back on their childhoods.

In order to quantify these impressions of the children's lives, King et al (1971) developed a Child Management Scale which assessed the degree to which the child care practices were institution- or child-oriented. In principle, child oriented practices were seen to have four characteristics:

(1) that they were flexible, being adapted to take into account individual differences amongst the children or the different circumstances of their lives; (2) that the organization of activity was such that the children were allowed to choose whether to participate or to do so at their own pace, rather than being regimented; (3) that the child's world was personalized so that they had personal possessions and an opportunity for privacy; and (4) management practices were seen as being child-oriented if child-staff relationships were characterised by minimum social distance, the sharing of living space, and frequent unstructured interactions in informal situations (e.g., whether the staff and children ate or watched television together). In all these counts the two homes were assessed as having a high level of child-oriented practices, although there was a statistically significant difference between the two homes with depersonalization being higher in the first.

In summary, the two homes in which the subjects spent the greater part of their institutional experiences were considered by King et al to be adequately provided, child centered and non-institutionalized. There was reasonable continuity of senior cottage staff, many of whom spent years caring for their children, but a high turnover of junior assistants. The staffing ratios made it difficult for the house staff to provide continuous and personal attention for the children but it is clear that the quality of care provision was generally good.

II. ADMISSION TO CARE

i) Reasons for admission

The nature of these two homes as long-stay institutions is a strong indication that a substantial proportion of the children were admitted because of major failures in parenting and not simply through temporary family hardships. This can be documented more formally by considering the circumstances surrounding the children's admission to care as indicated by

social services records. The child care files for 107 children from the total originally selected for study were available. Although missing files tended to be concentrated in two boroughs, there is no reason to suppose that their admission policies were radically different from the other Inner London areas, or that the files were missing for any systematic reasons. These losses appear primarily to have occurred because although the original placements were made by the old London boroughs prior to the 1974 reorganization, the notes were stored and made available by the new London boroughs to whom the files had been returned by the Greater London Council following the amalgamations.

In coding reasons for admission to Care all the contemporaneous evidence in the file was taken into account rather than simply relying on the reasons stated on the Reception into Care forms. This was because an assessment was wanted of the family environments in which the children spent their early years and the extent to which these reflect parenting problems. As is generally the case, the Reception into Care forms usually cite only the most pressing or outstanding reason for admission. Further, a substantial number of the placements in these two long-stay homes were transfers from care-nurseries or other shorter stay establishments.

Table 5.1 presents the characteristics of the children's parents and families prior to their admission. It is apparent that serious problems in parental functioning preceded the children's reception into care. Nearly 30 per cent of total admissions were on Fit Person Orders and 88 per cent of the children had been in other residential care provisions before their long-term admission to the two Homes used as the basis for sample selection. A proportion of these were assessments or nursery placements prior to transfer, but a substantial number of children had had a number of shorter care admissions previously. The data from those care notes that were

available indicate very high rates of parental difficulties. The great majority of families had one or both parents with psychiatric problems or a criminal history, their marriages were marked by discord and instability and their parenting was often neglectful or abusive. Parental deviance or disorder or severe parenting problems were mentioned for all but 7% of children.

ii) Age at Admission and the Pattern of Early Experiences

Three-fifths (66%) of the total sample of white girls in the two homes who were in the follow-up age group were first admitted to care under the age of five. Of those interviewed, about half were also in long-term care by this age. Approximately one-fifth were long stay admissions by the age of two and a further 29 per cent were so by the age of five.

The early experiences of those admitted over two before their admission to long term care can be further subdivided according to the degree of disruption or disturbance in the parenting they received. Disrupted or disturbed parenting was rated if the child had previously been received into care for at least one month, or if there was evidence of abuse, neglect or serious parental marital discord. All sources of information were used for this including the King et al original data, the Social Services case notes and the interview data. Separations due to short term parental mental or physical ill health were not counted as disruptions, nor were marital separations in the absence of clear evidence of persistent discord or poor parenting. The rating is therefore an assessment of the quality and stability of the parenting the children experienced. It will be appreciated that the stability of the 'non-disrupted' families is primarily in comparison with the remainder of the families who had children admitted. The fact that the parenting of them all finally suffered long-term breakdown indicates that the early childhood environments were in no cases entirely satisfactory.

TABLE 5.1

FAMILY CHARACTERISTICS PRIOR TO ADMISSION TO THE HOMES
(Official Records)

	(N= 107) ^a %
Paternal Psychiatric Disorder	21
Paternal Criminality	29
One or both	42
Maternal Psychiatric Disorder	35
Maternal Criminality	21
One or both	48
Deviance in either parent	70
Marital Discord or Separations	73
Neglect/Abuse/Abandonment	56
Poor Circumstances/Poverty	76
	(N= 249) ^b %
Two or more placements of child prior to admission to the two homes ^c	88
Fit Person Orders	29

(a) Total number of subjects for whom social services records could be traced, including data from the study of men.

(b) Total of white children within the age range including those not selected because they lacked A or B scales.

(c) Those transferring directly from other care facilities rate as one or more previous admissions.

TABLE 5.2

AGE AT ADMISSION AND PATTERN OF EARLY EXPERIENCE

<u>AGE AT FIRST ADMISSION (N= 103)(a)</u>	Girls
Under 2 years	39
2 - 4.11 years	29
5 - 10.11 years	32
 <u>AGE AT ADMISSION TO LONG-TERM CARE (N= 80)(b)</u>	
	(N= 80)
	%
Under 2 years	22
2 - 4.11 years	29
5 - 10.11 years	49
 <u>PATTERN OF EARLY EXPERIENCE</u>	
Admission for long-term care under 2 years of age	22
Admission for long-term care age 2.0 - 4.11 years	
Non-disrupted/disturbed parenting	13
Disrupted/disturbed parenting	16
Admission for long-term care 5.0 years or older	
Non-disrupted/disturbed parenting	14
Disrupted/disturbed parenting	35

(a) Data on total 'white' sample from King et al original data.
Four cases with age at first admission not known.

(b) Data on sample selected and traced.

As table 5.2 shows, the majority of girls entering care over the age of two came from disrupted parenting experiences, with the largest single category being those entering on or after the age of five following such experiences. The importance of these early experiences for later life history and functioning will be considered in detail later.

III. CHILDREN'S MEMORIES OF LIFE IN THE HOMES

The findings from the King et al study outlined earlier showed that both of Homes were run on child-centered lines with considerable effort made to provide a comfortable and non-institutional environment for the children. The family-like atmosphere of the majority of cottages should have been enhanced from the children's point of view by the fact that the great majority had sibs in care with them, generally within the same cottage. Of those in the interview sample only 8 per cent had no sibs in care with them.

TABLE 5.3
RECALL OF RELATIONSHIPS IN INSTITUTIONAL CARE

	<u>Age 5-10.11</u> (N= 72) %	<u>Age 11-15.11</u> (N= 58)* %
<u>Sibs</u>		
Good	21	29
Neutral	43	50
Mixed	10	5
Negative	26	16
	(N= 81)	(N= 66)
<u>Peers</u>		
Good	6	30
Neutral	58	53
Mixed	4	8
Negative	32	9
	(N= 81)	(N= 67)
<u>Adults</u>		
Good	15	25
Neutral	35	30
Mixed	16	16
Negative	34	28

* The Ns for the 11-15.11 age group drop substantially because of the discharge of subjects or their sibs from the institutions.

The subjects recall of their relationships in the Homes are much more negative and less harmonious than these appeared to King et al. Only

very small proportions of subjects recalled their relationships with unrelated peers or with staff in the early years as generally positive. Even relationships with sibs were not predominantly positive. In general, peer relationships were seen as neutral or negative, with a small 'mixed' group who had clearly positive and clearly negative relationships. Relationships with staff tended to be even more negatively evaluated. Half the subjects recalled these as poor with some or the majority of staff as compared with 31 per cent who has some or predominantly positive relationships. Few remembered important attachments or saw the houseparents as being like real parents to them. Many of the subjects recalled their relationships when in the children's homes in a rather undifferentiated way in which neither adults nor other children were remembered as individuals. It was not that they experienced the regime as harsh, punitive or excessively restrictive (in that, most agreed with King et al, 1971), but rather that their life lacked personal meaning or affection.

Relationships with staff in the early teens showed a similar pattern although more subjects report them as predominantly positive. There was a clear tendency for negative relationships with peers to become neutral or positive as the children got older although it was still only a minority of teenagers who had generally positive relationships with other children in care.

IV. PARENTAL VISITING

Data on parental visiting was seldom recorded in the Social Services notes and it is therefore necessary to rely on the subjects' own memories in assessing the frequency, quality and significance of parental contacts. However, agreement between sibs was very high on the frequency of visits by parents and we may therefore have some confidence in their reports (see Chapter 4). There are some problems in adequately quantifying

contacts because of the variable nature of much parental behaviour. It was not uncommon, for example, for a parent to visit monthly or more often for a year or so following admission but for these visits to become less and less frequent as time went by. Equally, spasmodic parental visiting or weekends spent at home by the child might change to a regular pattern in the year prior to discharge. The children were divided into three groups according to the contact pattern. At the one extreme were those children who saw their parents less than four times a year over the whole of their in-care experience. On the other there were those children who maintained at least monthly contacts. All those with contact patterns between these two extremes were placed in an intermediate category. This was the case even if the sum of their contacts produces a more than monthly average. The pattern for the regular contact group therefore involved regularity as well as frequency of visits by or to parents. In addition the quality of the relationships with parents was assessed from the subjects' accounts. The parental contact patterns are given in table 5.4.

Only a third of girls had regular contact with one or both parents during their time in care up to the end of primary schooling. A further fifth had only sporadic contact, and the remainder had no parental contact of any consequence. Relationships with parents during these visits were generally remembered positively but without strong feelings of attachment. Thus none of the sporadically visited girls remembered these contacts as being clearly important to them and only 15 per cent of girls who were in regular contact did so. The relationships between parental visiting and outcome are considered later.

TABLE 5.4

CONTACTS WITH PARENTS WHEN IN CARE (YEARS 0 - 11)

	<u>Girls</u> (N= 81) %
<u>Mother</u>	
Contact less than 4x per year	59
Sporadic contact (less than monthly)	20
Regular contact	21
<u>Father</u>	
Contact less than 4x per year	69
Sporadic contact (less than monthly)	11
Regular contact	20
<u>Either parent</u>	
Contact less than 4x per year	44
Sporadic contact (less than monthly)	22
Regular contact	33

TABLE 5.5
PARENTAL VISITING AND RELATIONSHIPS ON RETURN HOME

	<u>Relationships at Home*</u>			
	<u>Return** home</u>	<u>Good</u>	<u>Discord with parents only</u>	<u>General Family discord</u>
Contacts less than 4x year (n=32)	28%	0% (-1.66)	22% (-1.24)	78% (2.54)
Sporadic contact (n=16)	37%	0% (-1.28)	50% (0.59)	50% (0.42)
Regular contact (n=25)	76%	32% (2.47)	47% (0.65)	21% (-2.57)

Not home vs home $X^2 = 11.40$ 2 d.f. $p < 0.01$

Contact vs relationships at home $X^2 = 10.43$ 4 d.f. $p < 0.05$

* Percentages are based on those who go home and are calculated across the rows. Figures in brackets are adjusted residuals.

** 8 girls who were discharged to substitute families not included.

Parental visiting bore an important relationship to the chances of the child's later return home and the quality of relationships she then experienced. It is apparent (table 5.5) that those children whose parents maintained regular contacts were much more likely to return home and that subsequent family relationships were more likely to be satisfactory. Conversely, although the numbers are small, a return home for those children for whom relationships with parents had been effectively severed, was always associated with persistent discord between the child and the parents or within the family more generally. The implications of these patterns are considered in Chapter 9.

V. THE CHILDHOODS OF THE COMPARISON GROUP

The comparison subjects were taken from a group who spent their childhoods in Inner London from areas similar to those in which the parents of the In-Care children also lived. However, unlike the control

subjects in the Retrospective Study, the majority of the Prospective sample lived in somewhat less deprived neighbourhoods. They were further distinguished from that sample in that admission to care during childhood was, by definition, a reason for exclusion. It should therefore be expected that their childhoods would be somewhat less disadvantaged than the Retrospective study comparison group.

(i) Family Circumstances

Despite these considerations there was a substantial amount of adversity of one sort or another in the childhoods of the Comparison sample. Twenty-nine per cent spent their early years in dwellings shared with other households and, in all, nearly two-fifths were brought up in housing of poor quality (that is, lacking basic amenities such as bathroom, running hot water or inside toilet, being seriously overcrowded or suffering major structural defects). The social class distribution showed a predominance of skilled manual families but with thirteen per cent of subjects coming from semi- or unskilled backgrounds. Nearly one-third of girls came from sibships of four or more.

TABLE 5.6

CHILDHOOD CIRCUMSTANCES OF COMPARISON SAMPLE

	(N= 41) %
<u>Housing Type (Predominant)</u>	
Family House	44
Purpose built flat	27
Shared House	29
<u>Housing Quality</u>	
Good	5
Satisfactory	56
Poor	39
<u>Social Class</u>	
Professional/Managerial	5
Clerical/Skilled manual	82
Semi-/Unskilled	13
<u>Sib Group Size</u>	
Only child	12
Family of 2 or 3	56
Family of 4 or more	31

(ii) Family Relationships and Parental Deviance

High rates of family deviance and discord were also reported. Twenty per cent of subjects recalled their mothers having psychiatric problems as evidenced by overt distress resulting in visits to the family doctor, by hospital contacts or by drinking problems. Seven per cent of girls recall such problems in their fathers, together with similar rates of criminality. In addition, 5 per cent recalled hard or harsh discipline exerted by their mothers and fathers. (The definitions for all these ratings are as for the Retrospective Study).

It will be recalled that in the Retrospective Study an index of childhood adversity was created which included two or more family problems including hard or harsh discipline, parental marital discord, and parental psychiatric disorder or criminality.* In all only 7 per cent of girls in the Prospective comparison groups had two or more adversities on a similar index, and all of the girls remained with their parents until after their eighteenth birthdays.

No direct comparison with the Retrospective study contrast group are possible because of the differences in sampling criteria. However, 26 per cent of mothers in that sample had two or more of these childhood adversities which suggests that the Prospective study comparison group was generally less disadvantaged in childhood. This is not unexpected given the wider geographical area from which the latter group was chosen.

* This index also included reception into care but, by definition, this does not occur for this sample.

TABLE 5.7

CHILDHOOD OF COMPARISON SAMPLE:
FAMILY RELATIONSHIPS AND PARENTAL DEVIANCE

	(N= 41) %
<u>Parenting Continuity</u>	
With both parents 0-11	88
Continuity: mother	95
Continuity: father	88
Continuity one or other parent	98
<u>Parental Marital Discord</u>	
	12
<u>Predominantly Discordant Home</u>	
	10
Mother: Psychiatric disorder ^(a)	20
Criminality	0
Father: Psychiatric disorder ^(a)	7
Criminality	5
Hard or harsh discipline ^(b) : mother	5(0)
father	5(0)
Remained with parents until 18	100

(a) Including alcoholism.

(b) Figures in brackets are % for harsh discipline only.

SUMMARY

This chapter has detailed the differences in childhood experiences for the ex-care and comparison samples. The data confirm that the ex-care sample came from a group of families with parents who were suffering a wide range of psychiatric handicap and deviance. The frequent and early admissions of the children to Care show that these admissions were due to failure in parenting, however caused, rather than by problem behaviours in the children themselves.

The children's experiences in Care were generally remembered in a negative or neutral way, especially with regard to relationships with staff. The data from King et al's original study of the homes show that these two institutions were generally well run, child centered and caring. Despite this the subjects' memories of their time in care suggest that the nature of their institutional experience deprived their lives of personal meaning or affection.

The Comparison sample were from a group of predominantly stable skilled working class families, but with a substantial minority having experienced maternal psychiatric problems, poor living conditions and a large family. They were similar to other general population groups from the same area of inner London (Rutter et al, 1975b).

CHAPTER 6

THE PROSPECTIVE STUDY

OUTCOME IN ADULT LIFE: CURRENT CIRCUMSTANCES AND ADJUSTMENT

In this chapter the findings concerning the adult adjustment of the ex-care and comparison subjects will be considered. The assessment of parenting behaviour and the parenting characteristics of the two samples will be presented separately in chapter 7. Here the concern is with current living and work circumstances, and with more general aspects of current functioning.

I. CURRENT CIRCUMSTANCES

The current family, housing and employment circumstances of the two samples are given in table 6.1. By the time of the follow-up three-fifths of the ex-care women had had children compared with just over one third of the comparison sample. Four of the ex-care group were no longer parenting any of their children (for details see chapter 7). Similar proportions of both samples were currently cohabiting but a significantly higher proportion of the cohabiting ex-care group were unmarried.

The comparison sample were more likely to be living in single family houses and to be owner-occupiers although the differences between the two groups on the type and tenure of housing were not marked. A more accurate picture of their current living conditions can be gained by considering their current housing problems and housing resources. The index of housing problems followed the definition applied in the Retrospective Study. 'Poor' housing was rated if the women lacked or shared a bathroom, kitchen or lavatory, if a child shared a bed with sibs or a bedroom

TABLE 6.1.
CURRENT CIRCUMSTANCES

	<u>Ex-care</u>	<u>Comparison</u>			<u>Statistical</u>
	(N= 81)	(N= 41-45)	X ²	d.f.	<u>Significance</u>
	%	%			p
Currently cohabiting	67	74	0.37	1	NS
Married (of those cohabiting)	69	90	4.06	1	0.05
Has children	60	36	5.85	1	0.025
<u>Housing Type</u>					
Family House	37	54			
Purpose-Built flat	42	34			
Shared House	11	12			
Hostel/hospital	7	0			
Other ^a	2	0			

X² = 6.26, 4 d.f., NS. Exact test; hostel/hospital/other v. rest p = 0.03

Housing Tenure^b

Owner	20	37
Council/Trust	60	41
Private Rent	16	22
Other ^c	4	0

X² = 6.57, 3 d.f., NS

Housing Problems ^d	22	12	1.07	1	NS
Lack of Resources ^e	44	24	3.46	1	NS

Exact test p = 0.03

Social Class of Household

Professional	9	10
Clerical	14	24
Skilled-Manual	37	51
Semi-Unskilled	41	12
Single on Social Security	12	2

X² = 13.44, 4 d.f., 0.01

- a) One subject in a caravan, one in prison.
 b) Subject in prison, excluded from this comparison. 4 subjects in the Forces, the police, nursing, etc., included in 'Council/Trust'.
 Three comparison subjects still with parents.
 c) Two subjects squatting, one in tied accomodation (stable hand).
 d) Defined as share or lack bathroom or kitchen or toilet, child share bed with sibs., or room with parents or major structural problems.
 e) Defined as having 1 or more of d) and/or two of overcrowding (over 1 person per room), lack of telephone, or lack of washing machine.

with its parents or if the house had major structural defects. Ex-care women were almost twice as likely to have such problems (22% vs 12%) although only a minority were this badly housed. When the definition was widened to include those with overcrowding or without a telephone or washing machine over two-fifths of the ex-care sample had such problems compared with about one-quarter of the comparison sample (44% vs 27%). This lack of resources is reflected in the social class distribution of the ex-care group where over half (53 per cent) were either in semi- or unskilled manual families or were single people on social security.

II. PSYCHOSOCIAL ADJUSTMENT

Individual measures of psychosocial adjustment showed marked differences between the two samples ^(Table 6.2). Nearly one third of the ex-care group had currently handicapping psychiatric disorders, the great majority of which consisted of longstanding personality problems. This compared with only 5 per cent of the comparison group with psychiatric difficulties, none of whom was rated as having personality problems. These psychiatric assessments were based on well tested and reliable interview methods. A rating of personality disorder was made if the subject described a longstanding history of problems in functioning going back to the early teens which adversely affect interpersonal relationships or work history to a marked degree. The phrase 'Personality Disorder' does not imply that the behaviours and problems rated are considered to be a permanent feature of the individual's functioning which is impervious to change in the face of improved circumstances or relationships. There were particular problems in making such a rating for the ex-care sample since they frequently experienced unsatisfactory relationships in their teenage years and it was difficult to assess the contribution of their own functioning to such problems. For this reason, particular care was taken to make a rating of personality

disorder only if there was clear evidence that the pattern of problems persisted over several current relationships in a number of different contexts. Case descriptions of subjects included in this group are given later in this chapter.

TABLE 6.2.
CURRENT PSYCHOSOCIAL ADJUSTMENT

	<u>Ex-care</u> (N= 81)	<u>Comparison</u> (N= 41)	<u>Statistical Significance</u>		
			X ²	d.f.	p
Current Psychiatric disorder	31	5	9.21	1	0.01
Personality disorder	25	0	10.37	1	0.01
Criminality (self-report)	22	0	8.59	1	0.02
Poor Social relationships	18	10	0.75	1	NS
One or more broken cohabitations	38	7	12.70	1	0.001
Marked marital problems (of those cohabiting)	28	6	4.59	1	0.05
Substantial Difficulties in love/sex relationships	22	2	6.67	1	0.01

The differences between the samples in psychiatric problems are paralleled in other aspects of their lives. The Ex-care women were five times as likely to have had broken cohabitations and over four times as likely to be experiencing discord in their current marital relationships. In all, over one-fifth were rated as having substantial and persisting problems in relationships with men as against only 2 per cent of the comparison subjects.

On the other hand it should be emphasised that these problems apply to only a minority of the Ex-care women. Although they were more likely to have psychiatric or interpersonal problems than the comparison group, over two-thirds were free of major difficulties of this sort.

III. OVERALL PSYCHOSOCIAL OUTCOME

The separate aspects of current circumstances and psychosocial adjustment described above provide a useful comparison between the samples on a number of dimensions. On the other hand, these variables differ greatly in the extent to which they indicate problems in individual functioning. Some, such as personality disorder, are by definition measures of pervasive problems. Others, such as broken marriages or cohabitations may reflect bad luck, previously poorer functioning or problems in the partner. Others such as bad housing or fewer resources give no clues on their own as to the person's current adjustment.

Because a variety of difficulties in work or relationships may occur in the absence of psychiatric problems a more inclusive overall rating of psychosocial functioning is needed. For such a rating some combination of the outcome variables was required. Since this was to be a major dependent variable and since no external criterion existed, no statistical approaches could be used to evaluate the correlation between the individual variables in order to produce a weighting of individual items. Moreover it would not have been correct to create a series of statistical weights and then to apply these to the same sample. For these reasons it was decided to create a priori an overall psychosocial outcome measure and then to derive the subjects' scores from their ratings on the individual measures. The principal used in deriving the index was to ensure that the subjects at one extreme represented a problem free group and those at the other extreme a group with pervasive current problems. In between are two further groups; one with a history of difficulties but no known problems in the past two years, and the other with some current problems such as psychiatric disorder, criminality or marital difficulties, but of insufficient

TABLE 6.3.
CRITERIA FOR OVERALL PSYCHOSOCIAL OUTCOME CLASSIFICATION

1. GOOD OUTCOME	2. PAST PROBLEMS ONLY	3. SOME CURRENT PROBLEMS	4. POOR OUTCOME
No broken cohabitations.	No current psychiatric, criminal, drink, drug or work problems in past two but previous history of one or more.	Some current problems i.e., any items in group 4 currently but not sufficient to rate in that group.	Current <u>handicapping</u> personality disorder and/or 2 or more problems in sex/love relationships* (listed below)
Satisfactory (non-discordant) marriage.	Past problems in sex/love relationships must have given way to stable relationships. Otherwise rate as (3).		
No psychiatric history or current problems.			<u>4</u> or more of the following and/or
No criminal history or current criminality.			a) Discordant marriage.
No problems in social relationships, i.e., confiding relationships, Trusting of others, Regular (weekly average) contacts with friends.			b) Broken cohabitations.
No work problems.			c) Two or more problems in social relationships (see 1).
i.e. <u>none</u> of:			d) Living in hostel, hospital, or sheltered accomodation.
(a) 6 or more jobs in past four years.			e) Current psychiatric, drink or drug problems.
(b) ever fired since age 18.			f) Two or more adverse work items (see 1).
(c) walked out of 3 or more jobs since 18.			g) Current or criminal history.
(d) Persistent friction with workmates.			
			* <u>Sex/Love Items</u>
			1) Two or more terminated cohabitations.
			2) <u>Persistent discord</u> in two or more cohabitations.
			3) Violence in two or more relationships.
			4) Two or more deviant cohabitees.
			5) Persistent problems in making or sustaining love relationships.

pervasiveness for inclusion in the poor group. The criteria for the four outcome groups are given in table 6.3.

As would be expected there were marked differences between the samples on the overall psychosocial outcome measures. Thirty per cent of the ex-care women but none of the comparison group had a poor psychosocial outcome. On the other hand, 40% of ex-care women were currently without difficulties. There was thus considerable heterogeneity in outcome.

TABLE 6.4.
OVERALL PSYCHOSOCIAL OUTCOME

	<u>Ex-care</u> (N= 81) %	<u>Comparison</u> <u>Group</u> (N= 41) %
Good outcome	20	63
History but no current problems	20	12
Some current problems	31	24
Poor outcome	30	0

$$X^2 = 28.52, 3 \text{ d.f.}, p < 0.001$$

IV. CASE EXAMPLES OF OUTCOME GROUPS

A clearer understanding of the meaning of these differences in outcome can be gained through case examples of the outcome groups. Since the differences between the samples were most marked with respect to poor outcome, several examples of this rating are given. All examples were chosen randomly from amongst those in each group.

i) OUTCOME GROUP I

a) Carol - Ex-care

Carol, her husband and three children lived in a rented cottage in the country. They had met when she was sixteen and married when he was studying for a degree. She had no psychiatric

symptoms and rated only 1 item on the malaise inventory. She was an attractive woman in both her physical appearance and personality, and a very capable manager in the home. The marriage was very happy. The couple rarely quarrelled and more minor irritability and quarrels were settled by discussion. Carol talked very warmly of her husband. They shared common friends and leisure activities. The interviewer summed her up as a happy well-adjusted mother and wife.

b) Pat - Ex-care

Pat had been married seven years and lived with her husband and two pre-school age children on a new private housing estate in a small town in the north of England. Her husband was a scaffolder. She was a neat, quiet and friendly person. She had met her husband when she was living in a hostel and he was a seaman and they lived together for a while before their marriage. Pat had no psychiatric problems and no worries except the usual ones over bills or the children's health. There was some irritability in the marriage, but this was of very short duration. They had had no major rows since the early years of their marriage. The couple had less time together because she was now working part-time in a local factory. She considered their marriage to be "fairly ordinary, a bit dull I suppose" but it was rated as happy and supportive. Pat had good confiding relationships with her husband and friends, and the couple had two other couples with whom they exchanged regular visits. The interviewer summed her up as a remarkably well-adjusted person (given her childhood) with realistic views of the future and what she might expect from life.

c) Caroline - Comparison Subject

Caroline, her husband and two young children lived in a new two-bedroomed low-rise council flat in inner London. Her husband was a sales engineer but Caroline had not had outside work since her youngest child was born. Caroline was a calm person with a generally sunny disposition who very much enjoyed her marriage and her family. The only argument with her husband that she could recall occurred a year previously over a television programme. Roles within the family were divided along traditional lines and she was quite happy with this. Although the couple had few leisure activities, they chatted together frequently and the marriage was warm and caring.

d) Mary - Ex-care

Mary was interviewed at the home of her old house mother who had subsequently been her foster parent on the lady's retirement from the children's home. At the time of interview Mary was on leave from the Air Force. She was a single woman working in a skilled technical grade and living in barracks. She had joined the Air Force almost immediately upon leaving school, particularly because she thought she would like the outdoor life. She felt that her experience in the forces had been very important to her and had helped her to learn that she had to get on with people and to stick by regulations and agreements. She very much enjoyed her present life which she felt provided her both with a career and a social circle. She had a longstanding special friend ~~whom~~ she had made since being in the forces in whom she felt she could confide. She also had a regular crowd of friends that she claimed to be very important because it

was a source of companionship, as well as a group of people amongst whom she could relax. She often went to pubs and discos with them and on boat trips and other activities. Some of her friends had been on drugs, but Mary herself had never participated in this. She had, however, in her teenage years been charged five times for drinking under age. She had an active social life with boys and had been interested in them since she was about 17. She has never lived with a man, but her relationships with the opposite sex seem quite satisfactory and normal for her age. She did not show any symptoms on the psychiatric section and scored very low on the malaise inventory.

Mary impressed the interviewer as a very normal, well-adjusted bright young woman. She appeared to have been a person who operated well within a structured environment and had had no major difficulties either in the children's home or subsequently in the Air Force. She made friends easily, and has lots of acquaintances with whom she was able to share interests. At present she had no desire to marry or settle down and aimed to enjoy her freedom for a little longer.

ii) OUTCOME GROUP II

No detailed examples of group II are provided since in current circumstances and functioning they were similar to group I. For example, one ex-care woman had a brief depressive episode following a temporary marital separation, another had had a more serious marital breakdown after which she had left her children with her first spouse for six months because she could not cope emotionally. She was now happily living with a new spouse in new accommodation and with no problems. One young mother in the

comparison sample had had psychiatric treatment for school refusal in her secondary school years, but was not happily married and running her own small business. A final example is of an ex-care woman living with her second husband in a poor prefabricated house. She has three children and was expecting another, the first by her second marriage. The first marriage foundered on her husband's criminality and violence, which precipitated temporary psychiatric problems. She has had no significant symptom in the previous three years, since meeting her present husband. She felt her life had completely changed. Her only problem now seemed to be appreciating that she was quite so happy.

iii) OUTCOME GROUP III

a) Janet - Ex-care

Janet was described as a bright witty and sharp young woman. She lived with her husband in a 'Coronation Street' like area in a west Midlands town. Her husband was a carpenter. They had one child aged four. Janet had changed a great deal in the past few years. As a teenager she had been heavily involved in shoplifting and drugs and was known as a leader of a gang that was involved in a lot of fighting. She took drug overdoses on several occasions. All of this behaviour had diminished since the birth of her son and there were few signs of psychiatric problems at the time of interview. However, she was still prone to aggression and this affected her marriage and her parenting. She felt that her husband was a plodder and not helpful around the house, but she was resigned to her lot. She recently had a bad patch of irritability and misery when she thought she was pregnant. She was annoyed that her husband left her on her

own so often and she had started having frequent rows with him. Their social life has become increasingly separate and she confided more in her friends than in him. Janet felt she had changed him as much as she was going to be able to. She was placed in this outcome group predominantly because of her current marital difficulties. Note that these problems were insufficient for a rating of personality disorder despite her very deviant teenage history.

b) Jennifer - Comparison subject

Jennifer, her husband and six-month old baby lived in their own house in the medway towns. She was described as attractive but quiet and reserved and socially isolated. Her husband was a butcher for a local chain store. Her isolation and lack of assertiveness were features of her teenage years at which time she had no peer group and did not keep up with her friends. Her husband, who was ten years older than she was, had been her only boyfriend. Over the three months prior to the interview she had been tearful, felt that life was not worth living, and had passing suicidal thoughts. She was irritable with her husband and son several times a week. Jennifer had no regular friends and no confidants apart from her husband. She admitted to problems in mixing socially. Overall she was mildly depressed but not sufficiently so for a rating of handicapping psychiatric problems. Apart from her irritability, her marriage was happy but humdrum with no shared interests or activities. Jennifer was placed in outcome group III on the grounds of her social isolation and her current mild depressive symptoms.

c) Debra - Ex-care

Debra was in care from about the age of 2 to 18½ years. On her discharge from care she moved to Oxford with someone that she had met in her final residential unit. They lived in a council house and he worked for the social services department. They were subsequently transferred back to London and lived together for the next four years whilst he worked in an assessment centre. She had rather a chequered employment history, often leaving jobs after a few months because she got fed up with them. However, when she had found employment which she enjoyed, for example, doing clerical work for the local council, she had stayed with it for a year and a half. At present she was working for a charitable institution and enjoyed this work also. In her teenage years she had no stable and regular friends. In the end her relationship with her cohabitee broke up, and at the time of the interview she was living on her own.

Psychiatrically she had no clear disorder, but there were a number of adverse signs. She has no definite friends although she claimed a fair amount of superficial contact. She was going out with a man much older than herself and she felt that he lied to her and was not frank about their future. She had no confidants, except amongst her sibs, and even they seem to feel that she was somewhat uncooperative. She claimed that she could talk to friends at work, but preferred to keep most things to herself. Her major problem at the moment, although she would not admit as much, was over drinking. She used to drink every night - both beer and spirits - and the interviewer noted that she couldn't wait to get out for a drink at the end of the interview.

It seemed that Debra had been very upset at the break in her relationship with her cohabitee and had not well recovered from it. On the positive side, she always enjoyed getting involved with projects involving helping other people. She was very cooperative at interview, but somewhat detached in her style of response.

The assessment of Debra was that she clearly still had a number of significant problems relating to her in-care experiences. She did not, however, quite have sufficient to put her into the poor outcome group. It seemed that she was at a point at which either a little more bad luck or a little more good luck could push her life rather more firmly in a much less satisfactory or a rather more satisfactory direction.

It is apparent from the first two examples within this section that the 'some problems' outcome group was comprised of generally satisfactorily functioning young people who had some features in their current lives that clearly precluded them from inclusion in the strictly defined good group. The third example defines the lower limit of the category. On the whole a substantial gap exists between them and the following examples of women with a poor outcome.

iv) OUTCOME GROUP IV

a) Lorna - Ex-care

Lorna was interviewed in a Battered Wives Refuge having left her husband because of repeated violence and bizarre behaviour. Her first child was by a man with whom she had never cohabited and her youngest two by her husband. All three children had just returned from foster care. Lorna worked in a laundry following her discharge

from care at the age of 18. She had lived in 10-12 hostels before moving to her present area at the age of twenty-two. Her eldest son was fostered during this time. She started to live with her husband "because it was somewhere to live permanently and I wanted Jason back". Since then she had left her husband three times and always returned. She had had twelve jobs in the past six years none of which have been satisfactory or happy experiences. In the previous few months she had had psychiatric problems for which she received tablets from her doctor. She had shaking panics and cold sweats daily. These still occurred about once a week. On the other hand she was not a great worrier. She did not cry and was not suicidal. Lorna was rated as having current psychiatric difficulties, probably related to her recent marital circumstances, but not as having a personality disorder. She felt able to confide in people in the refuge but had no regular confidants. Her general sociability and attitude to friendships were positive.

b) Eileen - Ex-care

Eileen had one son of four and a young child of 17 months. She lived in a run down block of flats in south London. She had been separated from her husband for two years. The flat showed signs of extreme poverty with polystyrene tiles falling off the ceiling and the purple paintwork that seems to afflict the houses of the poor. During the interview her social worker arrived to help her organise a visit to the launderette. Eileen was in her dressing gown throughout two interviews. During her teens she had had two unsuccessful foster placements, was placed in a hostel and then in bed and breakfast lodgings, subsequently moving on to squatting. At that time she first

became pregnant. Her teenage work history was erratic and she was fined once for bad timekeeping. She had not worked since having the children, (having been fired again when she was pregnant). She always found it hard to hold jobs because she got fed up with them quickly. She had been sacked 3-4 times. In her teens she was in a deviant gang of regular drug takers who terrorised old women. When she finally began cohabiting there was no reason for it; it was just "all the rage at the time".

Eileen rated herself well above the cut-off on the malaise inventory. During her second pregnancy she had regularly turned to drink, so that in the mornings she was drunk and neglected the baby. At that time she had psychiatric treatment. Eileen relied heavily on her social worker for help. She had a friend in the flats but was generally suspicious of people and found it hard to pick the right friends. Although, at the time of interview, she said she had no current worries or anxieties and was not depressed, clearly she relied heavily on others to enable her to cope with daily life. Eileen was rated as having a personality disorder.

c) Angie - bottom group, Ex-care

It took a great deal of time to catch up with Angie, and when finally traced it was through the help of her cooperative social worker. She was at that time living in a flat in North London with her two-week old baby and the putative father of the child. They had moved back into this flat as squatters, having been evicted from it by the council for non-payment of rent some months before. Angie had another child who was permanently in care. Her current state was a very sorry one. She was heavily involved in drug abuse, taking, on her

own account, large amounts of valium and also what she called 'fit' pills, i.e. presumably those for epilepsy. Her speech during interview was often rather slurred and her ability to keep on one train of thought or topic for any length of time was impaired. When the interviewer arrived for the first interview she was packing her cases with the intention of leaving. Her cohabitee with whom she had been living for about 15 months had given her a working over the night before and she had a black eye and broken lip. She claimed that this was occasioned by her going out for a little drink with some friends; her spouse's account was that he got angry because she was drunk and wasn't looking after the baby. This brought about a fight between her spouse and her spouse's brother who at the time was living with them. She was setting off, she claimed, because her spouse was threatening to take the baby with him and to return to Ireland.

Angie had been showing very disturbed behaviour on her return from care to her mother at about the age of 14. Her brothers tried to keep her in order by hitting her, but they themselves were often under the influence of drugs and they fairly soon turned her onto this track also. Her teenage peers were nearly all deviant boys and there is a strong suggestion that Angie engaged in promiscuous sexual relationships with them. This behaviour was one reason for her brothers beating her up. Her first pregnancy was at the age of 16. She married another man shortly after this, but really never lived with him because he was in prison for most of the time. During her teens she was involved in much street violence. She claimed to have had several pregnancies before finally giving birth to her first child at age 19. Her history from then on was a succession of bed and breakfast and squatting accommodation. This involved several

separate cohabiting relationships. Angie had certainly been accused, both by her family and by officialdom, of prostitution and this seemed likely to be the case. During the year prior to interview she had been in the local hospital for overdoses on several occasions, although it was not clear how many of these were deliberate and how many just the result of her drug-taking activities. Angie was considered to have major personality problems and this automatically put her in the bottom group. She was socially isolated, apart from a large circle of occasional drinking and drug-taking acquaintances. She said she had friends, but in the next breath would describe them as people with big mouths who she wouldn't tell any secrets to. She was suspicious also of her family. She had received some baby clothes from the lady upstairs but did not know this lady's name. Angie had one friend she babysat for regularly and it seemed highly likely that this was to allow that friend to engage in prostitution also.

The interviewer's comment was that Angie was clearly one of the most disturbed and unsuccessful outcomes of all the ex-care women, both in terms of her current psychiatric state, her general functioning, her social relationships and her parenting. Because of her heavy involvement in drug taking and her association with a similarly deviant and disturbed crowd, her chance for making any significant improvement in the future seemed very low, and it was felt that her current new baby would be in care within a reasonably short time.

These examples of outcome grouping illustrate the range of variation in outcome, especially in the ex-care subjects. They also provide some descriptions of the behaviours classified as personality disorders.

More generally the case histories emphasise the current and context-related nature of judgements concerning outcome. Thus Lorna, although having clear problems which placed her in group IV, appeared to be the victim of a series of unhappy circumstances. It was difficult to assess her own contribution to these problems, but pervasive personality features did not seem to be implicated. These outcome groupings clearly represent one point in time assessments, even where enduring features such as personality disorders are concerned. They represent the 'outcome' at the age at which the subjects were seen, not a judgement of the permanent effects of their earlier experiences.

V. OFFICIAL CRIMINALITY

The final set of outcome data to be presented in this chapter concerns official criminality as recorded by the Criminal Records Office and supplied by the Home Office. These data have been left until last because they are available on the complete samples of women, not just on those interviewed. In a few cases the returns indicated whether the subjects had a record but not the date or nature of their offences. These data are included in the tables where appropriate. The data also allowed a division of criminal activity into juvenile and adult crime. Records were available for all ex-care and comparison women.

These data confirm the markedly higher rates of criminality reported by the ex-care subjects themselves (Table 6.5). Over one quarter of the women had criminal records, and in the majority of cases this involved juvenile crime. Only one comparison women had had any involvement with the courts and that at the age of nineteen.

TABLE 6.5.
OFFICIAL CRIMINALITY

	<u>Ex-care</u>	<u>Comparison</u>	χ^2	d.f.	<u>Statistical</u> <u>Significance</u>
	(N= 93) %	(N= 51) %			p
Criminal record	27	2	12.19	1	0.001
<u>of those with Record</u>	(N= 25)	(N= 1)			
Juvenile crime only	36	100			
Adult crime only	36	0			
Both	28	0			
<u>Juvenile Crime</u>					
One court appearance	50	0			
More than one	50	100			
<u>Adult Crime</u>					
One court appearance	38	0			
More than one	62	0			
<u>Overall</u>					
One court appearance	48	0			
More than one	52	100			

	<u>TYPE OF OFFENCE</u>	
	<u>Number</u>	<u>Number</u>
Assault	11	0
Robbery	2	0
Burglary	1	0
Auto crime	0	0
All other theft or dishonesty	74	2
Sexual offences	10	0
Disorder/criminal damage/ drink	23	0
Suspected person	0	0
Offensive weapon	7	0
Drugs	5	0
Traffic offences	0	0
Other	7	1
TOTAL	140	3

The great majority of offences for women involved stealing of one sort or another. The next largest group of offences involved disorderly behaviour, causing damage or drunkenness, followed by assaults (often on the police).

SUMMARY

This chapter has shown the significantly poorer outcome for the ex-care men and women both as regards their current social functioning and their current environmental and family circumstances. However, the data also show the considerable heterogeneity in outcome with the majority of ex-care subjects now functioning satisfactorily.

CHAPTER 7OUTCOME IN ADULT LIFE: PARENTINGCONCEPTS OF PARENTING

The assessment of current parenting by interview has been discussed in chapter 1 (C. iv). In this chapter the construction of overall ratings of parenting outcome is presented and the issue of the validity of the overall and discrete parenting measures is examined through a comparison with the home observation study.* Data on parenting history and outcomes is then presented together with case examples of the major outcome groupings.

The assessment of continuities and discontinuities in parenting problems has two distinct but related aspects: the one concerns adverse parenting histories -for example, parent child separations, receptions into care or early unwanted pregnancies - the other concerns the parents' current handling skills. The Retrospective study showed that parenting breakdown seemed usually to occur against a background of adversity in the parents' own childhoods and a history of early pregnancies and teenage family difficulties. It is, therefore, important to examine whether this pattern of breakdown is confirmed prospectively and what the likelihood of parenting breakdown in the next generation is. The question of long-term effects on current handling skills is better considered through the interview assessments of parenting by mothers of their 2-3½ year olds using measures of both discrete aspects of parenting and the overall assessments of parenting outcome and current parenting. The nature of the links between these assessments and earlier life history are discussed in chapters 8 and 9.

Footnote* See chapter I (C. iii).

I. OVERALL MEASURES OF PARENTING OUTCOME AND CURRENT PARENTING

Overall measures of parenting outcome and current parenting behaviour are necessary in order to examine continuities and discontinuities in parenting problems across generations, since major parenting difficulties may not necessarily result in parenting breakdown. The overall measures were constructed in the same way as the rating of overall psychosocial outcome described in chapter 6. That is, criteria for the division of the samples into good, intermediate and poor parenting outcomes based on historical variables and molecular interview measures of current parenting were established a priori. The principal used in deriving the index was to ensure that the subjects in the 'good' parenting categories were a problem free group in terms of the dimensions of parenting discussed in chapter 1 (A. I.i) and that the subjects in the 'poor' group had clearcut problems either with regard to parenting breakdowns or in both parenting techniques and in parent-child relationships. Two outcome measures were defined in this way. The first, current parenting, was based on current parenting behaviour only; the second, overall parenting outcome included, in addition, major difficulties in parenting history. The criteria for these two measures are given in table 7.1.

TABLE 7.1.

CRITERIA FOR THE OVERALL CLASSIFICATION OF PARENTING OUTCOME

<u>CURRENT PARENTING</u>	<u>POOR</u>
	Low on sensitivity and/or low on expressed warmth plus at least two of: Control - indulgent, very aggressive, ineffective, inconsistent.
<u>GOOD</u>	<u>MIDDLE</u>
Moderately high or high sensitivity. Moderate to high expressed warmth. <u>Control</u> none or infrequent aggression (shouting or smacking), moderate to firmly effective, consistent and predictable.	Some current problems i.e., not in good or poor. For example, warm but aggressive parent or intermediate sensitivity with moderately firm but somewhat inconsistent control.
<u>OVERALL PARENTING OUTCOME</u>	<u>POOR</u>
	In poor group on current parenting.
<u>GOOD</u>	<u>MIDDLE</u>
In good group on current outcome. plus No long term separations (4/52 or >). No history of breakdown.	In middle group on current outcome. plus Middle or good group history of separations etc. No longer current. plus All those currently separated from a child - e.g., in care, fostered, infanticide, living with relatives.

II. THE VALIDITY OF THE INTERVIEW ASSESSMENT OF PARENTING

The interview based assessments of parenting in this study face two problems that might affect their validity. Firstly, parenting behaviours may be misreported through conscious or unconscious biases, distortions or memory lapses. Secondly, because interviews were not blind to the backgrounds of the subjects, biased interviewing or rating might increase between group differences. This might particularly be the case with respect to the overall assessments of warmth, sensitivity, and management that are used to form the overall categorization of mothers on parenting outcomes.

The problems of respondent based distortions are perennial ones in interviewing methodology. It has been shown that a focus on detailed accounts of behaviours and events can divest happenings of much of their emotional meaning and produce high levels of agreement between the independent accounts of parents on parent/child relationships (Brown and Rutter, 1966; Rutter and Brown, 1966). This interviewing method was used in this study. A more important issue is whether there are distortions in reporting correlated with childhood experiences. That is, does the experience of being reared in an institution lead to a comparatively over-positive or over-negative account of parenting? This problem is related to the possibility of correlated interviewer biases.

The pattern of between-group differences on specific areas of parenting does not support this conclusion (Tables 7:6 and 7:7 below) for although there were important differences between the samples, the picture is one of a great heterogeneity of behaviours with no significant differences on amount or type of play, style of discipline or expressed warmth. On the other hand, the differences that do appear relate to scales such as sensitivity, and effectiveness of control and these contain a greater degree of interviewer judgement.

The most satisfactory test of biases in these ratings can be made by comparing assessments of parenting made from the interview and the direct home observations of mother-child interactions (table 7.2.). Since the observers were blind to the childhoods of the two samples this provides a test of both respondent and interview biases and the validity of the overall assessments.

TABLE 7.2

AGREEMENT BETWEEN GLOBAL RATINGS OF OBSERVERS AND INTERVIEWERS

		Observers' Ratings of Parenting		
		Good	Intermediate	Poor
Interviewers' Ratings of Parenting	Good	9	4	1
	Intermediate	1	15	2
	Poor	1	3	8

$$\chi^2 = 30.992, \text{ d.f.} = 4, p = <0.001$$

The observers made entirely independent global ratings of the quality of parenting of all observed mothers, based on the total observation period of four hours. The three categories of parenting which were used - 'good', 'intermediate' and 'poor' - corresponded to the interview summary ratings of current parenting. There was a significantly high level of agreement between the interview and observation measures.

Perfect agreement between the two methods of assessment should not be expected. In the first place, the interview ratings were based on a wider sample of parental behaviours, albeit subject to the vagaries of mothers' reporting: for example, information on the manner in which bedtime routines were handled was available to interviewers but not

observers. Secondly, the interview assessed parenting in a variety of social settings - for instance, how the mother coped with the demands of more than one child, and how interactions were influenced by the presence of the father. In contrast, the observers assessed parenting as it occurred in a dyadic interaction, in a context relatively free of other pressures. It is clear that the two types of measures serve rather different purposes. Nevertheless, it was important for the assessment of validity that there should be very substantial overlap between them. From the evidence available it can be concluded that both the interview measures of discrete aspects of parenting and the overall assessments are valid.

III. PREGNANCY AND PARENTING: HISTORY AND CURRENT CIRCUMSTANCES

The two groups of women showed marked differences in their parenting histories, as determined by interview (Table 7:3). Nearly twice as many of the ex-care women had become pregnant and given birth to a surviving child by the time of the follow-up interview, moreover whereas none of the control group had become pregnant before their nineteenth birthday, two-fifths of the ex-care sample had. It is apparent that the institution reared women with children were less likely to be in a stable cohabiting relationship; only 61 per cent were living with the biological father of all the children compared with all those of the comparison group, and 22 per cent were without a current male partner compared with none of the comparison group.

TABLE 7.3

PREGNANCY AND PARENTING HISTORIES OF WOMEN

(Prospective Study)

	<u>Ex-care Women</u>	<u>Comparison</u>	<u>Statistical</u>		
	(N= 81) %	<u>Group</u> (N= 42) %	X ²	d.f.	p
Ever Pregnant	72	43	8.50	1	0.01
Pregnant by 19	42	5	16.75	1	0.001
Had Surviving child	60	36	5.85	1	0.02
<u>Of Those with</u>	(n= 49)	(n= 15)			
<u>Children</u>					
Without Male Partner	22	0	Exact test p = 0.039		
Any children ever in care/Fostered	18	0	Exact test p = 0.075		
Any temporary or permanent parenting breakdown	35	0	Exact test p = 0.09		
Living with Father of All Children	61	100	6.52	1	0.02

IV. PARENTING BREAKDOWN

Serious breakdowns in parenting were evident only in the institutional sample; nearly a fifth of mothers had had children taken into care for fostering or placement in a children's home and there had been one case of infanticide. Altogether, for one reason or another, 18 per cent of the 'ex-care' mothers had children who were no longer being looked after by them and with no apparent likelihood of being returned, compared with none in the control group. Moreover, just over a third (35%) had experienced some form of transient or permanent parenting breakdown with at least one of their children; this occurred with none of the comparison group mothers. The complete data on mothers with parenting breakdowns are given in Table 7:4.

TABLE 7:4

EX-CARE FAMILIES WITH TEMPORARY OR PERMANENT PARENTING BREAKDOWN

<u>Family</u>	<u>Age</u>	<u>Sex</u>	<u>Nature of Breakdown</u>	<u>Currently with</u>	<u>Current Parenting Rating</u>
1	10 years	Boy	In-care	Long term fostering	Not parenting
	8 years	Boy	In-care	Long term fostering	
2	4½ years	Girl	In-care	Long term fostering with mother	Not parenting
	6 weeks	Girl	None		
3	7 years	Girl	In-care	Adopted with mother with mother	Poor
	2½ years	Girl	Fostered		
	2 weeks	Girl	None		
4	2½ years	Boy	Fostered	Long term/adoption with mother with mother	Poor
	5 years	Boy	In-care		
	3 years	Girl	In-care		
5	11 years	Girl	In-care	Adopted Adopted with mother with mother with mother with mother	Intermediate
	10 years	Boy	In-care		
	8 years	Girl	None		
	3½ years	Girl	None		
	14 months	Girl	None		
2 months	Boy	None			
6	-	Girl	Infanticide	-	-
7	8 years	Boy	Foster-care	Short term foster care with mother with mother	Poor
	5 years	Boy	Foster-care		
	15 months	Boy	Foster-care		
8	4 years	Boy	None	with mother with mother with mother	Poor
	2½ years	Girl	Foster-care		
	1½ years	Girl	None		
9	5 years	Boy	Short term care	with mother with mother	Poor
	17 months	Boy	None		
10	4½ years	Girl	Marital breakdown	with father	Not parenting
11	9 years	Boy	Marital breakdown	with father	Not parenting
	8 years	Girl	Marital breakdown	with father	
	5 years	Boy	Marital breakdown	with father	
	4 years	Girl	Marital breakdown	with father	
12	7 years	Boy	Marital breakdown	with father	Not rateable
	10 months	Girl	None	with mother	

Table 7.4. continued

13	10 years	Girl	Marital breakdown	with mother	Good
	9 years	Girl	Marital breakdown	with mother	
	4 years	Girl	Marital breakdown	with mother	
	1 year	Girl	None	with mother	
14	2 years	Girl	Failure to cope	with mother	Poor
	7 months	Girl	Failure to cope	with mother	
15	9 years	Girl	Failure to cope	with mother	Poor
16	7½ years	Girl	Failure to cope	with mother	Good
	3½ years	Boy	None	with mother	
17	2 years	Boy	Marital breakdown	with mother	Poor

Note a) All separations due to marital breakdown lasted six months or longer.

b) Breakdowns categorised as 'failure to cope' involve the child being looked after by other adults but not being In-care or fostered. The majority of those thus admitted were for failure to cope as well.

Five of the six women who had suffered permanent breakdowns in the parenting of their first child were rated as currently poor on the overall current parenting assessment. One was rated as intermediate. There were eight women who had experienced separation from their children for six months or longer. None of these children had been admitted into care. Five of these eight separations occurred as a result of marital breakdown, but three were due to the mother being unable to cope. Six out of these eight were currently parenting, and five of the children were within the index age group. One mother who failed to cope was regarded currently as a 'good' parent, whereas the other two such mothers were regarded as falling into the 'poor' category. Of those mothers separated from a child as a result of marital breakdown one was assessed as currently parenting well, the other was poor.

Taken together, these data confirm the findings from the Retrospective study that serious parenting breakdowns usually occurs only against a background of marked childhood adversities. These breakdowns were associated with life history variables. For example, all of those with children in-care were first pregnant before the age of nineteen. The rates of marital separation and discord in that subgroup were also very high (78%). On the other hand the mothers' own current parenting skills and functioning were also implicated as evidenced by the very high proportion of mothers currently parenting poorly. Nevertheless, this picture is not a static one. Two parents with previous breakdowns were now in the best outcome group, and a further two with previous receptions into care appeared to be in no danger of a repetition of such problems. Only a further follow-up of these mothers can determine whether improvements will continue.

The findings outlined indicate that in about a third of the mothers in the ex-care group, but in none of the comparison group, parenting had broken down temporarily or permanently. That result might suggest that an institutional upbringing had resulted in extreme parenting deficits of a serious and lasting kind. A detailed examination of the case histories, however, showed that this was likely to be true of only a small handful of cases. The majority of parenting breakdowns occurred in the past, with first-born children, and at times of great psychosocial stress and adversity when current parenting was considered.

V. OUTCOME ON CURRENT PARENTING MEASURES

The data on parenting breakdowns presented a somewhat gloomy picture even though it is apparent that two-thirds of mothers have suffered no serious failures and four-fifths have not had children taken into care. A different perspective on the range of outcome can be gained by considering the overall interview based ratings of parenting outcome. These data are given in table 7.5. Because so few of the comparison group had children aged 2 years or more, for this analysis the comparison data are based both on the women in the comparison group (N= 13) and the female spouses of the male comparison subjects (N= 15). The findings for the comparison women and female spouses were generally similar.

Two-fifths of the ex-care mothers had a current rating of poor parenting, at interview, compared with one in ten of the comparison group - a fourfold difference. On the other hand, nearly one third (31%) of the women reared in institutions showed good parenting, a rating made on just less than half of the comparison group. An examination of the standardized residuals shows that the differences between the groups is accounted for by the higher proportion of ex-care women with poor current parenting. The differences with respect to good and intermediate parenting

are not statistically significant. It is clear that in spite of the fact that all of the ex-care group had experienced an institutional rearing for part of their childhoods and that most had experienced poor parenting when with their own families, there was great heterogeneity of outcome in the ex-care sample, with a substantial minority showing good parenting. It is evident also that a surprisingly high proportion (just over half) of the comparison group mothers showed some problems in parenting, although far fewer showed severe difficulties.

TABLE 7.5.

CURRENT PARENTING OUTCOME

	<u>Ex-care</u> (N= 42)	<u>Comparison Group</u> (N= 27)	<u>Residuals</u>
Good	31	48	1.44
Intermediate	29	41	1.05
Poor	40	11	-2.62

$$X^2 = 6.91, 2 \text{ d.f.}, p < 0.05$$

OVERALL PARENTING OUTCOME

	<u>Ex-care</u> (N= 48) %	<u>Comparison Group</u> (N= 27) %	<u>Residuals</u>
Good	23	48	2.25
Intermediate	27	41	1.22
Poor	38	11	-2.44
Has children but not currently parenting	13	0	-1.92

$$X^2 = 12.117, 3 \text{ d.f.}, p < 0.01$$

VI. SPECIFIC DIMENSIONS OF CURRENT PARENTING

As discussed earlier, in some cases, the problems in parenting experienced by the ex-care women were so great, when considered in relation to their overall social context and to their other psychosocial difficulties, that they had given up their children for fostering or adoption, or the children's care had been taken over temporarily or permanently by other relatives. However, it is important to note that in most cases the women had left their children to the care of others because they could not cope with the demands of life as they faced them at the time, rather than because the children had been compulsorily removed as a result of gross neglect or physical abuse. Moreover, among the 9 women who had permanently given up a child, five had given birth to a second child whom they had succeeded in keeping and looking after (in two of these five cases, the children were too young for inclusion in the measures of parenting - which were restricted to those aged 2 years or older). Also, the results from the overall measures of parenting showed that a substantial proportion of the ex-care women were generally coping well with their young children.

In this section, the more specific and detailed measures of parenting are discussed in order to consider the particular types of difficulties in parenting experienced by the ex-care women whose problems were not of such a severity that they had been separated from their children. Had the combination of their disturbed early life before admission to a children's home, together with an institutional upbringing, had left them lacking in fundamental parental skills, or deficient in the emotional qualities needed for successful parenting?

There were few sizeable differences of note between the two groups with respect to the overall patterns of affection and playful interaction between the mothers and their children^(Table 7-6). Most of the women in both groups showed a high level of expressed warmth to their children. Only a quarter (24%) of the ex-care women were low in warmth and although this rate was above that (7%) in the comparison group, the difference fell short of statistical significance ($p = 0.15$). Similarly, most mothers played with their children on a regular basis and the groups did not differ in the amount of joint play. Attention was paid to the type of play activities between the mothers and their children, with a differentiation between those (such as make-believe games and drawing) that required creative involvement from the child, and those (such as watching T.V. or helping about the house) in which such individual initiative was less important. There was a tendency, that fell short of statistical significance, for more ex-care mothers (40% vs 19%) to engage in interactions that included no creative involvement but, otherwise, the types of play were broadly comparable in the two groups.

In both groups there was a good deal of inconsistency in disciplinary control, but this was as frequent in the comparison group as in the ex-care sample^(Table 7-7). There was, however, a significant tendency for the ex-care women to include a higher proportion in which discipline episodes involved unreconciled disputes (meaning that the episode failed to result in harmony or any attempt to 'make-up' or restore the relationship). An aggressive style of discipline (with frequent recourse to smacking, irritable shouting and the like) was relatively frequent in both groups. The ex-care mothers were somewhat more likely to use a definitely aggressive style as the preponderant disciplinary method, but the difference was statistically non-significant. This contrast between the groups was reflected also

TABLE 7.6

INTERVIEW MEASURES OF AFFECTION AND PLAY

	<u>Ex-care</u> (n= 42) %	<u>Comparison group</u> (n= 27) %
a) <u>Expressed Warmth</u>		
Low	24	7
Moderate	21	37
High	55	56

$X^2 = 3.995$ 2 d.f. NS Exact test: Low vs Rest $p = 0.146$

b) Daily Play with Child

	<u>Ex-care</u> (n= 25)* %	<u>Comparison group</u> (n= 21)* %
Type (i)		
Let's pretend games	24	38
Constructional games	28	43
Drawing, writing, reading	56	67
None of the above	40	19
Type (ii)		
Watching T.V.	28	33
Rough and tumble	36	19
Help with housework	56	48

No differences statistically significant

* Comparison based on 2-3½ year old children only.

N.B. Throughout this chapter all exact tests are two-tailed.

TABLE 7.7

INTERVIEW MEASURES OF SENSITIVITY AND OF CONTROL

	<u>Ex-care</u>	<u>Comparison group</u>	<u>Statistical</u>		
	(n= 42)	(n= 27)	X ²	d.f.	p
	%	%			
a) <u>Consistency of Control</u>					
Somewhat/very inconsistent	50	44	0.04	1	NS
b) <u>Reconciliation of Disputes</u>					
0-4/10 reconciled	26	8	6.62	2	0.05
5-7/10 reconciled	21	8			
8+/10 reconciled	54	85			
c) <u>Control style</u>					
Indulgent	12	7	3.95	3	NS
Firm - not aggressive	26	41			
Mildly aggressive	29	37			
Definitely aggressive	33	15			
Definitely aggressive v. Rest; Exact test - p= 0.148					
d) <u>Frequency of Smacking</u>					
1x a fortnight or less	24	33	3.65	2	NS
1 - 6 times per week	36	48			
Daily or more often	40	19			
Daily v. Rest; Exact test - p= 0.096					
e) <u>Effectiveness of Control</u>					
Ineffective	26	4	4.29	1	NS
Some control	21	22			
Moderate control	29	41			
Firm control	24	37			
Ineffective v. Rest; X ² = 4.33, 1 d.f., p<0.05					
f) <u>Sensitivity</u>					
Low	42	7	10.58	2	0.01
Moderate	19	22			
High	38	70			

in the frequency of smacking, where twice as many of the ex-care mothers resorted to daily smacking (40% vs 19%), although the difference fell short of statistical significance. Most of the mothers in both groups showed at least moderately effective disciplinary control (effective, that is to say, in that the disciplinary act resulted in the intended change in the child's behaviour). However, definitely ineffective control was substantially more frequent in the ex-care group (26% vs 4%), a difference that was statistically significant.

Much the biggest difference between the groups concerned the mothers' 'sensitivity' in her handling of distress or disputes - a rating based on the interviewers' judgement of the mothers' overall handling of their children. Insensitivity was rated when mothers seemed unable to perceive reasons for their children's distress ("he's always crying for no reason"), or when they moved excessively rapidly into control without first trying to evaluate or sort out what was happening, or when they described the child's fears or anxieties as "naughty" behaviour. 'Sensitivity' on the other hand, meant that the mothers showed some appreciation (in overt behavioural terms) of why their children behaved in the way they did, that they made differential responses according to the specifics of the child's behaviour, and that in general they showed a flexible and adaptive approach to child-rearing with an appropriate variation according to what was going on and according to the child's response and whether the parental action 'worked' in doing whatever it intended to do. Forty-two per cent of currently parenting ex-care mothers were rated as low on sensitivity compared with only 7 per cent of the comparison group - a highly significant difference.

VII. CASE EXAMPLES OF OVERALL PARENTING OUTCOME GROUPS

The individual meaning of the overall interview measures of parenting is best illustrated by specific examples. Again, the examples were chosen from within each group through the use of a table of random numbers.

i) Good Outcomes

a) Sylvia - Ex-care

Sylvia, aged 24, lived with her second husband in a poor quality council house. She had three children by her first marriage and was now expecting another child. The children were Mary aged 8, Christine aged 5½ and Tracy aged 4. Her first pregnancy was when she was sixteen and, although engaged to the child's father she elected to go into a mother and baby home; she did not see her future husband again until Mary was three months old because he had been in prison. He left her when she became pregnant with Tracy and she decided to divorce him because of his criminality.

Tracy was born following a normal birth without complications. She was a child who suffered from chest trouble and sore throats, and recently she had had three stitches in her head after running into a swing. There have been no separations. Tracy did not go to playschool because her mother believed that she should be at home with her and that she got plenty of company from other children in the area. Tracy was described as a boisterous and active child but one who was easy to manage and helpful round the house.

The family woke up at about 6 a.m. and the two older girls set out the breakfast. Mother did not have breakfast herself but stayed with the children whilst they had theirs. When Mary and Christine had gone off

to school, mother would wash and dress Tracy, letting her try to do this on her own but helping where necessary. She then helped mother in the house or they might go shopping. At about twelve noon she had a rest and then had lunch with her mother. Afternoons were often spent visiting friends with children of Tracy's age until it was time for the older two to come home from school. They then occupied her whilst Sylvia prepared the evening meal which they all had as a family when father returned from work. All three children went to bed between 6.45 and 7.00 p.m. when one or other parent went through a tucking-in routine.

Tracy was no trouble with regard to either eating or sleeping. She has no food fads and was not difficult at bedtime. There was very little distress reported. The only times that she cried was when she hurt herself or when she was told off. Control incidents were also infrequent. About once a week Tracy used rude words of which her mother disapproved. Sylvia's response was to speak to her sternly but not to smack her or shout at her. This technique was said to be effective. Sylvia reported that on rare occasions she might also have to send Tracy to her room, but as she could only recall two instances in the child's life when this occurred, this technique was not recorded in the sequence. About once a fortnight Tracy would have a bout of temper. Sylvia's first response was to reason with her and when this was unsuccessful to raise her voice and then ignore her. Occasionally smacking or sending Tracy to her room terminated the episodes but these were also too rare to rate. Sylvia said that Tracy was a good child and that there just were not battles between them when these more minor disputes occur ~~they~~ are usually resolved by an apology from Tracy which Sylvia acknowledged and accepted.

Tracy played well with her sibs but there were daily squabbles over toys or the television. Mother waited to see if these resolved

themselves, and if not she would raise her voice and threaten them. She very seldom had to intervene physically to remove the disputed plaything. Tracy was not reported as an anxious child. Indeed, she appeared happy and secure. If she was hurt her mother comforted her, cleaned the graze or rubbed the hurt better and tried to make light of it.

Tracy was getting to a stage when she liked to play on her own. Nevertheless, she and her mother played and did things together everyday. Mother was always available and interacted whenever she demanded it. She let her help dry the dishes and Hoover. In the afternoon when the older two come home, Sylvia would often sit with the three of them and draw, or play spelling games. They watched 'Play School' together every morning. Sylvia said, "I like playing with her, she's funny". She felt she had no favourites amongst her daughters but that in personality the middle one was most appealing.

In sum, Tracy was seen as a good and undemanding child. This assumption was supported by her behaviour during two long interviews. Sylvia's relationship with her was warm and unfussy and she had a good appreciation of the personality differences between her daughters. Her control methods were firm and effective with very little smacking or aggression.

Overall ratings:

Warmth 5 (high)

Sensitivity 2*

Control style 2*

Control effectiveness 4*

Control consistency 1*

*Details of these ratings are given in Appendix E

b) Gillian - Ex-care

Gillian was aged twenty-eight. She lived with her (first) husband in a flat conversion which they were buying. Her husband was a mechanic. She herself worked all day as a secretary during which time her only daughter Petra was at a baby minder. Gillian did not like working when her daughter was small (she was not yet three) but the financial circumstances made it inevitable. She was described as a pretty, pleasant and confident woman who had come through a very difficult childhood with strengths rather than deficits. Gillian was 25 when she became pregnant, by accident. She was very happy about it apart from financial worries and the need to work afterwards.

She described Petra as a happy loving child but very headstrong and strongwilled. This characteristic led to a number of day-to-day battles between them. For example, she was always playing with the television or playing with water in the sink when her mother was trying to do jobs. Gillian's available time for housework was at a premium because she worked all day, and she appreciated that these battles were due to circumstances. She could not allow Petra to do the things she would tolerate if she were at home all day. When her daughter got up to the sink Gillian asked her to get down. She refused. This interchange occurred about six times with rising irritation. In the end Gillian would have to put her down physically or smack her bottom. Smacks over this occurred two times per week on average. Control incidents also arose daily because Petra got food off the shelves or out of the fridge and played with it on the floor. Gillian's general approach was to ignore the behaviour initially and then to do something when she decided it had gone far enough. The control sequence proceeded with increasing defiance and usually terminated in a smack. Petra cried for a minute or two. Gillian always made it up to her if she felt she had been

mean, and gave her a cuddle. If this did not occur Petra would come and cuddle her.

Petra did not have other children in to play but sometimes she played with same age cousins at the weekends. This was uneventful, but insufficient to assess parenting with respect to peer relationships. With control issues the mother was rated as winning 7/10 battles, and the relationship was always being re-established, usually initiated by the child. Petra was a very confident, outgoing child and there were no intervention sequences for fears and worries.

Daily routine was very stable. Gillian would get up between 6 and 6.30 a.m. and Petra woke in her own time at about 7.00 a.m. She was always happy at that time and they had a cuddle. Mother encouraged her to have breakfast before they all set off in the mornings. They had their evening meal together as a family whenever possible. There were no feeding problems.

Petra went to bed regularly at 8.30 during the week. The routine was always to have a bath, brush her teeth and have a drink. Her mother put her to bed and she would often lie and talk to Gillian about the day before going to sleep. There was a special hand kissing ritual which rounded off bedtimes. Petra had a huge selection of toys. Gillian played with her daily even though time was limited. They played pretend-making tea, or "Petra's got a bird in her hand" and similar games. They did puzzles together every evening and Petra was read a story daily. When Gillian was doing housework her daughter was always with her and helped dust or wipe things.

Despite the daily minor control episodes, Gillian's mildly aggressive style and only moderate effectiveness, the relationship was happy and secure with a great deal of open affection and interaction.

not what we had been given. The only thing that...

Overall ratings:

Warmth	5 (High)
Sensitivity	1
Control style	2
Control effectiveness	4
Control consistency	1

ii) Intermediate Outcomesa) Alison - Comparison Group

Alison and her husband - a photographic technician - lived in their own house with the one son Peter, aged 2½. Alison did not go out to work and spent much of her spare time working on the house. She was described as a friendly and welcoming person, but a rather timid young mother.

Peter was a planned baby but Alison was rather anxious right through the pregnancy, having had a previous recent miscarriage. She had a 5 hour labour and forceps delivery. Her initial feelings were that she did not want more children. She had no clear plans when interviewed but did not expect to become pregnant again.

Alison was usually up when Peter awoke. This could be at any time between 7.30 and 9.00 a.m. He came down on his own for his toys and said 'Hello' to his mother. They had breakfast together but a mid-day meal was much more variable, depending on what they had been doing. Peter was usually fed on his own in the evenings because there had been difficulties with food fads and father had objected to this. Apart from this change in timing, Alison had no clear policy over Peter's faddiness and gave him what he wanted with no insistence that he eat it. Recently she had begun to talk to him and distract him before the evening meal in the hope that he would eat what he had been given. This had been partially successful.

Peter's bedtimes were haphazard. He had a sleep in the afternoon and was then often awake till 11.0 p.m. He slept in his parents' bed. She was now trying to break him of this afternoon sleep and instead would lie with him on their bed in the evening until he fell asleep. He usually awoke after 2-3 hours and she would lie with him again. She was unaware that he would understand if she tried to talk to him at that age about bedtimes and sleeping patterns.

Peter was a child who wailed and whined if he was not able to get his own way or if he was tired. This happened daily for one reason or another and got his mother down. If he was tired she tried to distract him and calm him down (4-5 times per week), but control episodes over naughtiness were not resolved this way. For example, he switched the television on and off when told not to 4-5 times per week. If she told him not to he would smack her or lash out and defy her. She tried to talk to him first but this seldom worked and she ended up shouting at him. About 3-10 times it would conclude with a smack but then Peter would wait until he was allowed to do what he wanted. Mother thought he won these battles 90% of the time. Reconciliations did not occur unless she had smacked him and felt guilty. She then made it up with him. Normally these negative episodes were "just forgotten". Alison was worried about her aggression to him and said that 1-2 times a month she ended up shaking him, dumping him on the sofa and walking away until she had calmed down. After this she would cuddle him.

Peter was not an anxious child and had no separation problems. However he led a sheltered and quiet life and seldom played with other children. Alison's attitude to him when he was hurt, unless it seemed serious, was to tell him to get up and not make a fuss.

Alison cuddled Peter a lot and much of their interaction was warm, but she felt she was too busy to play much even though she had no outside work. She would do something with him 2 or 3 times a week, either building with bricks, or drawing or looking at pictures. When doing homework, however, she tried to put him in the garden or by the television rather than involving him. This occupied 2-3 hours a day. Usually he played on his own within sight of his mother. He tried to involve her but she was not very active in her response.

In sum, Alison was rated as a warm mother but one who had a limited idea of what she might expect from a two year old. Because she was socially isolated she had no comparison with what other mothers did. In personality she was a gentle person, but control episodes usually ended up with her shouting, and not infrequently smacking. These were not seen as major problems, but Alison had sufficient current difficulties to prevent her being rated as a good outcome.

Overall ratings:

Warmth 3 (Moderate)

Sensitivity 2

Control style 1

Control effectiveness 2

Control consistency 3

iii) Poor Outcomes

Valerie - Ex-care

Valerie had three children: Jason aged 5, Brian aged 3 and Sarah aged 18 months. Jason was born when Valerie was 18; he was the child of a former boyfriend with whom she never lived. The younger two were the children of her present husband. The family lived in the upper flat in a conversion owned by the Council. Valerie's husband was a van

driver. He had been in his present job for six months, having been unemployed for the half year before that.

The pregnancy and birth with Jason were difficult with the boy being jaundiced and spending two weeks in an incubator. With Brian, things were different. She was pleased about the pregnancy because it was her husband's first, but afterwards she wanted no more and asked for a sterilization. This was performed following the birth of the next child, Sarah.

Brian had been a very difficult child, particularly over the previous eighteen months. He had suffered with 4-5 throat infections over the previous year. For the previous 9 months he had been having speech therapy and by the interview his speech was much improved. For a year and a half he had been a very demanding child and much worse than the other two - "He wants his own way all the time" Valerie said, "If he can't get his own way he'll sulk, and if that doesn't work, he'll throw and kick things. He's quite naughty. If another child has got something he wants, he'll create hell until he gets it. I have to handle him differently from the others, or he'll cry and answer back and swear at you. I have to have a firm hand or he gets away with everything".

When he was 10 months old Brian had convulsions following some viral attack. These did not recur, but he was capable of making himself pass out as an attention-seeking device. When he first started nursery school (in the year previous to the interview) he didn't want her to leave and would cry, swear, hold his breath and go blue, passing out for a few seconds. This went on for several months. It also happened if he was naughty and she smacked him. At first this bothered her and she would fuss over him. Now, she said "I know differently, I take no notice, I just watch him".

When he was 12 months Brian was placed on the At-Risk Register because he bit through the television wire and was burned. Not long ago both boys had been rushed to hospital through eating a bottle of aspirins. When Jason had come to her in the morning and said he felt sick she said, "Go and be sick and get back into bed", until she realised something was wrong.

Daily routine was variable. The boys woke each other an hour and a half before mother got up. Jason played in his room but Brian roamed the house squirting toothpaste in the bathroom, bringing food up from the kitchen and generally causing havoc. When Valerie got up she gave the boys breakfast but fed Sarah in another room. Meals were regular and there were no feeding problems. There was only one family meal in the week.

Bedtimes were very variable. Brian often fell asleep on the sofa at 6.00 p.m. and mother undressed him and put him to bed, but twice in the previous week he had been up until 11.30 p.m. because they had all gone out. In the summer the boys were often up until 9.30 p.m. There were no sleeping problems once the boys went to bed.

Brian cried a great deal in response to frustration (more than daily). If his frustrations seemed justified Valerie reasoned with him, but because he cried such a lot for "no good reason" she smacked him a lot when he cried "It gets on my nerves", she said. He had temper tantrums daily when he couldn't get his way and then he threw the furniture around. When he did this she smacked him hard on the bottom "That usually works" she said "He goes on crying but then it's for a reason". Sometimes he would come and say sorry (but not usually) then she would let him have what he was previously denied "So that he'll realise tantrums don't work".

Valerie felt a good deal of this was made worse because of her poor relationship with her husband and because they did not handle Brian consistently.

The boys fought daily, usually provoked by Brian who would kick Jason "for no reason". Jason hit back and Brian came to her crying. She told them not to do it but they started again within ten minutes. In general she ignored it or shouted, but occasionally she would put Brian in his room. He always came back down in five minutes.

Valerie seemed unaware that Brian's behaviour at school was associated with anxiety. She described the behaviour as "unreasonable attention seeking" and said she just shut herself off from it.

Brian did not play with constructive toys or writing or colouring. He preferred things you could throw around the room. She played very little with him, and when busy made the boys play in the front room.

Valerie was described as a chatty and open person, but somewhat prone to depression and an unsatisfactory manager. The children were the focus of her life and she clearly cared for them but was fondest of her daughter. Her parenting of the boys had a number of clear problems which placed her in the poor outcome group.

Overall ratings:

Warmth	2 (Some warmth)
Sensitivity	4
Control style	4
Control effectiveness	1
Control consistency	3

b) Ann - Ex-care

Ann, aged 23, lived with her unemployed husband and three boys Mark aged 6, Victor aged 4 and Wayne aged 2, in a council house in the north-west of England. The family were very poor. The curtains of the living room were kept drawn right through the interview although this was conducted during the day. The house was centrally heated but this is too

expensive for them and it was not turned on. They used the gas fire in the living room but did not heat the bedrooms. Wayne, the selected child, shared a bedroom with his parents. The family lived on Social Security.

Ann had had a previous pregnancy by another boyfriend in her mid-teens but this did not go to term. Her husband was the father of all three boys. She became pregnant with Wayne whilst taking the contraceptive pill and did not want more children. She threatened to give the child to her sister if he were a boy. Her husband was not interested in this pregnancy, since at the time he was in and out of prison and the marriage was going through a bad patch. Wayne was born six weeks early and was in special care for 6-7 weeks after a long labour and caesarian delivery.

Ann said Wayne was both loving and aggressive, but easier than the other two, partly because she feels more confident as a mother. When she had her first baby she was taking drugs (LSD and Mandrax) and had little clue about being a parent.

Her husband got up at 6.45 a.m. but she remained in bed. Wayne woke then and played in his cot until his mother got up at 8.00 a.m. Breakfast (shredded wheat) was prepared by the eldest boy who got bowls ready for his brothers. The boys ate when and where they could. There was no routine. The family did not have separate dining space even in the kitchen. The family ate together in the evenings at about 5.00 p.m. but the boys usually had more cereals when they get home from school. At weekends the family got up at 10.30 a.m. The boys got breakfast. There was no special weekend meal. The boys usually ate sweets on Sundays until their meal in the evening at 6.00 p.m.

Wayne was messy with his food and often threw it around. Often, also, he refused it. Mother then tried to persuade him and sang to

him to distract him. This did not work and she usually got exasperated and tipped it over his head. During the day he ate a lot of biscuits and sweets.

At bedtime Wayne usually fell asleep on the sofa, but sometimes when he was tired he would take himself off to bed or go with his brothers. He undressed himself and settled down to sleep on his own straight away.

Wayne cried over something more than daily. When this was through tiredness mother would first ignore him in the hope that the crying would stop and would then put him to bed. He cried "for no good reason" about twice a week. She first ignored him, then tried to pacify him with a biscuit and then tried to distract him. There were daily temper tantrums. These occurred when he was frustrated and couldn't get his own way. Wayne would wail and stamp for a long while (maybe twenty minutes) and mother would ignore him and finally talk to him or comfort him. There were daily naughty behaviours such as throwing the ornaments around or tearing wallpaper. Ann's interventions were inconsistent. Sometimes she laughed at it. On other occasions she ignored him, then instructed him not to do it and then about 4/10 she would smack him. Such disputes were usually reconciled through a move either by the child or the parent. Ann smacked Wayne 3-4 times a week. She was not considered to be a particularly aggressive parent.

He fought with his brothers over toys every day. Their mother allowed them to fight for a while and then physically separated them. These fights involved hair pulling and similar behaviours. Ann always tried to ignore this in the hope it would go away. About 80 per cent of the time she ended up shouting at them and separating them.

Wayne was afraid of the dark and had the light on when he went to bed. If he was hurt she comforted him, but if he was upset for what she called "sentimental reasons" - for example separation anxieties - she usually ignored him and might even laugh.

Physical affection between mother and son was frequently demonstrated. Ann liked playing with him and did something with him daily. For example, he had an easel and chalk and she encouraged him to draw. At night time she often (4-5 times a week) played bricks with him or sang to him. They watched 'Play School' together. He usually helped her with housework, doing pretend dusting.

In summary, Ann was rated as moderately warm and affectionate but low on sensitivity. Her main technique for handling something she did not understand was to ignore it. Her control style was generally indulgent and she often laughed at Wayne's disruptive behaviours. There was, however, considerable inconsistency in this in that it depended upon her mood whether she shouted or smacked him or found the incident amusing. She herself felt that most problems were left unresolved.

Overall ratings:

Warmth	3 (Moderate)
Sensitivity	4
Control style	1
Control effectiveness	2
Control consistency	4

Conclusion

These case examples illustrate the major interview outcome groupings used in later analyses. They highlight many of the points made in the discussion of parenting in chapter 1. For example, it is apparent that parenting is a matter of contexts and resources as well as the skills of the parent; that parenting is influenced by the characteristics of the child and by the quality of the marital relationships; and that it makes no sense to view parenting as an inherent characteristic. Finally, the examples suggest that parenting characteristics are not static but can change and develop in

the light of experience. On their own, however, such examples do not provide scientific evidence for such propositions. Such analysis is provided in later chapters.

Taken as a whole, the interview assessments of parenting suggest both negative and positive conclusions. On the one hand, the findings did not suggest that the institutional rearing had commonly resulted in any general emotional deficit. A few of the ex-care women were low in expressed warmth but the great majority were both affectionate to their children and actively involved with them. Moreover, the interview evidence did not suggest any gross defect in parenting skills nor did it indicate that cruelty or punitiveness were other than infrequent occurrences. It would thus be quite wrong to regard the ex-care women as generally rejecting or neglectful. On the other hand, there were important differences between the groups. The ex-care women were much more likely to show insensitivity to their children, they were more prone to exhibit irritability and to use frequent smacking, discipline was more likely to be ineffective, and there was a trend for there to be less play with their children in activities that relied on the children's creativity, initiative, and independence. The overall picture from the interview data suggests that women were caring and were trying to parent well but that they were not particularly skillful or adept in picking up their children's cues or in responding to their children in ways that circumvented difficulties through an appropriate recognition of the best way to sort out problems, rather than just to provide immediate control.

The children were too young for there to be any certainty on the extent to which these factors of mother-child interaction were likely to lead to a markedly increased risk of later psychological or psychiatric problems. However, the findings discussed so far suggest that the extent to which the

mothers coped successfully with parenting depended on their other social circumstances. This issue is considered in greater detail in the chapters to follow.

TABLE 8.1.

ASSOCIATION BETWEEN CURRENT PARENTING AND PSYCHOSOCIAL ADJUSTMENT

	EX-CARE (n= 42) %	COMPARISON GROUP (n= 27) %
<u>GOOD PARENTING</u>	(N = 13)	(N = 12)
Good psychosocial outcome	85	67
Intermediate/poor psychosocial outcome	15	33
<u>INTERMEDIATE PARENTING</u>	(N = 11)	(N = 12)
Good psychosocial outcome	45	67
Intermediate/poor psychosocial outcome	55	33
<u>POOR PARENTING</u>	(N = 18)	(N = 3)
Good psychosocial outcome	17	67
Intermediate/poor psychosocial outcome	83	33

Association in Ex-Care Group $X^2 = 14.07$, 2 df, $p < 0.01$

Association in Comparison Group NS

difficulties occurring in isolation were considered. Indeed, intermediate level parenting difficulties shown by women with generally good psychosocial functioning were largely a feature of the comparison group (8/27 vs 5/42 in the ex-care group). That observation suggests the inference for the fourth conclusion - namely, that the explanation for isolated parenting difficulties of mild to moderate degree may well be different from that for severe and generalised psychosocial problems which include parenting difficulties as one of many areas of concern. These findings are consistent with those from the retrospective study where moderate levels of current handling problems unassociated with early adversities occurred in the comparison group.

ii) Correlations between individual psychosocial measures

The overall psychosocial outcome measure was created from a combination of individual ratings (Table 6.5); Kendall non-parametric correlation coefficients between these items are given in table 8.2. The first row in each table gives the correlations between the individual items and the overall social functioning rating. The last column gives the correlations of these items with parenting. The tables confirm the pattern of association between the overall measures, with social functioning and parenting being strongly related in the ex-care sample but not in the comparison group. In general the correlations within the latter sample were very low except for those between poor social relationships generally and problems in relationship with the opposite sex, and between poor social relationships and psychiatric disorder. Higher correlations between these items were to be expected because the criteria for rating naturally overlap. Similarly the correlations between the individual items and the overall rating were lower in this group, indicating that the overlap was generally much less. This is consistent with the fact that poor psychosocial outcomes

did not occur in this group, and that a variety of single problems contributed to the rating of those subjects who had some current difficulties.

TABLE 8.2.

KENDALL NON-PARAMETRIC CORRELATIONS BETWEEN INDIVIDUAL
PSYCHOSOCIAL OUTCOME MEASURES

		<u>Ex-care Women</u>								
		1	2	3	4	5	6	7	8	9
Social functioning	1	-	.67	.53	.23	.33	.56	.47	.18	.53
Psychiatric disorder	2		-	.70	.10	.24	.52	.23	.13	.49
Personality disorder	3			-	.10	.32	.46	.12	.14	.38
Official criminality	4				-	.19	.24	.19	.12	.25
Poor social relations	5					-	.30	.14	-.04	.15
Sex/Love problems	6						-	.39	.23	.09
Marriage rating	7							-	.09	.47
No. of cohabitations	8								-	-
Current parenting	9									-

		<u>Comparison Women</u>								
		1	2	3	4	5	6	7	8	9
Social functioning	1	-	.33	*	-.11	.49	.23	.25	.20	-.11
Psychiatric disorder	2		-	*	-.04	.31	-.04	.17	.10	*
Personality disorder	3			-	*	*	*	*	*	*
Official criminality	4				-	-.05	-.02	-.06	-.07	*
Poor social relations	5					-	.48	.15	-.04	.17
Sex/Love problems	6						-	*	-.28	.09
Marriage rating	7							-	.15	.37
No. of cohabitations	8								-	-
Current parenting	9									-

* coefficient cannot be computed

Correlations between the individual items and overall psychosocial functioning were higher in the ex-care sample indicating a substantially greater overlap. This follows from the high rate of personality disorders: a rating which depends upon the presence of deficits in a number of areas. Nevertheless, several features are worthy of comment. Firstly the number of cohabitations a woman had had was not related to the other outcome items. The pattern of more frequent cohabitations amongst this sample was a feature of the group as a whole, not simply a consequence or correlate of other psychosocial problems. Secondly, official criminality was not strongly related either to psychiatric problems or to more general difficulties in relationships, suggesting that criminal activities -which were common in this group - were not good indicators, taken in isolation, of general psychosocial functioning by the mid-twenties.

II. BEHAVIOURAL ANTECEDENTS OF ADULT-FUNCTIONING

The first question to answer when considering the antecedents of adult functioning was the extent to which this was part of a broader history of psychosocial problems relating to factors in the subjects childhoods. As noted in chapter 4, Rutter A and B scales were completed on the great majority of subjects during the pre-adolescent and early teenage years by both (house) parents and teachers. These questionnaires indicated whether the children were already showing emotional or behavioural problems at that time.

All studies of children in long-stay institutions have shown a high prevalence of emotional and behavioural problems (Pringle and Bossio, 1960; Wolkind, 1974). The findings here provided no exception to this picture (table 8.3). As judged by scores on the teachers' questionnaire, six times as many of the ex-care girls as their controls (35% vs 6%) showed disturbed

behaviour at school. This took the form of both emotional and conduct problems, but the latter were more common. The ex-care children also showed high rates of disturbance on questionnaires completed by houseparents (26% of the girls had deviant scores) but no comparison data were available for these. In all, over half of the girls (53%) in this group were rated as disturbed on one or both questionnaires.

TABLE 8.3.

DEVIANCE ON PARENT AND TEACHER QUESTIONNAIRES

<u>GIRLS</u>	<u>EX-CARE COMPARISON</u>		<u>STATISTICAL SIGNIFICANCE</u>		
	N = 28-89 %	N = 48 %			
<u>High Teacher Questionnaire Score</u>	35	6	11.99	1	0.01
Conduct or mixed type disturbance	20	2	6.88	1	0.01
Emotional type disturbance	15	4	2.59	1	NS
<u>High Parent* Questionnaire Score</u>	26				
High score on one or both questionnaires	53				

*. Completed by houseparents. Parent Questionnaires were not available for the Comparison Group.

It is necessary to determine the extent to which these problems constituted precursors of later difficulties in parenting and social functioning. Table 8.4 shows that to an important extent they did. Of the women without any evidence of emotional or behavioural problems when

young 37 per cent showed poor parenting compared with 71 per cent of those with such problems. A similar finding was obtained when delinquency before the age of eighteen is considered, and also for an index involving one or both of these indicators of earlier disturbances. (The slightly lower percentage of women with poor parenting on the latter rating compared with the questionnaire measures on their own is an artefact of the combination of missing data from the two measures. This is because cases in which one rating was non-deviant and the other item missing had to be omitted from the analysis). Poor social functioning was not related to the combined questionnaire/delinquency index at a statistically significant level and this was also the case for the two childhood measures considered singly. However, it cannot necessarily be concluded from this that parenting was more strongly related to earlier emotional/behavioural disturbances than social functioning since the 'poor outcome' ratings on both measures may not be equivalent and because the latter rating takes in a wider variety of behaviours and experiences into account. This may mask a relationship between early emotional/behavioural problems and later difficulties through the contribution of the better functioning of others - spouses for example - to some individual ratings such as marriage. On the other hand, the possibility of a greater effect upon parenting must remain open. Parenting, although offering rewards, may be a more stringent test of current coping skills and abilities to sustain relationships. This possibility is supported by the data which show that, whilst current marital relationships were not associated with childhood deviance, both lower sensitivity and warmth in parenting and aggressiveness in control were (Table 8.5), although the differences reached statistical significance only for an aggressive style of control.

TABLE 8.4.

EMOTIONAL/BEHAVIOURAL PROBLEMS IN CHILDHOOD
AND ADULT OUTCOMES: EX-CARE WOMEN

<u>Questionnaire ratings of behaviour</u>		<u>OVERALL PARENTING</u>			
		<u>Good</u>	<u>Intermediate</u>	<u>Poor</u>	<u>N</u>
Non-deviant	%	37	26	37	(19)
Deviant	%	5	24	71	(21)

$X^2 = 7.33, 2 \text{ d.f.}, p < 0.05$

Delinquent as a Juvenile

No	%	31	22	47	(36)
Yes	%	0	42	58	(12)

$X^2 = 4.71, 2 \text{ d.f.}, \text{NS}$

Behavioural deviance
and/or delinquency

No	%	41	18	41	(17)
Yes	%	8	28	64	(25)

$X^2 = 9.10, 2 \text{ d.f.}, p < 0.025$

SOCIAL FUNCTIONING

<u>Questionnaire ratings of behaviour</u>		<u>Good*</u>	<u>Some problems</u>	<u>Poor</u>	<u>N</u>
		Non-deviant	%	50	25
Deviant	%	25	36	39	(36)

$X^2 = 4.57, 2 \text{ d.f.}, \text{NS}$

Delinquent as a Juvenile

No	%	47	29	24	(67)
Yes	%	21	43	36	(14)

$X^2 = 3.01, 2 \text{ d.f.}, \text{NS}$

Behavioural Deviance
and/or delinquency

No	%	50	23	27	(30)
Yes	%	23	40	37	(40)

$X^2 = 5.84, 2 \text{ d.f.}, \text{NS}$

*Includes those with a history of problems but no current difficulties

TABLE 8.5
EMOTIONAL/BEHAVIOURAL DISTURBANCE IN CHILDHOOD AND
INDIVIDUAL PARENTING RATINGS: EX-CARE WOMEN

<u>PARENTING</u>	<u>QUESTIONNAIRE RATINGS</u>	
	<u>Non-deviant</u> (N= 18) %	<u>Deviant</u> (N= 16) %
1) <u>Expresses Warmth</u>		
Low	17	37
Medium	33	19
High	50	44
$X^2 = 2.139, 2 \text{ d.f., NS}$		
2) <u>Sensitivity</u>		
Low	33	63
Medium	22	19
High	44	19
$X^2 = 3.309, 2 \text{ d.f., NS}$		
3) <u>Aggressive Control</u>		
Low	56	20
Medium	17	27
High	28	53
$X^2 = 4.37, 2 \text{ d.f., NS}$ Trend 3.88, 1 d.f., $p < 0.05$		
4) <u>Daily Play</u>		
Imaginative	19	13
Constructional	31	6
Drawing/Reading/Writing	44	38
Watching T.V.	38	31
Rough and Tumble	25	31
Help in House	38	31
No differences between groups statistically significant		
<u>ADULT RELATIONSHIPS</u>	(N= 31)	(N= 36)
1) <u>Friends</u>		
Good/satisfactory	94	72
Poor	6	28
$X^2 = 3.80, 1 \text{ d.f., NS}$ Exact test 0.023		
2) <u>Marital</u>		
None	13	11
Currently Broken	19	28
Currently Poor	26	22
Currently Satisfactory	42	39
$X^2 = 0.667, 3 \text{ d.f., NS}$		

It is apparent, however, that the ex-care comparison group differences on parenting were not wholly explicable in terms of emotional/behavioural functioning before maturity. Even amongst those without such problems when young, the outcome for the ex-care women was substantially worse than that of the comparison sample, only 10 per cent of whom showed poor parenting. This indicates that the parenting difficulties of the institution-reared women were by no means entirely a function of emotional/behavioural disturbance that was already apparent in childhood. Whether or not other measures of personal functioning at that stage would have predicted later parenting functioning is not known. However, it should not be assumed that the rating of poor parenting necessarily reflected any basic deficit in the capacity to parent. Rather the linkages between institutional rearing and poor parenting might reflect continuities in features that influence the context of parenting, with the context being the main direct influence. This issue is discussed further in chapter 9.

III. EXPERIENTIAL ANTECEDENTS OF ADULT FUNCTIONING

i) Age at admission and pre-admission experiences

The childhood experiences of the ex-care women involved both overt discord and disruption at home prior to long term admission to care, and the more harmonious but discontinuous multiple caretaking of the institutional environment (chapter 5). Previous studies have shown that admissions to long term care before the age of two have discernable sequelae much later in childhood (Tizard and Hodges, 1978) and it is necessary to determine whether this was the case for functioning in adult life.

TABLE 8.6

ADMISSION GROUP AND ADULT FUNCTIONING

	ADMISSION GROUP				
	<u>Under 2</u> (N= 18) %	<u>Age 2-4</u> <u>non-disrupted</u> (N= 10) %	<u>Age 2-4</u> <u>disrupted</u> (N= 13) %	<u>Age 5 or over</u> <u>non-disrupted</u> (N= 11) %	<u>Age 5 or over</u> <u>disrupted</u> (N= 28) %
<u>Social Functioning</u>					
Good	22	50	0	45	11
History only	6	40	31	18	14
Some problems	33	10	46	27	29
Poor	39	0	23	9	46

$X^2 = 26.971, 12 \text{ d.f.}, p < 0.01$

	<u>Parenting</u> (N= 9) %	(N= 9) %	(N= 5) %	(N= 7) %	(N= 9) %
Good	22	60	14	33	17
Some problems	22	40	29	22	22
Poor	56	0	57	44	61

$X^2 = 7.27, 8 \text{ d.f.}, \text{NS}$

Table 8.6 gives the relationships between the age at long-term admission, prior parenting experiences*, and the adult outcome measures. The findings with respect to social functioning show that admissions under the age of two have a high rate of problems in adult life with 72 per cent of women having some or marked current problems. It is clear, however, that those admitted later from disrupted parenting experiences were likely to have similarly poor outcomes as adults, with 73 per cent having some current problems in social functioning. This is in marked contrast with those admitted after two from less disrupted parenting circumstances. This pattern was also evident for parenting outcomes. Fifty-six per cent of those admitted under two showed poor parenting in adult life -a rate comparable to the 60% for those admitted after age 2 years who had experienced disrupted or disturbed parenting, but substantially higher than the 29 per cent for those admitted after 2 years of age from non disrupted homes. Chapter 9 examines the extent to which these differences were related to variations in later life history, and the extent to which they reflected direct effects on functioning.

These 'admission groups' are described in Chapter 5. The sample was divided into three: admitted into long term care before the age of two, between the ages of two and five, and at age five or later. The latter two groups were further subdivided according to whether their pre-admission experiences involved disrupted or disturbed parenting.

ii) Quality of Experiences in Care

The overall pattern of the women's experiences in the Children's Homes was described in chapter 5. The association between their relationships with staff and peers, the pattern of parental contacts and the adult outcome measures are given in tables 8.7a and b. These divide the In-care experiences into the years up to the end of primary schooling (Table 8.7a) and the time from then up to the end of full time schooling (Table 8.7b). It should be noted that in these tables the percentages summate across rows rather than down columns.

Relationships with the staff in the homes were strongly related to parenting and to social functioning for both the earlier and later periods. Those reporting mixed or poor relationships were more likely to have currently poor functioning, and those reporting only good relationships to have fewer parenting or other problems, although not all the differences reached statistical significance. The findings on peer relationships were more complicated. Poor parenting was associated with poor peer relationships in both age periods, but poor social functioning was related only to peer relationships in the early teenage years. It would be unwise, however, to treat this difference as an important one because of the less differentiated reports of peer relationships in the earlier period.

The possibility of biases in the reporting of earlier relationships depending on current circumstances and adjustment was discussed in chapter 4. In this connection it is instructive to consider the findings concerning the frequency of contacts with one or both parents when in care - a rating which does not rely on memories of the quality of contacts. As table 8.7a shows, the group with regular parental contact had much lower rates of problems both in parenting and in social functioning. Agreement between sibs on this frequency rating was high, and these findings support the general conclusion

IN-CARE EXPERIENCES UP TO AGE 11 YEARS AND ADULT FUNCTIONING

SOCIAL FUNCTIONING

		<u>Good</u>	<u>History Only</u>	<u>Some Problems</u>	<u>Poor</u>	<u>N</u>
<u>Contacts with Parents</u>						
less than 4x yr	%	11	8	47	33	(36)
Intermittent	%	22	22	17	39	(18)
Regular	%	33	30	19	19	(27)

$X^2 = 15.039, 6 \text{ d.f.}, p < 0.025$

Relationships: Staff

Positive	%	42	16	42	0	(12)
Neutral	%	29	25	25	21	(28)
Mixed/Poor	%	10	15	32	44	(41)

$X^2 = 14.453, 6 \text{ d.f.}, p < 0.025$

Relationships: Peers

Positive	%	20	40	40	0	(5)
Neutral	%	32	13	21	34	(47)
Mixed/Poor	%	3	24	45	28	(29)

$X^2 = 15.58, 9 \text{ d.f.}, \text{NS}$

PARENTING

		<u>Good</u>	<u>Some Problems</u>	<u>Poor</u>	<u>N</u>
<u>Contacts with Parents</u>					
less than 4x yr	%	14	18	68	(22)
Intermittent	%	55	9	36	(11)
Regular	%	29	43	28	(14)

$X^2 = 11.13, 4 \text{ d.f.}, p < 0.025$

Relationships: Staff

Positive	%	44	33	22	(9)
Neutral	%	29	29	43	(14)
Mixed/Poor	%	21	17	63	(24)

$X^2 = 4.65, 4 \text{ d.f.}, \text{NS}$

Relationships: Peers

Positive	%	50	25	25	(4)
Neutral	%	36	20	44	(25)
Mixed/Poor	%	11	28	61	(18)

$X^2 = 4.54, 4 \text{ d.f.}, \text{NS}$

TABLE 8.7b

IN-CARE EXPERIENCES FROM 11 to 16 YEARS OF AGE AND
ADULT FUNCTIONING

SOCIAL FUNCTIONING

		<u>Good</u>	<u>History only</u>	<u>Some Problems</u>	<u>Poor</u>	<u>N</u>
<u>Relationships: Staff</u>						
Positive	%	35	18	29	18	(17)
Neutral	%	15	15	40	30	(20)
Mixed/Poor	%	10	13	27	50	(30)

$X^2 = 8.294, 6 \text{ d.f.}, \text{NS}$

Relationships: Peers

Positive	%	20	20	35	25	(20)
Neutral	%	20	14	31	34	(35)
Mixed/Poor	%	9	0	27	64	(11)

$X^2 = 5.84, 6 \text{ d.f.}, \text{NS}$

PARENTING

		<u>Good</u>	<u>Some Problems</u>	<u>Poor</u>	<u>N</u>
<u>Relationships: Staff</u>					
Positive	%	50	30	20	(10)
Neutral	%	20	30	50	(10)
Mixed/Poor	%	11	6	83	(18)

$X^2 = 11.855, 4 \text{ d.f.}, p < 0.025$

Relationships: Peers

Positive	%	36	36	28	(14)
Neutral	%	19	12	69	(16)
Mixed/Poor	%	0	0	100	(7)

$X^2 = 11.034, 4 \text{ d.f.}, p < 0.05$

from this analysis that features of the subjects experiences when in care are strongly related to outcomes, in adult life, especially to parenting.

iii) Secondary Schooling

(a) Positive and Negative Experiences

The subjects were asked to describe in detail their secondary school experiences, behaviour and achievements, and were rated on both objective measures such as persistent truancy and examination successes, or membership of a stable peer group, and on their recollections of the pleasure or unhappiness derived from their schooling. In addition, ratings were made of positive evaluations of various aspects of school life including academic learning, craftwork, sport or positions of responsibility. These measures were based on accounts of the pleasure and the sense of personal achievement they obtained and not on external estimates of 'success'.

Summary ratings of schooling were then made. Negative experiences were coded if the subject reported two or more of: persistent truancy, no peer group in school, marked unhappiness with schoolwork or with peer relationships. Positive experiences were coded if there were two or more of: CSE or 'O' level successes, a clearly positive evaluation of schoolwork or of relationships, or a positive recall of three or more areas of school life.

Data are given in table 8.8.

TABLE 8.8.

	<u>SCHOOL EXPERIENCES</u>		X ²	STATISTICAL SIGNIFICANCE	
	<u>EX-CARE</u> N= 81 %	<u>COMPARISON</u> <u>GROUP</u> N= 41 %		df	p
<u>Negative Experiences</u>					
Persistent truancy	42	24	2.92	1	NS (0.04)*
No peer group	17	15	0.01	1	NS
Marked unhappiness : work	54	22	10.32	1	0.01
Marked unhappiness : peers	30	15	2.50	1	NS (0.05)*
Any two of these	48	22	4.99	1	0.05
<u>Positive Experiences</u>					
CSE/'O' level	7	35	13.40	1	0.001
Positive evaluation : work	9	12	0.09	1	NS
Positive evaluation : peers	11	15	0.07	1	NS
Three or more positive experiences	41	51	0.82	1	NS
Any two of these	32	37	0.14	1	NS

* Figures in brackets are exact probabilities.

In all the ex-care women were twice as likely to report negative experiences (44% vs 22%) but the samples did not differ with respect to positive experiences (37% vs 32%), although the comparison sample was much more likely to have had some examination successes (35% vs 7%).

(b) School Experiences and Outcome

The relationship between overall school experiences and outcome is given in table 8.9. The presence or absence of positive experiences was not related to adult functioning in the comparison group. The picture was different amongst the ex-care sample. For them, 39 per cent without positive experiences had poor social functioning compared with 8 per cent of those with positive schooling. This pattern applied also to parenting, where 62 per cent of those without positive experiences showed poor parenting as against 21 per cent of those who reported their schooling positively. It should be noted that the association between negative experience and parenting in the comparison group is predominantly explained by the excess of good parenting in the negative group. That is, poor school experiences are not a precursor of parenting difficulties in this sample. That finding parallels that in the Retrospective study.

iv) Positive Relationships during the Teenage Years

Relationships with adults when in care have been considered above. This analysis can be extended to examine the effects of positive relationships during the teens more generally. Relationships were rated as 'positive' if the subject reported that for a substantial proportion of her teenage years, she maintained a stable relationship (or relationships) with one or more adults for whom she felt a definite attachment. The relationships need not necessarily have been free of tension or arguments but there had to be clear evidence of positive feelings and of prolonged attachment to an adult who might be a parent, foster parent, house parent or any other grown-up (peer relationships and those with spouses were excluded from this rating).

TABLE 8.9

SCHOOL EXPERIENCES AND OUTCOMEEX-CARE WOMEN

	<u>Positive Experiences</u>		<u>Negative Experiences</u>	
	No (N= 36)	Yes (N= 25)	No (N= 42)	Yes (N= 39)
<u>Social Functioning</u>				
Good	9	48	33	8
History of problems only	16	24	21	15
Some current problems	36	20	33	28
Poor functioning	39	8	12	49
	$X^2 = 20.25, 3 \text{ df}, 0 < 0.001$		$X^2 = 16.16, 3 \text{ df}, p < 0.01$	
<u>Parenting</u>				
	(N= 34)	(N= 14)	(N= 18)	(N= 30)
Good	15	57	50	13
Intermediate	26	21	22	27
Poor	59	21	27	60
	$X^2 = 9.59, 2 \text{ df}, p < 0.01$		$X^2 = 8.11, 2 \text{ df}, p < 0.025$	

COMPARISON WOMEN

	<u>Positive Experiences</u>		<u>Negative Experiences</u>	
	No (N= 26) %	Yes (N= 15) %	No (N= 32) %	Yes (N= 9) %
<u>Social Functioning</u>				
Good	65	60	63	67
History of problems only	8	20	9	22
Some current problems	27	20	28	11
Poor functioning	0	0	0	0
	$X^2 = 1.41, 2 \text{ df}, \text{NS}$		$X^2 = 1.803, 2 \text{ df}, \text{NS}$	
<u>Parenting*</u>				
	(N= 16)	(N= 11)	(N= 17)	(N= 10)
Good	50	45	29	70
Intermediate	44	36	65	10
Poor	6	18	6	20
	$X^2 = 0.95, 2 \text{ df}, \text{NS}$		$X^2 = 7.70, 2 \text{ df}, p < 0.025$	

* Wives of male controls included

TABLE 8.10

POSITIVE RELATIONSHIPS IN TEENS AND LATER FUNCTIONING

EX-CARE WOMEN

PARENTING

	<u>Good</u> (n= 13) %	<u>Intermediate</u> (n= 12) %	<u>Poor</u> (n= 23) %
No good relationships	46	67	52
Good relationships	54	33	48

$X^2 = 1.128, 2 \text{ d.f.}, \text{NS}$

SOCIAL FUNCTIONING

	<u>Good</u> (n= 17) %	<u>History only</u> (n= 12) %	<u>Some Problems</u> (n= 28) %	<u>Poor</u> (n= 24) %
No good relationships	35	33	54	58
Good relationships	65	67	46	42

$X^2 = 3.507, 3 \text{ d.f.}, \text{NS}$

As table 8.10 shows, the presence of such clearly positive relationships made no appreciable difference to the quality of parenting or overall psychosocial outcome at the time of follow-up in the early to mid-twenties.

There is an apparent contradiction between these findings and those presented above concerning relationships when in the Children's Homes. This arises because that analysis was concerned with the outcomes from overall experiences and thus separated the subjects into those whose relationships with staff or peers were only either good, or neutral or poor. The small group with both positive and negative relationships had outcomes similar to those in the poorly relating group and were therefore amalgamated with them. Here the effects on outcome of at least one stable and positive relationship (regardless of the presence of negative relationships) is examined and in this case there were no strong associations.

v) Family Relationships on Return Home

The findings with respect to family experience subsequent to discharge from residential care are summarised in table 8.11. In most cases this involved a return to one or both biological parents but eight long term fostering placements were also included. About half the girls returned to some kind of family environment, with the remainder staying in the institutions until they left to live independently. Although the numbers involved were quite small, a poor psychosocial outcome seemed less likely if the girl returned to an harmonious family setting or to one with no more than parent-adolescent disagreements. Of those going to a home with pervasive quarrelling and dysharmony, half showed poor social functioning; a substantially worse outcome than for those remaining in care. But, once again this did not apply to the quality of parenting. Here the outcome was much the same whether or not the girls returned to a family and there was no consistent association with the characteristics of the home to which they returned. However, it should be noted that none of the three women who returned to non-d discordant homes showed poor parenting.

TABLE 8.11

CIRCUMSTANCES ON RETURN HOME AND PARENTING
(Ex-care Women)

	% Poor Social Functioning (Total N)		% Live Births (Total N)		% Poor Parenting* (Total N)	
Remained in Care	26	(39)	51	(39)	58	(19)

Characteristics of Home Life
on Return

Non-discordant	10	(10)	30	(10)	0	(3)
Arguments with parents only	33	(18)	72	(18)	54	(13)
General family discord	50	(14)	93	(14)	54	(13)

Statistical Significance of Home
Life

X ² (Trend)	4.15	12.46	NS
d.f.	1	1	
p	<.05	.001	

*Proportions based on those with children, but the 'poor parenting' rating includes those cases in which parenting had broken down at some point.

vi) Pregnancy History

In chapter 7 a number of features of the history of pregnancy and child birth were shown to differentiate the ex-care and comparison samples. The ex-care women were more likely to become pregnant before the age of nineteen and for that pregnancy to be unplanned and unwanted. In addition, the children selected for parenting assessment were somewhat more likely to have spent time in a special care facility immediately following their birth. The frequency of birth complications (such as breach, forceps or caesarian deliveries) were similar in both groups. It is important to determine whether these characteristics of their pregnancy and childbirth experiences relate to their overall parenting histories.

As table 8.12 shows, both the age at first pregnancy and whether the pregnancy was planned or wanted relate strongly to an overall poor parenting outcome in the ex-care sample. This appears to be true for more complicated childbirths also, although the difference was not statistically significant. However, none of these features relate to parenting in the comparison sample. This suggests that the impact of these pregnancy and childbirth experiences on later parenting is mediated by other features of the women's lives and functioning. The links between their earlier life histories and their parenting are discussed in the next chapter.

TABLE 8.12
PREGNANCY HISTORY AND POOR PARENTING*

	<u>Ex-care</u> (n= 48)		<u>Comparison Group</u> (n= 27)	
	<u>% Poor Parenting</u>		<u>% Poor Parenting</u>	
<u>Age at first pregnancy</u>	%	(N)	%	(N)
Under 19	62	(29)	0	(6)
19 or over	32	(19)	14	(21)
	Exact test 0.038		Exact test 0.45	
<u>Planning of First Pregnancy</u>				
Unplanned and unwanted	85	(13)	0	(3)
Unplanned but accepted	43	(21)	14	(4)
Planned pregnancy	23	(13)	12	(14)
	$X^2=10.41, 2df, p<0.01$		$X^2=0.45, 2df, NS$	
<u>Birth Complications: Index Child</u>				
None	38	(32)	10	(21)
Some (breech, forceps, caesarian, etc)	70	(10)	17	(6)
	Differences not statistically significant			
<u>Special Post-natal Care</u>				
None	44	(32)	12	(26)
One or more days	50	(8)	0	(1)
	Differences not statistically significant			

SUMMARY

This chapter has discussed a number of the antecedents of parenting problems and poor social functioning in the histories of the ex-care and comparison samples. It was apparent that, as in the retrospective study, the current parenting difficulties of the institution reared sample overlapped strongly with more general problems in psychosocial functioning. This was not so for the comparison group and we may conclude that the correlates of mild or moderate parenting problems are different from those of more severe difficulties. Measures of emotional or behavioural problems in the teenage years were associated with later parenting difficulties, but the relationships of these with overall social functioning were not strong. With respect to the links between emotional/behavioural disturbance and parenting, the associations were stronger for aggressiveness in control than for relational features such as expressed warmth or sensitivity, although there appeared to be some associations with these parenting characteristics also.

The variations in the strength of the relationships between a number of antecedent factors and current functioning, and the differences between the two samples suggests that continuity with earlier emotional/behavioural problems is probably not direct but mediated by other aspects of life history. This question is examined in the next chapter.

CHAPTER 9
PROCESSES OF TRANSMISSION

I. INTRODUCTION

In the analysis of the Retrospective Study the characteristics and life histories of the parents with children currently in care were detailed. These features included increased rates of parental deviance and disorder; serious childhood adversities; in-care experiences; strained family relationships in the teenage years; early pregnancies and current material, marital and psychiatric difficulties. In the Prospective Study the early institutional experiences were, by definition, common to all the ex-care subjects and a high proportion also suffered family discord. Their later emotional/behavioural adjustment in early adolescence, their later marital and pregnancy histories and their current parenting frequently paralleled those of the mothers in the first study. Moreover, serious breakdowns in parenting, which were not uncommon, were entirely confined to this group. It was observations such as these that originally led to the idea of a cycle of transmitted deprivation perpetuated through family circumstances. On the other hand, the Retrospective Study showed that other factors were implicated in current parenting and in parenting breakdown; in particular, the characteristics of husbands and of marital circumstances, and features of housing and material conditions. Moreover, the presence of these current adversities ^{was} linked to early family hardships. What that study was unable to examine, as is the case with retrospective investigations, was the probability of a poor outcome given such early adversities, or the processes linking disadvantaged childhoods, adverse life histories, current adverse circumstances and poorer parenting or social functioning in early adult life.

The first finding from the Prospective Study that should be emphasised is the considerable heterogeneity of outcomes. Only a minority, albeit a substantial minority, of mothers showed currently poor parenting or poor social functioning. Clearly the marked childhood adversities which they all suffered, were not being transmitted to the next generation in most cases. On the other hand, all those whose children did experience parenting breakdowns were drawn from families with early adversities. What, then, are the impacts of such childhoods and is it possible to identify the processes through which continuities or discontinuities occur?

Two general models for these processes were outlined in chapter 1, the first concerned the perpetuation of disadvantages through the nature of the social structure and the second through the impact of adversities on personality development. There is a danger in discussions on these alternatives for one of the models to be advanced to the exclusion of the other, even though the general tendency to discontinuity in disadvantage does not support either strongly (Rutter and Madge, 1976). There can be little doubt that family circumstances and relationships affect children's development and that discordant and disrupted family experiences can have markedly adverse consequences (Quinton and Rutter, 1984; Rutter and Giller, 1983). On the other hand, there can be little doubt that poverty and poor circumstances can markedly affect physical and mental health and the relationships of family members (Rutter and Madge, 1976; Brown and Madge, 1982). Social structural considerations are clearly necessary to explain how disadvantages are distributed within society and why, for example, certain geographical areas have persistently high rates of unemployment. But they do not provide an exhaustive explanation of why, within such disadvantaged sectors of the population, particular adversities show intergenerational continuities in some families but not in others.

Conversely, family process models are sometimes unjustifiably used to explain away current social disadvantages as being a consequence of individual inadequacies.

In this chapter analyses are presented that consider both the impact of experiences on individual development and functioning and the impact of wider social variables as they operate at the family level. Here the two models for intergenerational continuities pose related but distinct questions. Firstly, to what extent does the point from which the subjects start - that is, in long term care from disadvantaged homes - constrain their life chances? Secondly, to what extent is the perpetuation of disadvantage or its converse a function of the impact of early experiences on personality development. That is, is there an increased probability that the behavioural sequelae to adverse experiences lead individuals into adverse circumstances? And finally, are the adverse effects of early hardships non-reversible by the time adulthood is reached?

At first glance, the data presented in chapter 8 would seem to offer strong support for the view that continuities occur through experiential or genetic effects on personality development. Emotional/behavioural disturbance as rated on the home parents and teacher questionnaires, was associated with poorer outcome on overall outcome on social functioning and measures of parenting. The subjects' reports of relationships when in care pointed in the same direction - if it is assumed that their own behaviour contributed to these relationships. Further, there seemed to be little beneficial impact of longstanding positive relationships with adults during their teenage years.

It is clear that children admitted to care constitute a group at high risk for deviant personality development and various psychosocial problems (chapter 8). Such data have often led to the conclusion that early

experiences have permanently damaging effects, and, where this damage is not yet apparent in behavioural or emotional problems, it is simply covert, present under the surface and waiting to be revealed. Such views are hard to reconcile with the well documented fact that many, usually the majority, of children do not succumb in the face of risk factors of a wide variety of kinds and severities. Nor are sleeper effects a common phenomenon. More usually the long term consequences of exposure to psychosocial risk show attenuation of sequelae with age and changing circumstances, or vulnerabilities apparent later under particularly stressful conditions only.

Interest in the question of resilience or invulnerability in the 1970s (Anthony, 1974; Garmezy, 1974) focussed initially on factors in the child associated with resistance to stressors. It has remained an open question, however, whether these factors promoting resilience lie primarily in the children or their environment (Rutter, 1979). The search for such factors does not just mean investigating positive influences that encourage optimal psychosocial development. Rather the idea concerns influences, both positive and negative, that serve to affect resilience in children exposed to environmental hazards. In short, the focus is on factors that in some way alter the impact of risks - an interaction of some kind (Rutter, 1983a) - and not just on beneficial influences. From this perspective, there is, similarly no implication that effects permanently change the course of personality development; instead the concern is to identify the variety of influences both from personal dispositions and environmental circumstances that serve to create continuities and discontinuities (Rutter, 1983b). This is the theoretical and analytic approach taken in this chapter.

II. GENETIC FACTORS AND DISRUPTED PARENTING IN EARLY CHILDHOOD

The ex-care group is clearly a group at risk for psychosocial problems. A major question to consider first is which factors in their

background on experience constituted the risk, and in particular whether their poorer outcome was a function of their genetic background or their experiences in childhood. The study was not designed to differentiate between these two types of risk and obviously both were present.

Nevertheless, some measure of possible hereditary influence can be obtained through attention to overt deviance in the parents of the ex-care women, since, as the children had been separated from their parents for much of their upbringing, such deviance may be used as an indirect measure of possible genetic factors. Contemporaneous social services records were available for 40 subjects. Parental deviance was rated as present if either of the girls' parents had had a criminal record in adult life, or had been treated for a psychiatric disorder, or alcoholism or being dependent on 'hard' drugs. Parental deviance was rated for two-thirds of the girls. The presence or absence of parental deviance was then assessed in relation to the various outcome variables.

As shown in Table 9.1. parental deviance showed a significant association with adult personality disorder and a non-significant association with *overall psycho-social functioning*. Because personality disorder was rated on the basis of the history of overall psychosocial functioning, the two ratings necessarily overlapped. However, they differed in that the former required persistently impaired functioning over many years, although not necessarily significant handicap at the point of follow-up. Conversely, the overall psychosocial outcome rating was based solely on current functioning without reference to persistence over time. As it happened, 4 of the 14 women with poor overall functioning did not show a personality disorder and 2 of the 12 women with a personality disorder did not show current poor overall functioning at the follow-up assessment.

TABLE 9.1
PARENTAL DEVIANCE AND PSYCHOSOCIAL OUTCOME
 (Ex-care women)

	<u>Parental Deviance</u>		Exact Probability (one-tailed)
	<u>Absent</u> (n= 13) %	<u>Present</u> (n= 27) %	
Behavioural disorder (childhood)	54.5	58.3	NS
Delinquency (childhood)	23.1	14.8	NS
Criminality (Adult and Child)	23.1	29.6	NS
Personality disorder (Adult)	7.6	40.7	.03
Poor overall psychosocial functioning	23.0	40.7	NS
Poor parenting	42.9	41.7	NS

TABLE 9.2
DISRUPTED PARENTING IN INFANCY AND
PSYCHOSOCIAL OUTCOMES IN ADULT LIFE
 (Ex-care women)

	<u>Personality Disorder</u>		<u>Poor Social Functioning</u>		<u>Poor Parenting</u>	
	%	(n)	%	(n)	%	(n)
Disrupted early parenting	32	(59)	39	(59)	59	(34)
Non-disrupted early parenting	5	(21)	5	(21)	29	(14)
Statistical significance (p) (Exact Test)	.01		.01		0.06	

Comparable within-group analyses were undertaken with respect to whether or not the ex-care children experienced disrupted parenting during the first four years of life. Disrupted parenting was rated as having occurred if there had been short-term admissions into care, multiple separations through parental discord or disorder, persistent family discord, or admission into long term institutional care before the age of 2 years. The findings (see table 9.2) showed that the adult outcome, in terms of both personality disorder and overall psychosocial functioning, was substantially worse for those women who experienced disrupted parenting in infancy.

Not surprisingly, disrupted parenting occurred more frequently in the subgroup of girls with deviant parents. Hence, the next question was which variable had the greater effect on outcome - parental deviance or disrupted parenting. Table 9.3a presents the overall pattern of findings for the outcome measure of overall social functioning and table 9.3.b for personality disorder. The numbers were too small to permit this analysis for parenting.

Table 9.3.a shows that for social functioning there is a highly significant main effect for disrupted parenting but no main effect for parental deviance and no significant additional effect from their combination. Thus, insofar as these measures allowed a test of the matter, the findings indicate an important effect from early life experiences that is not explicable in terms of biological parentage.

TABLE 9.3a
PARENTAL DEVIANCE, DISRUPTED PARENTING
AND ADULT OUTCOME
 (Ex-care women)

A. Poor social functioning

<u>Early parenting</u>	<u>No parental Deviance</u>		<u>Parental Deviance</u>	
	%	(n)	%	(n)
		poor		poor
Non-disrupted	0	(6)	0	(3)
Disrupted	43	(7)	46	(24)

LINEAR LOGISTIC ANALYSIS

<u>Model fitted</u>	<u>Model Fitted</u>			<u>Comparison of Models</u>			
	<u>Deviance</u>	<u>df</u>	<u>p</u>	<u>Term</u>	<u>Improvement Added</u>	<u>df in fit</u>	<u>p</u>
(A) Constant	9.13	3	0.05				
(B) Disrupted parenting	0.02	2	NS	B to A	9.11	1	0.01
(C) Parental deviance	7.88	2	0.02	C to A	2.25	1	NS
(D) Disruption and deviance	0.0007	1	NS	C to B	0.01	1	NS
				B to C	7.87	1	0.01

TABLE 9.3b
PARENTAL DEVIANCE, DISRUPTED PARENTING
AND ADULT OUTCOME
 (Ex-care women)

B. Personality disorder

<u>Early parenting</u>	<u>No parental Deviance</u>		<u>Parental Deviance</u>	
	%	(n)	%	(n)
		poor		poor
Non-disrupted	0	(6)	0	(3)
Disrupted	14	(7)	46	(24)

LINEAR LOGISTIC ANALYSIS

<u>Model fitted</u>	<u>Model Fitted</u>			<u>Comparison of Models</u>			
	<u>Deviance</u>	<u>df</u>	<u>p</u>	<u>Term</u>	<u>Improvement Added</u>	<u>df in fit</u>	<u>p</u>
(A) Constant	10.02	3	0.02				
(B) Disrupted parenting	2.54	2	NS	B to A	7.48	1	0.01
(C) Parental deviance	4.70	2	NS	C to A	5.32	1	0.05
(D) Disruption and deviance	0.0007	1	NS	C to B	2.53	1	NS
				B to C	4.69	1	0.05

The findings for personality disorder (Table 9.3b) are more complicated in that there are significant main effects for both parental deviance and disrupted parenting, with a further significant effect for their combination, suggesting that both genetic and experiential factors are important in this case.

Ideally, it would have been desirable to consider separately the child's age at the time of admission to the Children's Home in that the disrupted parenting that resulted from multiple caretaking in the institution was rather different in quality from that which stemmed from discord and disorder in the biological families. Earlier analysis (see table 8.6) showed that the outcome for children admitted to the institution in the first 2 years of life and who remained there throughout childhood was as bad as that for any other sub-group. The numbers involved were rather small for the examination of the effects of the child's age of admission to long-term care after taking account of parental deviance and early disruption but this was attempted in table 9.4 with respect to personality disorder, the outcome most strongly related to these early experiences.

TABLE 9.4

LINEAR LOGISTIC ANALYSIS FOR THE EFFECTS OF PARENTAL DEVIANCE, DISRUPTED PARENTING AND AGE ON ADULT PERSONALITY DISORDER

<u>Model fitted</u>	<u>deviance</u>	<u>d.f.</u>	<u>p.</u>	<u>Reduction in deviance</u>	<u>d.f.</u>	<u>p</u>
a) Initial model fitted	16.05	5	0.01			
b) Parental deviance only	10.73	4	0.05	(from a) 5.32	1	0.05
c) Disrupted parenting only	8.56	4	0.10	(from a) 7.49	1	0.01
d) Age of admission only	12.66	4	0.02	(from a) 3.39	1	0.10
e) Improvement on parental deviance model by addition of disrupted parenting				(from b) 4.70	1	0.05
f) Improvement on parental deviance model by addition of age				(from b) 4.08	1	0.05
g) Improvement on parental deviance model by addition of disrupted parenting & age				(from b) 7.24	1	0.01
h) Improvement on parental deviance plus disrupted parenting model by addition of age				(from e) 2.54	1	NS

This analysis repeats the findings from table 9.3. showing a significant main effect for both disrupted parenting and parental deviance, but not for age at admission. In that the inclusion of these two main effects provides a satisfactory fit to the data, it can be argued that age at admission is not an important variable once they are taken into account. However, both disruption and age at admission produce similar significant reductions in deviance when added to the model fitting deviance only, and it seems likely that these factors overlap. Since the best fit is provided by the inclusion of all three variables it is premature to conclude from these data that admission age is unimportant. Further comparisons of samples selected more specifically with respect to these variables is necessary to determine this point.

III. MEDIATING AND AMELIORATING FACTORS

The analyses thus far have shown that disrupted parenting in the early years followed by institutional rearing in middle and later childhood significantly predisposed to poor psychosocial functioning in early adult life, of which poor parenting constituted one important facet. Nevertheless, many of the ex-care women did not show poor parenting and a substantial minority showed good parenting. It is necessary now to consider possible mediating and ameliorating factors that might explain that heterogeneity.

(i) Positive Experiences at School

It has been shown already (chapter 8) that the girls' behaviour in middle childhood and early adolescence constituted an important link between infancy and adulthood. The outcome was significantly worse for those girls already delinquent or showing disturbed behaviour at home or at school at that time. On the other hand those who reported positive experiences at school showed markedly better functioning, later and it may be that such experiences exerted a protective or ameliorating influence.

However, it is first important to consider whether these effects are simply artefacts of an association between poorer schooling experiences and behavioural deviance as indicated by the teachers questionnaire.

TABLE 9.5
TEACHER QUESTIONNAIRE, POSITIVE SCHOOL EXPERIENCES
AND SOCIAL FUNCTIONING
 (Ex-care Women)

	<u>Positive School Experiences</u>				
	<u>%</u> <u>poor</u> <u>functioning</u>	<u>No</u> <u>(total n)</u>	<u>%</u> <u>poor</u> <u>functioning</u>	<u>Yes</u> <u>(total n)</u>	<u>statistical</u> <u>significance</u> <u>(Exact test)</u>
<u>Teacher's questionnaire</u>					
Non-deviant	35	(31)	8	(13)	0.06
Deviant	55	(20)	0	(4)	0.07

Table 9.5 shows that this is not the case. Although behavioural deviance was strongly related to the presence of positive school experiences, these experiences appeared to have a protective or an ameliorating effect when deviance was taken into account. However, since such positive school experiences were relatively infrequent in both deviant and non-deviant children, the overall beneficial contribution of schooling to more satisfactory adult outcomes was relatively small. Nor can it be concluded that such experiences were necessarily having an effect on adult functioning irrespective of the circumstances in which the women later found themselves. As is considered in greater detail below, it is more likely that the effects of positive experiences in school arose through their impact on subsequent life chances by virtue of their initiating or perpetuating chains of more positive or rewarding circumstances. Such chains can be

illustrated by considering how the events leading to admission in childhood relate to the conditions upon discharge and the consequences of these for the girls.

(ii) Disrupted Parenting in Infancy and Circumstances on Leaving Care

TABLE 9.6
DISRUPTED PARENTING IN INFANCY AND RETURN HOME
ON LEAVING INSTITUTIONAL CARE

	Return to			
	<u>Non-discordant</u>	<u>Parent-child</u>	<u>General</u>	<u>No return</u>
	<u>family</u>	<u>discord only</u>	<u>family</u>	<u>discord</u>
	%	%	%	
Admitted under 2 years (N= 18)	6	17	17	61
Disrupted parenting and admission over 2 years (N= 41)	5	24	24	46
Non-disrupted parenting and admission over 2 years (N= 21)	33	24	5	38

$$\chi^2 = 12.67; 4 \text{ d.f.}; p < 0.025$$

As already discussed, the children's experience of parenting during the infancy period showed a significant association with the women's social functioning in adult life. It might be thought that the finding implies that experiences during the early years have some sort of critical impact on personality development -perhaps as a result of influences on children's first acquisition of selective social attachments. However, the results summarized in Table 9.6 indicate that that would be an unwarranted assumption. They show that disrupted parenting in infancy is significantly associated with what happens when the young people leave institutional care

in late adolescence. Of the girls who did not experience disrupted parenting in infancy *one third* left the Children's Home to return to a non-discordant family environment. In sharp contrast this happened with a mere *five* per cent of those who had had disrupted parenting during their early years. Most (61%) of the girls admitted to the Children's Home under the age of 2 years did not return to any type of family when they left the institution (not surprisingly, because few had a family to which they could return). In contrast, although this also applied to many of those who experienced disrupted parenting but were not admitted until after age 2 years, also *nearly one quarter (24%)* returned to a ^{generally} discordant family, usually the one from whence they had been taken many years before. These discharge patterns were not related to the girls' functioning as measured on the A and B scales. It is apparent that the measure of disrupted parenting could not be considered solely in terms of what happened in infancy because what happened then served to influence the girls' circumstances on leaving the institution more than a dozen years later.

(iii) Family Relationships on Return Home

The family experiences of the girls on discharge from care and their relationship to overall outcome were discussed in chapter 8. These data are repeated here in order to illustrate their place in the chains of adverse circumstances.

TABLE 9.7
CIRCUMSTANCES ON RETURN HOME AND OUTCOME

	% Poor social Functioning		% Live Births		% Poor Parenting*	
	(Total n)		(Total n)		(Total n)	
Remained in care	26	(39)	51	(39)	55	(20)
<hr/>						
Characteristics of Home Life on Return						
Non-discordant	10	(10)	30	(10)	0	(3)
Arguments with parents only	33	(18)	72	(18)	53	(13)
General family discord	50	(14)	93	(14)	46	(13)
Statistical significance of Home Life						
X ² for trend	4.15		12.46		NS	
d.f. 1						
p	<.05		.001			

In most cases return home involved a return to one or both biological parents but eight long-term fostering placements were also included. About half the girls returned to some kind of family environment, with the remainder staying in the institutions until they left to live independently. Although the numbers involved were quite small, a poor psychosocial outcome seemed less likely if the girls returned to a harmonious family setting or one with no more than parent-adolescent disagreements. Of those going to a home with pervasive quarrelling and disharmony, half showed poor social functioning; a substantially worse

outcome than that for those remaining in care. But this did not apply to the quality of parenting. The outcome was much the same whether or not the girls returned to their families and there was no consistent association with the characteristics of the home to which they returned.

The circumstances on return home also helped to determine what happened next. As evident from table 9.7, those who returned to a discordant family environment were much more likely to become parents than those who returned to a harmonious family or those who remained in the institution until they achieved independence. Altogether, 93 per cent of the discordant family subgroup gave birth to a child (often as a teenager) compared with 51 per cent of those remaining in the institution and 30 per cent of those going to harmonious families, a rate similar to that in the control group. Of the women returning to a discordant environment who had living children five had children adopted or in care and three had children living with the father. Also, the timing of the first pregnancy was associated with the quality of parenting as assessed at the time of follow-up. Nearly two-thirds (62%) of the women who became pregnant by the age of 18 years were rated as showing poor parenting compared with a third (32%) of those who did not have their first baby until later.

Return to a discordant home was also, as one might expect, linked with the likelihood of the girls' marrying for a negative reason (i.e., to escape from stressful circumstances or because an unwanted marriage was forced by pregnancy). Of those returning to a discordant family over half married for a negative reason; compared with 20 per cent of those going to a harmonious home, and 46 per cent of those not returning to a family at all. The effects of adverse circumstances need to be seen in terms of chains of events and happenings, rather than any one single decisive stressor. Since the circumstances of family formation appear to be

a critical link in those chains it is next necessary to examine the place of marital relationships in influencing later functioning.

(iv) Characteristics of the Spouse and Marital Support

As discussed in the literature review, the issue of continuities in behaviour and in the developmental process is crucially related to the issue of situational stability and the continuity of contexts. In order to examine the strength or permanence of some risk factor on personality development it is necessary to look for points at which an individual's life situation alter most radically. In the transition to adulthood marriage (1) is the most significant change in the young person's psychosocial environment. The first question to consider, therefore, is whether the woman's current marital situation and the characteristics of her spouse were associated with outcome measures.

The data show that they were to a marked extent (Table 9.8.). Both a lack of support (2) in the marital relationship and the presence of current deviance (3) in the spouse were associated with high rates of poor current social functioning and poor parenting. The figures for the women in these groups were similar to those for women without a current marital relationship. Most striking, however, were the high rates of satisfactory social functioning for women with a currently supportive or non-deviant spouse.

Footnote*

- (1) 'Marriage' here is used to describe all marital style cohabitations whether legally contracted or not.
- (2) A supportive spouse was rated if there was an harmonious marriage, if the woman talked warmly about her spouse and if she said she confided in him.
- (3) The spouse was rated as deviant if there was current psychiatric disorder, criminality, drink or drug problems, or longstanding difficulties in personal relationships.

TABLE 9.8

SPOUSE SUPPORT, SPOUSE DEVIANCE AND OUTCOME (Ex-care Women)

SOCIAL FUNCTIONING

<u>SPOUSE SUPPORT</u>	<u>Good</u>	<u>History only</u>	<u>Some Problems</u>	<u>Poor</u>	
No spouse	% 7	11	36	46	(N= 28)
Non supportive spouse	% 5	5	47	42	(N= 19)
Supportive spouse	% 41	32	18	9	(N= 34)

$X^2 = 30.08, 6 \text{ d.f.}, p < 0.001$

SPOUSE DEVIANCE

No spouse	% 2	11	36	46	(N= 28)
Deviant spouse	% 18	9	39	39	(N= 23)
Non deviant spouse	% 44	33	19	4	(N= 27)

$X^2 = 26.99, 6 \text{ d.f.}, p < 0.001$

CURRENT PARENTING

<u>SPOUSE SUPPORT</u>	<u>Good</u>	<u>Intermediate</u>	<u>Poor*</u>	
No spouse	% 20	20	60	(N= 10)
Non supportive spouse	% 0	31	69	(N= 16)
Supportive spouse	% 50	23	27	(N= 22)

$X^2 = 12.89, 4 \text{ d.f.}, p < 0.025$

EPOUSE DEVIANCE

No spouse	% 20	20	60	(N= 10)
Deviant spouse	% 5	15	80	(N= 20)
Non deviant spouse	% 53	41	6	(N= 17)

$X^2 = 21.68, 4 \text{ d.f.}, p < 0.01$

* includes current parenting breakdown.

with supportive and non-deviant spouses

This was true for parenting also, where half the mothers were in the good outcome category - a rate similar to that in the comparison sample. The associations with deviance in the spouse are particularly noteworthy because the measures largely came from different informants (parenting and social-functioning from the woman and the spouse's psychosocial problems from the spouse himself). This association makes it less likely that the causal influences are due to the effects of the women on her husband. This point is developed further below.

(v) Factors Leading to the Choice of Spouse

(a) Assortative mating

The findings suggest that the spouses' good qualities exerted a powerful ameliorating effect leading to better parenting and better functioning. There was a substantial overlap between whether the spouse had problems and whether he provided a supportive relationship but, with the sample size available, it was not possible to determine which feature made the difference. But before concluding that the spouses' support constituted an ameliorating feature it is necessary to ask whether the statistical association merely reflected the women's own characteristics. Perhaps the girls who were non-deviant themselves during childhood and adolescence were the ones to choose better functioning supportive men to marry

TABLE 9.9

DEVIANCE ON QUESTIONNAIRE AND CHARACTERISTICS OF SPOUSE
(Ex-care Women)

<u>CURRENT SPOUSE</u>	<u>DEVIANT ON QUESTIONNAIRE</u>	
	<u>No</u> % (N= 30)	<u>Yes</u> % (N= 35)
No spouse	37	40
Deviant spouse	30	34
Non deviant spouse	33	26
		$X^2 = 0.459, 2 \text{ d.f.}, \text{NS}$
<u>FIRST SPOUSE</u>	(N= 30)	(N= 35)
No spouse ever	13	11
Deviant first spouse	50	49
Non deviant first spouse	37	40
		$X^2 = 0.10, 2 \text{ d.f.}, \text{NS}$

Table 9.9 shows that this was not the case to any significant extent. The subjects were subdivided into 'deviant' and 'non-deviant' groups according to their parent and teacher questionnaire scores in childhood. As shown already, those women deviant on one or other (or both) of these questionnaires had a substantially worse outcome. However, the presence of behavioural deviance did not predict the women's spouses' characteristics. Nearly two-fifths of both the deviant and non-deviant groups were without a cohabiting partner at the time of follow-up. About half the spouses of the remainder showed substantial personal problems or one sort or another* but there was no evidence that the deviant women more often selected men with problems as their spouses. The lack of assortative mating within the ex-care group may be a function of the fact that, on leaving the institution,

* Involving current psychiatric disorder, criminality or alcohol or drug abuse.

the girls were scattered to a variety of settings different from those in which they had been reared - a circumstance that contrasts sharply with that of girls brought up in their own families and one likely to introduce a greater degree of randomness in the pool of men available. Whether or not this was the case, the findings indicate that it is most unlikely that the association between spouse characteristics and the women's adult functioning was merely an artefact resulting from biases in the choice of marriage partner. Rather, it appears that the presence of a non-deviant supportive spouse exerted a protective effect making it more likely that women from a deprived background would be able to function effectively. On the other hand, although there was no indication that the ex-care women's behaviour matched that of their male spouses, there was a marked tendency for the group of institution-reared women as a whole to be more likely than the comparison group to set up home with men with problems (51% vs 13% - $\chi^2 = 11.32$; 1 d.f.; $p < 0.001$). Moreover, as already noted (Table 7.2), the ex-care women with children were much more likely at follow-up to be without any kind of spouse (22% vs 0%). For both these reasons, the ex-care women were much less likely to experience the protective effect of a supportive spouse (27% vs 74%).

The separate effects of the women's own deviance and her spouse's characteristics in adult life are seen more easily with the measure of overall social functioning at follow-up, as that is based on larger numbers. Table 9.10 shows that the women who were non-deviant in childhood had better outcomes than those who were deviant; but also that the outcome was better for women who had spouses who were free of significant psychosocial problems. The women without a spouse included few with good social functioning.

(b) 'Planning' for a Good Outcome

The data presented in the previous section show that assortative mating had not occurred with respect to the women's early teenage deviance. But it is important to consider whether the choice of spouse is merely a matter of chance and circumstances or whether the women

TABLE 9.10

DEVIANCE ON QUESTIONNAIRES, SPOUSES' DEVIANCE AND GOOD SOCIAL FUNCTIONING

	DEVIANT ON QUESTIONNAIRE						
	<u>NO</u>			<u>YES</u>			
		%		%			
	(N)	Good functioning	Residuals	(N)	Good functioning	Residuals	
No spouse	(11)	9	-2.14	(14)	7	-.25	
Deviant spouse	(10)	30	-0.27	(12)	0	-1.31	
Non-Deviant spouse	(9)	67	2.54	(9)	22	1.70	
		$X^2 = 7.46, 2 \text{ d.f.}, p < 0.025$			$X^2 = 3.301, 2 \text{ d.f.}, \text{NS}$		

play a more active part in considering or 'planning' their own futures. No direct measures are available of their intentions in mate selection but the matter can be approached by considering the length of time they knew their first spouses before they began to live with them, together with the reasons for the cohabitation. In this context 'planning' is rated if they knew their future spouse for over six months before cohabitation and if the reasons for living together were positive - that is, involving a clear positive decision without pregnancy, their own home circumstances, the need for somewhere to live or other pressures affecting their choice or timing. 'Non-planners', on the other hand, include all those who knew their spouses for six months or less and/or who had clearly negative pressure influencing their decision.

The first question is whether 'planners' do choose less deviant spouses. This is indeed the case. Seventy-six per cent of them had non-deviant first spouses compared with only 35 per cent non-planners ($\chi^2 = 8.17$, 1 d.f., $p < 0.001$). Nor is planning merely a reflection of earlier adjustment. Forty-seven per cent of 'planners' were previously rated as deviant on one or both questionnaires compared with 64 per cent of 'non-planners' ($\chi^2 = 1.78$ 1 d.f., NS).

The second question concerns the outcome for those in both groups according to the kind of marital support that they were currently experiencing. This is a test both of whether 'planning' simply stands for a generally better level of adjustment prior to cohabitation and of the effects of marital support on later psychosocial functioning and parenting. For this analysis lack of marital support was rated if the woman was single, had an overtly discordant marriage or if her husband had psychiatric, drink or drug problems or current criminality.

The results of this analysis are clear-cut (table 9.11). Both planners and non-planners without marital support had substantially increased rates of problems in parenting and in social functioning compared with those in supportive relationships. Unsupported non-planners had the highest rates of problems on both outcome measures. This may imply that lack of planning is associated both with generally poorer psychosocial adjustment in the late teens and early twenties and also with persisting vulnerabilities. If this is so, however, it makes the beneficial impacts of supportive spouses even more impressive.

The extent to which the factors used in this analysis really represent a more considered plan for the future cannot be determined from these data. Nor is it possible to assess the extent to which 'planning' was a consequence of foresight on the part of the spouse. However we may

conclude that both the choice of a non-deviant spouse and the chance of a better outcome are related to a courtship long enough for the couple to be able to form some assessment of each others characteristics, and to a decision to cohabit which is not forced by circumstances.

TABLE 9.11

PLANNING, MARITAL SUPPORT AND OUTCOME

	Poor Social functioning		Poor parenting	
	%	(N)	%	(N)
Planner with marital support	0	(19)	0	(10)
Non-planner with marital support	0	(7)	25	(4)
Planner without marital support	35	(20)	53	(16)
Non-planner without marital support	59	(22)	83	(18)

$X^2=20.47$, 3df, $p<0.001$ $X^2=19.05$, 3df, $p<0.001$

LINEAR LOGISITIC ANALYSIS(a) Parenting

<u>Model fitted</u>	<u>d.f.</u>	<u>deviance</u>	<u>p</u>	<u>reduction in deviance</u>	<u>d.f.</u>	<u>p</u>
Initial model fitted	3	23.69	.0001	-	-	-
Planning only	2	15.68	0.001	8.01	1	0.01
Marital support only	2	6.24	0.05	17.45	1	0.001
Planning + support	1	0.97	NS	22.72	2	0.001

(b) Social Functioning

<u>Model fitted</u>	<u>d.f.</u>	<u>deviance</u>	<u>p</u>	<u>reduction in deviance</u>	<u>d.f.</u>	<u>p</u>
Initial model fitted	3	26.72	0.001			
Planning only	2	20.93	0.001	5.79	1	0.025
Marital support only	2	2.46	NS	24.26	1	0.001
Planning + support	1	.0008	NS	26.71	2	0.001

IV. THE EFFECTS OF SPOUSES: DIRECTION OF CAUSAL INFLUENCES

These findings on the positive effects of supportive marital relationships are of considerable importance because they suggest that the effects of prolonged institutionalization are far from immutable. It is therefore necessary to examine, as far as these data will allow, alternative explanations for these associations. The first possibility is that they are an artefact of the social functioning measure. It will be recalled that features of the women's socio-sexual histories as well as the quality of their current marriage were amongst the criteria used in creating the overall index. This overlap is more likely to overemphasise the strength of the relationship between good functioning and supportive spouses than between non-support and poor outcome since poor functioning in a wide range of areas was necessary for the latter rating. (These considerations do not apply with respect to the parenting outcomes). To test this explanation the overall social functioning assessment was re-rated omitting all the items relating to marital circumstances or history except for 'persistent difficulties in sex/love relationships'. The sample was then divided into those with some current problems in social functioning and those without. It will be appreciated that this is a stringent test since it will place in the good outcome group women who were in fact, experiencing moderate problems in their psychosexual relationships. Conversely, the retention of poor marital relationships in the rating of 'lack of support' will weight the findings against an association between this index and social functioning. The findings are given in table 9.12. It is clear that the association between a supportive marital relationship and a better outcome remains even when this more rigorous test is applied.

TABLE 9.12

MARITAL SUPPORT AND SOCIAL FUNCTIONING: REVISED ANALYSES

	<u>Revised Social Functioning Rating</u>	
	<u>% with problems</u>	<u>Residuals</u>
		(N)
No spouse ever	70	(10)
No current spouse	56	(18)
Spouse: no support	58	(24)
Supportive spouse	12	(26)
		1.80
		1.17
		1.75
		-4.04

$$X^2 = 16.87, 3 \text{ d.f.}, p < 0.001$$

The second possibility is that the direction of influence is not of a beneficial effect from a supportive spouse to the woman, but an adverse one from a woman to her husband. That is, that 'lack of support' was a consequence of the effect of poorly functioning women on their husbands. In order to test this proposition it was necessary to examine the association of functioning with those adverse characteristics of spouses that could not have been subject to this influence. For this criminal, drink, drug or psychiatric problems occurring in the spouses's teens before he met the subject were used. Both current and most recent spouses were included in this analysis and the full social functioning rating was used for the ex-care women since the hypothesis states that adverse marital circumstances were a consequence of her functioning. Once again this test weights the analysis against the possibility of showing positive or negative influences by the spouse. This is because all those spouses with current but not early problems will have been included in the 'non-deviant spouse' group.

TABLE 9.13.

SPOUSE'S TEENAGE DEVIANCE AND SUBJECT'S
CURRENT SOCIAL FUNCTIONING

<u>CURRENT OR MOST RECENT SPOUSE</u>	%	Poor Social Functioning (N)
Non-deviant teens	15	(40)
Deviant teens	46	(26)

$$X^2 = 6.22, 1 \text{ d.f.}, p < 0.025$$

Once again the data support the view that there was a significant influence of spouses on the current social functioning of the ex-care women (table 9.13). Fifteen per cent of those with non-deviant spouses currently have poor functioning compared with 46 per cent with a spouse who showed deviance in his teens. It will be remembered that the choice of spouses with these characteristics was not related to the woman's emotional/behavioural problems when in care. Nevertheless, it is important to determine whether the adult outcomes showed an interaction between earlier adjustment and the characteristics of spouses. For this both the questionnaire rating of deviance and the rating of 'planning' in relation to choice of spouse were used. The groups were defined as follows.

<u>Questionnaire Deviant Outcome</u>	<u>Planning</u>	<u>Early Adjustment Group</u>
No	Yes	Good
No	No	Intermediate
Yes	Yes	Intermediate
Yes	No	Poor

This combined rating provides a very strict definition of early adjustment. The intermediate group contains both women who were previously deviant but were in the planning group at the time they began cohabiting. In some cases this may represent an improvement in their emotional/behavioural state. In addition, a proportion of the previously non-deviant who were not rated as 'planners' may also have been functioning satisfactory. The results of this analysis are given in table 9.14. Although the initial model of 'no association' does not fit the data well this was not significantly different from chance. The addition of the spouses' teenage deviance, however, produced a significant reduction from the first model. This is not true for the model fitting adjustment on its own. The simple additive model provided a very good fit but this was not significantly better than that fitting spouse characteristics on their own. It may be concluded that the characteristics of spouses were significantly related to adult functioning even when a strict definition of the subjects' early adjustment was introduced into the analysis.

TABLE 9.14

SUBJECT'S TEENAGE ADJUSTMENT, SPOUSE'S TEENAGE DEVIANCE AND POOR SOCIAL FUNCTIONING
(Ex-care Women)

LINEAR LOGISTIC ANALYSIS

<u>Model fitted</u>	<u>Deviance</u>	<u>d.f.</u>	<u>p.</u>	<u>Reduction in deviance</u>	<u>d.f.</u>	<u>p</u>
Initial model constant	9.001	5	NS	-	-	-
Teenage adjustment	4.344	3	NS	4.697	2	NS
Spouse's teenage deviance	4.137	4	NS	4.904	1	0.05
Adjustment and deviance	0.614	2	NS	8.427	3	0.05

Finally, it is necessary to examine whether the association between marital circumstances and outcome confounds the effects of a non-supportive or deviant spouse with the effects of single parent status. Analyses confined only to those currently cohabiting show that this is not the case. Only seven per cent of currently cohabiting women with non-deviant spouses showed poor social functioning compared with 36 per cent of those with deviant spouses ($X^2 = 4.87$ 1 d.f., $p < 0.05$). Once again a multivariate analysis shows this was not simply a function of the women's prior adjustment or planning (Table 9.15).

TABLE 9.15

PLANNING, SPOUSE'S CURRENT DEVIANCE AND POOR SOCIAL FUNCTIONING
(Currently cohabiting ex-care women)

LINEAR LOGISTIC ANALYSIS

<u>Model Fitted</u>	<u>deviance</u>	<u>d.f.</u>	<u>p.</u>	<u>Reduction in deviance</u>	<u>D.F.</u>	<u>P</u>
Initial Model Fitted	12.47	3	0.02			
Planning only	7.15	2	0.05	5.32	1	0.05
Spouse Deviance only	6.41	2	0.05	6.06	1	0.02
Planning + Deviance	3.22	1	NS	9.25	2	0.01
Improvement on planning model by addition of spouse				3.93	1	0.05
Improvement on spouse model by addition of planning				3.19	1	NS

We may conclude that a supportive marital relationship had a markedly positive effect on the social functioning of the ex-care women even when they had been showing emotional or behavioural problems in their earlier years. The choices or chances that lead to more satisfactory circumstances in adulthood are major breakpoints in the continuity of

adversity across generations. However, as noted earlier, the ex-care women were much less likely than the comparison group to experience the beneficial effects of a supportive relationship with a non-deviant spouse. It is likely that this partly due to the restricted range of potential spouses with whom the ex-care women come into contact. On leaving care the majority of girls either went into hostels or lodging or returned to unsatisfactory family lives - circumstances in which they were much more likely to meet men from similarly deprived backgrounds. Their lower educational attainments and poorer job records may also have had the same effect with respect to the working environment. Finally, a lack of role models of adequate marital partners is likely to have limited their expectations. Whether the pool of available spouses was more satisfactory than might have been available if they had spent their childhoods with their own families remains an open question.

V. PLANNING FOR WORK AND EARLY WORK EXPERIENCE

The planning measure used in the above analyses was derived inferentially from the women's behaviour during their teenage years. A more direct measure of deliberate planning or foresight concerns their work intentions prior to leaving secondary school. Subjects were asked in detail about the transition from school to work, including the help and assistance they obtained from family, school and career advisors, and the extent to which they had a clearcut idea about what they wanted to do. These plans need not have included long term career objectives but simply concerned whether they had made a choice or decision about the kind of work they would like to do. Grandiose or unrealistic ideas were not considered to represent plans (e.g. to be a film-star or a racing driver) nor were preferences for occupations for which the person was completely unqualified (e.g., to become a vet, when the subject had not demonstrated any relevant

academic capability). On the other hand, clearly expressed preferences in broad categories such as shop or secretarial work rated as occupational planning.

TABLE 9.16

PLANNING FOR WORK AND OUTCOMEA. SOCIAL FUNCTIONING

	<u>EX-CARE GROUP</u>		<u>COMPARISON GROUP</u>	
	<u>Non-Planner</u>	<u>Planner</u>	<u>Non-Planner</u>	<u>Planner</u>
	N= 62	N= 16	N= 19	N= 20
	%	%	%	%
Good	13	56	84	45
History of problems only	18	19	5	20
Some current problems	34	19	11	35
Poor functioning	35	6	0	0
	$X^2=15.6, 3df, p<0.01$		$X^2=6.52, 2df, p<0.05$	

B. PARENTING

	<u>EX-CARE GROUP</u>		<u>COMPARISON GROUP</u>	
	<u>Non-Planner</u>	<u>Planner</u>	<u>Non-Planner</u>	<u>Planner</u>
	N= 60	N= 16	N= 19	N= 20
	%	%	%	%
No children	32	63	68	58
	$X^2=3.87, 1df, p<0.05$		$X^2=0.045, 1df, NS$	
<u>With children aged 2 or more</u>				
	N= 41	N= 6	N= 12	N= 13
	%	%	%	%
Good parenting	17	83	42	38
Moderate	27	17	42	54
Poor	41	0	17	8
Not currently parenting	15	0		
	$X^2=12.58, 3df, p<0.01$		$X^2=0.63, 2df, NS$	

There was a marked difference between the ex-care and comparison groups in the extent to which such preferences were expressed (20% vs 51%, $\chi^2=10.15$, 1 d.f. $p<0.01$), but, as with the planning for marriage measure, lack of planning within the ex-care group was not related to deviance on the teachers' questionnaire. Eighteen per cent of the non-deviant had definite work plans compared with 14% of those showing behavioural deviance. (Only one comparison subject scored above the cut-off on the B scale and therefore the association could not be tested in their case).

Table 9.16 gives the relationship between planning for work and the two main outcome measures. For both parenting and overall social functioning planning is strongly related to good outcomes in the ex-care subjects but not amongst the comparison women where, indeed, the relationship is in the opposite direction. Most strikingly, none of the ex-care women who showed occupational planning were poor parents whereas, if subjects not currently parenting because of parenting breakdown are included - over half of the non-planners had a poor parenting outcome. In addition this group were approximately twice as likely as both ex-care planners and the comparison group to have children.

Since this work intention measure is a more direct assessment of a disposition to plan the question arises as to whether this reflects a general disposition or one confined to occupational aspirations. Two pieces of evidence suggest that this represents a more general characteristic. Firstly, amongst the ex-care group lack of planning for work is strongly related to an increased risk of early pregnancy.

TABLE 9.17
WORK PLANNING AND EARLY PREGNANCY

	<u>EX-CARE GROUP</u>		<u>COMPARISON GROUP</u>	
	<u>Non-Planner</u>	<u>Planner</u>	<u>Non-Planner</u>	<u>Planner</u>
	N= 62	N= 16	N= 19	N= 20
	%	%	%	%
Never pregnant	21	50	58	55
1st pregnant 19 or over	31	31	32	45
1st pregnant under 19	48	19	11	0
	$X^2=6.62, 2df, p<0.05$		$X^2=2.57, 2df, NS$	

Forty-eight per cent of non-work planners became pregnant before their nineteenth birthday compared with 19% of the planners. Moreover, one half of the latter group had had no pregnancies by the time of follow-up, a rate comparable to that in the comparison sample. This is not explained by a reduced likelihood of having a spouse. A similar proportion of both planners and non-planners had or previously had had a spouse (87% vs 86%). However, non-planners amongst the ex-care group were much more likely to have had a deviant first spouse (73% vs 33%, $X^2= 9.20, 2 d.f.$ $p<0.025$).

Secondly, planning for work was related to the marital planning measure such that 93% of work planners with spouses were rated as planners on that measure as well compared with 48% of those without occupational plans when at school ($X^2= 7.35, 1 d.f., p<0.01$)

Finally, the importance of the work planning can be assessed by considering the extent to which it was related to stable and positive work experiences. These were rated if the subject described predominantly mildly or definitely positive work experiences in their later teens, and if they had some definitely rewarding occupations in the sense of giving them

pleasure or improving their self-esteem, and if they had a job in or starting in their teens lasting for at least 2 years. Thirty-one ex-care subjects had such experiences. This was strongly related to work planning such that 75% of planners had positive experiences with work compared with only 27% of non-planners ($X^2 = 10.37$, 1 d.f., $p < 0.01$). As with the planning measures, positive work experiences were not related to school deviance as rated on the teachers' questionnaire. Thirty-six per cent of girls rated as non-deviant at school had later positive work experiences compared with 43% of the previously deviant.

The data on planning show that the ex-care girls were by no means at the mercy of fate but that they were much less likely than the contrast group to plan either with respect to work or marriage. Thus, 44% of the ex-care groups were non-planners for marriage compared with 19% of the comparison sample (exact test $p = 0.02$). The lack of association with behavioural deviance show that the continuities that occur are not simply continuities of personal functioning. However, since planners fared markedly better in their choice of spouse and in work than non-planners, it follows that lack of planning amongst the ex-care group was an additional major risk.

One important finding that requires comment is the lack of an association between school experience and planning measures with outcomes in the comparison sample. The data show that the difference in their case arises because lack of positive experiences or planning does not constitute an additional risk. This suggests that there are factors in their later teenage environments that are strongly protective in the face of the girls' lack of foresight. Although there are no direct measures of this it seems likely that their own families of orientation exercised this role. The comparison girls all stayed with their parents until after the age of 18 and in

the great majority of cases until they left home to marry. This protective function may have operated both by influencing spouse selection (only 18% of comparison women had deviant first spouses compared with 53% of the ex-care subjects), and by providing advice and social control. In addition the stable family experiences of the majority of the comparison group meant that they were less vulnerable to adverse social circumstances. That stable family relationships probably played this role is indicated by the markedly better outcomes for ex-care women who returned to non-discordant family homes. Only 30% of this group had started their families by the time of follow-up, a rate comparable to that in the comparison group.

VI. FACTORS LEADING TO PLANNING

Since the data presented above show that planning in the ex-care sample was not simply a lack of behavioural deviance, the question arises concerning what it was that enabled some of them to plan their lives whereas others seemed just to drift from adversity to adversity without any systematic attempt to alter their life circumstances.

A clue to this is provided by the linkage between positive school experiences and the planning measures. As shown in table 9.18 ex-care girls who reported such experiences were more likely to have shown forethought in considering their working futures and also to have planned their marriages (as operationally defined) and hence more likely to have made an harmonious relationship with a non-deviant spouse.

TABLE 9.18

POSITIVE SCHOOL EXPERIENCES AND PLANNING
(Ex-care women)

A. PLANNING FOR MARRIAGE

	<u>Positive School Experiences</u>	
	<u>NO</u>	<u>YES</u>
Non-planners	26	5
Planners	23 (47%)	17 (77%)

$$X^2 = 4.50, 1 \text{ df}, p < 0.05$$

B. PLANNING FOR WORK

	<u>Positive School Experiences</u>	
	<u>NO</u>	<u>YES</u>
Non-planners	48	14
Planners	6 (11%)	10 (42%)

$$X^2 = 7.73, 1 \text{ d.f.}, p < 0.01$$

Again, this effect was not found in the control group. Obviously, we cannot know precisely how this link came about, but other research has suggested the importance of feelings of self-esteem and self-efficacy (Bandura, 1977; Harter, 1983) and it may be that the girls acquired a sense of their own worth and of their ability to control their destinies as a result of their pleasure, success, and accomplishments in a few specific areas of their lives. Certainly it is a common observation that many people with multiple psychosocial problems feel at the mercy of fate and hence do not act in any decisive way to resolve their difficulties. The findings suggest that the experience of some form of success, accomplishment, or even just pleasure in activities may be important, not because it dilutes the impact of

unpleasant or stressful happenings, but because it serves to enhance confidence and competence to deal with the hazards and with the dilemmas of life.

VII. CURRENT MATERIAL CIRCUMSTANCES

The final section in this chapter is concerned with the effects of the women's current housing condition and material resources. Usually the ex-care women were living in worse social circumstances than the comparison group women at the time of follow-up (44% vs 24% living in intermediate/poor circumstances, operationally defined in terms of a score based on lack of facilities such as a washing machine or telephone, the children having to share a bed or sleep in the parents room, or overcrowding). Accordingly, it is necessary to determine the extent to which their poorer parenting was a consequence of their inadequate living conditions. Table 9.19 summarises the main findings with respect to both social circumstances and marital support and Table 9.20 gives the findings of the linear logistic analysis with the same set of variables. It is clear that poor parenting was substantially less likely to occur in adequate social circumstances in both the ex-care group (20% vs 75%) and the comparison group (8.0% vs 50%). However, also, poor parenting was more likely to occur in the ex-care women, irrespective of social circumstances. Thus, for those in adequate social circumstances in the two groups the difference in poor parenting was between 20% and 8%. The inference is that rearing patterns were associated with parenting independently of social circumstances, but that social conditions exerted an additional effect. However, because institutional rearing was associated with an increased likelihood of poor social circumstances, part of the effect of poor living conditions was an indirect outcome of the pattern of upbringing.

TABLE 9.19
CURRENT PARENTING, SOCIAL CIRCUMSTANCES AND MARITAL SUPPORT
 (Women in Prospective Study)

	<u>Ex-Care Group</u>			<u>Comparison Group*</u>		
	Poor Parenting No.	(%)	Total No.	Poor Parenting No.	(%)	Total No.
<u>Social Circumstances</u>						
Adequate	5	(20)	25	2	(8.0)	25
Intermediate/ Poor	12	(75)	16	1	(50)	2
<u>Marital Support</u>						
Present	0	(0)	15	1	(5.0)	20
Absent	17	(65)	26	2	(28.6)	7

* The wives of male controls are included in these analyses.

The effect of marital support was greater than that of living conditions, but a comparable pattern of indirect links was evident. Nevertheless, there were differences. Three main features warrant attention. Firstly, almost all instances (17 out of 20) of poor parenting occurred in the ex-care group, but this was largely the result of the prior association with marital support.* Thus, of the 33 instances

Footnote:

*In the linear logistic analysis, marital support appears to have an effect that is greater than that of pattern of rearing. It arises because poor parenting was so infrequent in the ex-care group when marital support was present. But the apparently greater effect of marital support is misleading because the variations in marital support were so strongly associated with the rearing pattern. The main effect of pattern of rearing was on marital support and the greatest effect of marital support was within the ex-care group.

TABLE 9.20
SAMPLE, SOCIAL CIRCUMSTANCES, MARITAL SUPPORT
AND POOR PARENTING
(In-care Women)

<u>LINEAR LOGISTIC ANALYSIS</u>						
<u>Model Fitted</u>	<u>d.f.</u>	<u>deviance</u>	<u>p</u>	<u>Reduction in deviance</u>	<u>d.f.</u>	<u>p</u>
Initial Model fitted	7	41.36	0.001			
Sample selection	6	33.45	0.001	7.91	1	0.01
Sample + circumstances	5	18.70	0.01	14.79(a)	1	0.01
Sample + spouse	5	11.44	0.05	22.01(a)	1	0.001
Sample + spouse + circumstances	4	3.75	NS	7.69(b)	1	0.01

(a) from sample selection model

(b) from sample + spouse model

of lack of support, 26 occurred in the ex-care group. Secondly, provided marital support was available, poor parenting was a rare occurrence (3% of cases), irrespective of the pattern of rearing. The inference to be drawn is that childhood adversities had a powerful indirect influence on parenting as a result of their effect on the choice of spouse, but very little direct influence provided that there was marital support.

SUMMARY

The overall pattern of findings suggest that childhood adversities lead to poor parenting through two main mechanisms. The first concerns the process by which they set in motion a train of events which predispose

the woman to the experience of poor social circumstances and lack of marital support. This arises through various happenings that limit opportunities - by virtue of teenage pregnancies, early marriage to someone from an equally disadvantaged background, lack of educational qualifications for occupational advancement and other features of a similar kind. The second mechanism concerns some type of increased vulnerability or decreased coping skills which make it more likely that the women will succumb when faced with poor social circumstances or lack of marital support. Only a minority of women with a stable harmonious pattern of upbringing exhibited poor parenting when subjected to chronic stress and disadvantage in adult life, but a majority of those who lacked good rearing in childhood did so. It seemed that the experience of childhood adversities had no necessary effect on parenting (as shown by the good parenting of the institutional women with supportive spouses) but it left the individuals less well prepared to deal with adult adversities.

CHAPTER 10

SUMMARY AND CONCLUSIONS

1. OUTLINE OF THE STUDIES

1. Parenting as a Key Variable

In the introduction to this thesis a case was argued for the choice of parenting as a focus for the study of intergenerational links in psychosocial problems on the grounds (a) that parenting as a variable was neutral with respect to rival hypotheses concerning the nature of links; (b) that it could serve as both an independent environmental variable when children's experiences were considered and as a dependent variable linked to personal qualities when parenting behaviour was studied, and (c) that it was the key mediator of wider social influences on the development of the child. Further, since parenting is known to be heavily modified by context and also to be an expression of individual behaviour, it can be used to investigate how far continuities in psychosocial problems are determined by the effects of experiences on personal functioning and how far by the linking of adverse environments.

In order to study these processes both retrospective and prospective studies were necessary (a) to establish the extent to which serious parenting problems were linked to the earlier experience of poor parenting or conversely arose anew in each generation, (b) to determine the extent to which the experience of poor parenting in one generation resulted in serious parenting difficulties in the next, and (c) to examine the processes underlying intergenerational continuity and discontinuity in marked parenting problems.

For this purpose an index of parenting problems was required that could be used for sampling both retrospectively and prospectively, and which was a priori likely to reflect both poor parenting experiences and

behaviour. The reception of children into the care of the local authority was chosen as such an index (see Chapter 1. C.II).

Two studies were designed: the first a retrospective investigation of the childhoods of families with children currently in care, the second a prospective study of young women who spent much of their childhoods in children's homes. Since the findings were complex a glossary of the principal terms used in this concluding chapter are provided in section II, and a summary of the findings from both studies in section III.

2. Summary of Samples and Methodology

(i) The Retrospective Study of Families with Children Currently In Care

This sample - referred to as the In-Care Sample - consisted of a consecutive series of 48 families with European born parents who had children admitted to residential care by one inner London borough during a continuous eight-month period. In order to exclude cases in which the admission occurred because of some short term crisis, the series was confined to families for whom this was at least the second time a child had been taken into care. Selection was further restricted to families with a child of 5 to 8 years living at home prior to admission. This age restriction was necessary in order that comparable assessments of parenting could be made. The particular age group was chosen firstly to ensure a suitable sampling base of families with multiple admissions (younger age groups contain many more 'first admission families') and secondly to increase the probability that any problems in the parenting of the selected child would derive partly from the behaviour of the parents and not just from that of the child (as can be the case with teenagers).

The comparison sample consisted of forty-seven families with a child in the same age group living at home with its mother, but in which no child in the family had ever been taken into care by a local authority. This

sample was drawn from the age-sex registers of two group general practices in the same inner London borough. Ninety per cent of mothers in both samples were interviewed. Where possible cohabiting spouses were also interviewed (Table 2.1).

(ii) The Prospective Study of Children from Two Group Cottage Children's Homes

The prospective study was a follow-up into early adult life of 93 young women who, in 1964, were in one of two Children's homes run on group cottage lines - this sample is referred to as the Ex-Care Sample. The children had been admitted to institutional care from one of the inner London boroughs because their parents could not cope with child-rearing, rather than because of any type of disturbed behaviour shown by the children themselves. The regimes in the cottages were studied systematically by King and his colleagues (King, Raynes and Tizard, 1971) and the children's behaviour at school and in the homes assessed by standardized questionnaires (the Rutter B and A Scales). Both sets of data as well as contemporaneous social service records were available. The sample was restricted to those children identified as 'white' on King et al's original record sheets, and was defined as those aged 21 to 27 years of age on 1 January 1978. Of the 93 ex-care women ~~four~~ had died by the time of follow-up. Ninety-two per cent of the remainder were interviewed.

The comparison group of 51 was a quasi-random general population sample of women of the same age, never admitted into care, living with their families in inner London, and whose behaviour at school was assessed at approximately the same age by means of the same teacher questionnaire. This group was originally selected as the control group for a study of the children of parents with some form of psychiatric disorder (Rutter and Quinton, 1981). Of the fifty-one comparison subjects selected

41 (80%) were interviewed, five could not be traced, and five did not agree to be seen. Spouses in both samples were interviewed (Table 4.2)

A direct home observation study of the parenting 2-3½ year olds was also conducted in a separate investigation (Dowdney et al, 1984).

II. GLOSSARY OF TERMS USED IN THIS CHAPTER

Details of many of these ratings are given in Appendix D.

ADMISSIONS TO CARE: (prospective study)

Early or In - Infancy - under the age of two.

BETTER ADJUSTED (prospective study)

In Childhood below the cut-off for behavioural deviance on the parent or teacher questionnaires (A and B Scales).

CHILDHOOD OR EARLY ADVERSITIES OF PARENTS (retrospective study)

- two or more of: admissions to care, harsh parental discipline, parental marital discord and parental deviance (criminality, alcoholism or psychiatric disorder).

DEVIANCE (both studies)

In childhood - above the cut-off for behavioural deviance on the parent or teacher questionnaires (A and B Scales).

In adulthood - (Parents, spouses or subjects) - criminality, alcoholism or psychiatric disorder.

Current Deviance means a rating within the two years prior to interview.

DISRUPTED (EARLY) PARENTING (prospective study)

Admission to long term institutional care before the age of two or any of: short-term admissions to care, multiple separations from parents through parental divorce or deviance or persistent family discord before the age of five.

EARLY PREGNANCY (both samples)

First pregnant before the age of 19.

OVERALL PSYCHOSOCIAL (INDIVIDUAL) FUNCTIONING (prospective study)

Poor - current handicapping personality disorder or multiple problems in sex/love relationships and/or 4 or more of: discordant marriage, broken cohabitations, multiple problems in other social relationships, living in sheltered accommodation or hostel, current deviance, multiple work problems and criminal history.

Some Problems - having some of the problems in, 'Poor', insufficient for that rating.

History of problems - past ratings on problems in the above list none present for two years.

Good - No problems included in 'poor' ever.

PARENTING

Breakdown (both studies) - admission of any child to care, or infanticide.

Current Parenting (prospective study)

Marked problems ('Poor') - low on sensitivity and/or expressed warmth plus at least two of: indulgent, very aggressive, ineffective or inconsistent control.

Moderate ('Mild') - some problems but not in good or poor e.g. warm but aggressive parent.

No Problems ('Good') - moderate or high on both sensitivity and warmth plus no problems in control.

The rating of overall parenting includes a history of separations or breakdowns. All those with current breakdown are in the poor group.

PERSONALITY DISORDER

A pattern of pervasively poor and handicapping functioning in many areas of life including work and interpersonal relationships present from at least the early teens.

PLANNING

For 'marriage' - spouse known for over six months before cohabitation and reasons for living together positive - that is involving a clear positive decision without pregnancy, home circumstances or the need for somewhere to live influencing the decision.

For 'work' - a response to a direct question on occupational plans. Grandiose plans or choices of work for which they were totally unqualified were not 'plans'. Clearly expressed preferences on broad categories - e.g. shopwork - were.

PSYCHOSOCIAL OUTCOME

See overall psychosocial functioning.

SUPPORTIVE SPOUSE

Rated if the 'marriage' was harmonious, and if the woman talked warmly about her spouse and if she confided in him.

SPOUSE

Someone the subject ('in-care' or 'ex-care' woman) had been cohabiting with for at least three months. Legal marriage was unnecessary.

THE TWO OUTCOME MEASURES

The overall psychosocial outcome and the current parenting outcome (except where overall parenting outcome specified).

III. SUMMARY OF FINDINGS

1. RETROSPECTIVE STUDY

(i) Current Circumstances and Parenting

The justification for using multiple admissions to care as an indicator of current parenting problems was confirmed. For sixty-four per cent of in-care cases the given official reasons for admission involved parenting difficulties and in a further 27% marked marital or psychiatric problems. Over twice as many (59% vs 23%) of in-care than comparison mothers showed problems in relationships with their children involving at least two of: insensitivity, lack of expressed warmth or lack of play; and nearly twice as many (72% vs 40%) had at least two of: aggressive control, unresolved conflicts, and inconsistency and/or ineffectiveness in control.

In-care mothers were much more likely (Table 2.4) to have four or more children, to be single parents or, if they were cohabiting, to have severe marital problems. In addition they were much worse housed, with nearly half (47% vs 7%) showing disadvantage on a housing index covering lack of own use of facilities, children sharing bedrooms or major structural defects. The majority of in-care mothers had at some time had psychiatric treatment (65% vs 9%) and over three-quarters were rated as showing current disorder (78% vs 21%). Rates of deviance and disorder were also significantly higher in their spouses (Table 2.9). The women had poorer relationships with their parents and lacked support with child care and finance.

(ii) Intergenerational Continuities

The in-care and comparison mothers did not differ on childhood family size or structure, but more of them reported fathers with psychiatric or drink problems or criminality. Differences were greatest between the samples on family relationships. More of the In-care sample had themselves

been In-Care (25% vs 7%), been separated from parents through discord or rejection (44% vs 14%), experienced gross marital discord (45% vs 14%), or suffered hard or harsh parental discipline (Table 3.2).

Although the comparison sample experienced a number of the above childhood stresses, as well as large family size, low social class and psychiatric disorder or criminality in their parents, the In-Care group was much more likely to have several at the same time. Thus, 61% vs 16% had 4 or more of these adversities.

The in-care mothers reported significantly more unhappiness at school (57% vs 26%), more persistent truancy (49% vs 26) and much more discord with parents (45% vs 14%) than the Comparison group. They left home earlier and much more often for negative reasons (92% vs 33%), the majority were first pregnant before age 19 (61% vs 23%) and set up home with deviant men or those with similarly adverse backgrounds (63% vs 39%).

In examining intergenerational continuities childhood adversities for these parents were operationally defined as at least two of: admissions to care, harsh parental discipline, parental marital discord and parental deviance or psychiatric disorder. When the backgrounds of both mother and father were taken into account the groups were distinguished on whether both or neither parent had childhood adversities (table 3.7). In only three in-care families did neither parent have adverse childhoods so defined and even then the evidence is that there were many disadvantages in their upbringing (Appendix A). It was concluded that, in terms of the familial antecedents of parenting breakdown intergenerational continuity in this sample looking backwards was virtually complete. The role of adverse parental behaviour as against parental deviance and disorder was examined. Although three times as many in-care as comparison mothers were shown to have experienced both adversities (44% vs 12%), parental deviance and disorder

only appeared important when they led to the experience of poor parenting or marital discord in childhood. Teenage problems as represented by marked school unhappiness, persistent truancy and discord with parents were of little importance per se as a precursor of later parenting breakdown (table 3.14).

Finally, current material circumstances and marital support were examined in a logistic analysis. It was concluded that such factors were related to childhood adversities, as defined, but did not on their own explain the association between childhood adversities and parenting breakdown. Further analyses of the impact of current housing circumstances and marital support on parenting as measured at interview, suggested that both factors increased the risk of moderate parenting problems.

2. PROSPECTIVE STUDY

(i) Childhood Backgrounds

Three-fifths of the ex-care subjects in the prospective study were first admitted to care before the age of five, with approximately one-fifth in long-stay institutions before the age of two. Data from social services records showed that 70% of children had a parent with psychiatric disorder or criminality and a similar proportion came from families with gross marital discord (table 5.1). Half (51%) of girls experiences disrupted or disturbed parenting prior to their admission to long term care.

The ex-care subjects' recall of relationships in the Homes was generally negative. Only a very small proportion recall their relationships with peers (6%), sibs (21%) or staff (15%) as generally positive. Relationships with peers were seen predominantly as neutral (58%) and half the subjects recalled relationships with staff in a negative way. Only one-third of girls had regular contact with one or both parents whilst in care.

The comparison sample were predominantly from stable working class families but with a substantial minority having experienced maternal psychiatric problems (20%), poor living conditions (30%) or large families (31%).

(ii) Social Circumstances and Adjustment at Follow-Up

At follow-up more ex-care women had children (60% vs 36%) but, if cohabiting (67% vs 74%), were less likely to be married (69% vs 90%). Fewer lived in family houses (37% vs 54%), but in general living conditions were not very different (table 6.1). However, ex-care women were of lower social status even when the proportion of single subjects on social security (12% vs 2%) was taken into account.

There were marked differences in psychosocial adjustment including: psychiatric disorder (31% vs 5%), personality disorder (25% vs 7%), criminality (22% vs 0%), broken cohabitations (38% vs 6%) and marked current marital discord (25% vs 6% of those with spouses).

An overall measure of psychosocial outcome was defined including these variables plus aspects of work history (table 6.3) so as to divide the samples into four groups. Poor outcomes (involving either current handicapping personality disorders or at least 4 other psychosocial problems -see glossary) occurred only in the ex-care group (30% vs 0%) but 40% of them (vs 75%) were currently functioning well, as defined.

(iii) Parenting

More ex-care women had ever been pregnant (72% vs 43%) and substantially more by the age of 19 (42% vs 5%). Of those with children 22% (vs 0%) were without a male partner. Nearly one-fifth had had children in residential or foster care at some time (18% vs 0%), and when other parent/child separations of 6 months or longer not involving care through Social service departments were added, 35% (vs 0%) had had separations from their children.

Two overall classifications of parenting outcome were defined as for psychosocial functioning (table 7.1): one including and one excluding a history of separations or breakdown (see Glossary). The ex-care women showed significantly more poor parenting on both measures (40% vs 11% for current parenting: 51% vs 11% for overall parenting). On the other hand the proportion in both groups currently parenting without problems (31% vs 48%) was not significantly different.

The two samples did not differ on the frequency or type of play with their children or on the consistency shown in control, but the ex-care mothers were significantly lower on sensitivity (42% vs 7%), more often smacked their children daily (40% vs 9%), were more often ineffective in control (26% vs 4%) and more often had disputes with their children that were unreconciled (26% vs 8%).

(iv) Adult Functioning and Its Antecedents

In the ex-care sample the overall psychosocial and parenting measures overlapped to a considerable extent such that few (7%) had good psychosocial outcome but poor parenting and vice versa (5%). In the ex-care comparison sample (who had little poor parenting) the two measures were not associated. It was concluded that there was little evidence in this study for an intergeneration link in parenting problems occurring independently of a more generally poor psychosocial outcome.

The relationship between teenage deviance and outcome measures could only be examined for the ex-care women because deviance was too infrequent in the comparison sample. In the ex-care women both juvenile delinquency and deviance as shown on the teacher questionnaire were associated with poor parenting. The findings for social functioning were in the same direction but not statistically significant (table 8.4). However, even amongst ex-care women without emotional or behavioural

problems when young, the outcome was substantially worse than the comparison sample (27% vs 10% poor functioning; 41% vs 11% poor parenting).

Other experiential variables related to worse outcomes included admissions to care under the age of two or from disrupted backgrounds, no contacts with parent when in care and, in the case of social functioning only, poor relationships with staff. Negative experiences at secondary school (involving marked unhappiness and persistent truancy) also related to poorer outcomes, and positive experiences to good outcomes on both summary measures. This relationship between school experiences and outcome did not hold for the comparison group. Finally, positive relationships with adults during their later teens appeared to have no protective or ameliorating effect for the ex-care women.

(v) Intergenerational Links

The nature of intergenerational links were examined for the ex-care sample only since there were too few poor outcomes in the comparison group. The contributions to outcome of genetic factors were examined as far as the data would allow using deviance and disorder in the subjects' parents as a proxy for more direct measures of genetic risk. The importance of genetic influences was compared with that of early experiences as evidenced by disrupted early parenting. In a logistic analysis significant main effects were shown for both factors on personality disorder but only early experiences were important for the overall psychosocial measure. It was concluded that, as far as these measures allowed, the evidence suggested a clear role for experiential factors and that the effects of parental deviance operated substantially through the associated disruption in the child's environment. On the other hand, the findings on personality disorder suggest that both genetic and experiential factors may be implicated in that outcome.

Disrupted parenting in infancy was related to circumstances on discharge from care, with those coming from disrupted backgrounds being more likely to return to them (table 9.6). This in turn was related a higher probability of pregnancy, a more deviant spouse, and a worse outcome on both main measures.

An examination of the data for ameliorating or modifying influences showed that a supportive and non-deviant spouse had markedly beneficial effect. The choice of spouse was not related to teenage deviance but was associated with behaviour that suggested a more considered or 'planning' attitude to the future. This finding could not be explained by methodological artefacts. Positive experiences at school may have played an important part in the development by the girls of a view that the environment could be influenced by their own actions.

IV. OVERVIEW OF THE FINDINGS

(i) Parenting Problems and Receptions of Children into Care

The findings from both studies justify the use of admission of children into care as an index of parenting difficulties. In the retrospective study the in-care mothers were approximately twice as likely as the comparison sample to have two or more problems in relationships and/or control, and in the prospective study ex-care mothers who had had children taken into care were significantly more likely than those who had not to be rated as poor in their current parenting. Further, there can be little doubt that the experience of reception into care was associated with a much increased risk of parenting breakdown in the next generation. In the retrospective study 25% of mothers had themselves been in-care compared with 7% in the comparison sample and in the prospective study parenting breakdowns were confined to the ex-care group.

But, although strong, these associations were far from inevitable. In the prospective study nearly two-thirds of mothers had had no parenting breakdowns or other separations at all and about one-quarter showed good current parenting.

In addition, it would be wrong to see these continuities as applying specifically to parenting. It is clear from the data on the childhood backgrounds of the subjects in both of the studies, as well as from the correlates of marked current parenting problems or parenting breakdown for both the in-care and ex-care mothers that these samples differ from their comparison groups as much on other psychosocial problems as they do on parenting. Thus the parents in both generations were much more likely also to be experiencing psychiatric disturbance and marital discord and disruption as well as a number of material disadvantages. It is apparent, therefore, that these two studies were concerned with parenting problems as they occurred in the context of multiple psychosocial problems. It would be unwarranted to assume that the antecedents or causes of parenting problems arising in the absence of similar psychosocial difficulties are the same. Indeed, the finding of a lack of association between the (mostly moderate) parenting problems and psychosocial difficulties in the prospective comparison sample suggests that the explanation will be different in this case. These studies were not designed to investigate parenting problems within this range and the comparison groups were too small to allow further analysis of this question.

It is, of course, also the case that no conclusions can be drawn from these data concerning the consequences of other kinds of substitute care such as fostering. Nor will the correlates of institutional care necessarily be the same for other groups excluded from these samples such as those from New Commonwealth backgrounds.

(ii) Intergenerational Continuities in Parenting Problems

In the retrospective study one or both parents in almost all the families with children taken into care reported marked adversities in their childhood families involving receptions into care, parental deviance or disorder, severe marital discord, and harsh parental discipline. An important inference from these data was that such experiences might be necessary antecedents of parenting breakdown in the next generation. This conclusion was supported in the prospective study where parenting breakdown was confined to the ex-care group. This does not imply that the influence is directly from adverse childhood experiences to parenting, or that breakdowns are an inevitable consequence of such adversities. The prospective study confirms the conclusion from the literature review that intergenerational continuities looking forward are much weaker than continuities viewed retrospectively. That is, the experience of poor parenting in childhood does not usually lead to marked parenting problems or to parenting breakdown in the next generation. This is supported by the data from the retrospective study comparison sample where one or both parents in two-fifths of families reported childhood family adversities as defined, without ever having children taken into care. On the other hand the in-care parents showed a much greater overlap of family and social adversities in childhood as well as a much greater probability that both of them had had such experiences. This overlap may increase the risk of later parenting problems and breakdown both through impacts on personality development and through increasing the probability of later adverse material circumstances and restricted opportunities. These processes were examined in the prospective study.

V. THE NATURE OF INTERGENERATIONAL LINKS

(i). Genetic or Experiential Influences?

Before discussing the impacts of childhood experiences (section 3) and the nature of linking processes (section 4) it is necessary to deal, as far as the data will allow, with the possibility that neither experiential nor social processes are responsible for continuities. That is, whether the links are provided by biological factors and in particular genetic influences. Little is known about genetic influences on parenting (Rutter and Madge, 1976) but since mild and isolated parenting problems are not associated in these two studies with other psychosocial difficulties, it seems unlikely that genetic factors are important in explaining mild difficulties in parenting. On the other hand, recent studies have begun to delineate the effects of maternal depression on parenting qualities and, although, genetic influences are not strong for such disorders, the possibility of some influence must remain open (see chapter 1, section II.ii). The position is different with respect to the major personality problems shown to be associated with parenting breakdown in both studies, where the evidence for genetic influences is stronger (chapter 1, section III.v).

Although genetic influences may be responsible for some increased disposition to maladaptive functioning in adulthood (including parenting), the evidence is against the conclusion that they account for much of the variance in outcomes. Firstly, the data from the retrospective study showed that parental deviance seemed of little importance for parenting breakdown in the absence of experiences of poor parenting and disrupted family relationships. Secondly, in the prospective study deviance in the biological parents showed little relationship to overall psychosocial functioning in adulthood once its impact through generating disrupted parenting experiences in childhood was taken into account. On the other

hand, amongst the ex-care women parental deviance was related to personality disorder in adulthood even when the effect of disrupted parenting was taken into account. (Small numbers did not allow a similar analysis of the relationship between deviance in the biological parents and the parenting of the ex-care subjects, so it is not known whether the pattern would have been like that for overall psychosocial functioning or for personality disorder). It is safest to conclude that genetic factors probably played some part in the transmission of parenting difficulties. However, it is unlikely that these influences were direct. Many studies have shown that genetic factors act in part by increasing individual vulnerabilities to environmental stressors (chapter 1, III, V). Thus, whether genetically based predispositions are translated into behaviours probably depend on environmental variables. In this regard it is important to note that parental deviance was not related at all to the major ameliorating influence - the presence of a non-deviant supportive spouse in adulthood.

The data discussed in this section clearly suggest the importance of experiential factors even when genetic loadings are apparently high. This inference is supported in Roy's (1983) study of the behaviour of fostered and institutionalised children from backgrounds equally high in parental deviance. Here the children in the institution reared group were much more likely to show overactive, socially disruptive behaviour. Taken together, the findings from these studies provide a strong indication of the likely importance of adverse early experiences, especially disrupted parenting, in the early years of childhood in increasing the risk of later parenting problems.

(ii) The Specific Impacts of Institutional Experience

The findings from the retrospective study make clear the importance of major adverse experiences within the family in increasing the

risk of later parenting problems. This is in keeping with numerous studies that show the deleterious impacts of family hostility and disruption in childhood. The importance of early disrupted parenting is also clear for the ex-care sample, but it is more difficult to determine the role of the institutional upbringing per se. Many studies (e.g., Roy, 1983; Tizard and Hodges, 1978; Wolkind, 1974) have detailed the behavioural features common in institutional children including over-friendly, demanding or attention seeking behaviour. Although such behaviours have been shown to occur in relatively well-run or 'good' institutions, it is not clear whether these are inevitable consequences of institutional care or related to specific characteristics such as multiple caretaking that are potentially remediable. In addition, it is not known whether the long-term implications of these experiences are worse than those of the adverse family circumstances from which the reception into care was usually designed to protect the children. The ex-care sample included a small group of women who were admitted to care in infancy and remained there for the rest of their upbringing. Therefore, although they had only the briefest exposure to family discord, most of them experienced multiple caretaking, and relationships that lacked closeness and meaning. These children had outcomes in adult life as bad as those who experienced extensive family discord and disruption. It is clear from other studies that institutionalization from infancy has deleterious effects on development in childhood, and it maybe that its harm lies in what it lacks in the way of stable positive influences.

Nevertheless it should not yet be concluded that an institutional upbringing as such is as damaging as a seriously discordant environment, or that the continuities occur primarily through the effects of early institutionalization on personal functioning. In the first place, the data show that the experience of serious disruption in the first two years of life

had a stronger association with later psychosocial problems than did age at admission per se. Secondly, those suffering adverse early experiences tend to suffer later adversities as well, and it is therefore difficult to separate the effects of early and later stresses. What evidence there is tends to suggest that adversities restricted to infancy have few long term sequelae provided that later environments are good (Rutter, 1981). Finally, the data from the prospective study - although limited in quality with respect to parental deviance - suggested that parental deviance and disorder were greater both among those admitted in infancy and among those admitted from severely disrupted homes. Thus, the poorer outcomes may have resulted from increased genetically based vulnerabilities. It cannot be assumed that institutional experiences would have an equally deleterious effect if children's backgrounds were free of biological or psychosocial risks.

The ex-care children with the best outcomes were those admitted after the age of two from non-disrupted backgrounds, and it seems reasonable to conclude that adverse experiences before the age of two may have had particularly marked effects. These early experiences may operate by increasing susceptibility both to institutional rearing itself and also to later environmental stresses. However, it is also the case that the factors that create the adverse early circumstances - early admission and family disruption - are also partly responsible for the later adverse environments - staying in care or lack of family support in the teens - and thus that the adverse consequences of early and disrupted admissions cannot be explained simply by the impact of these experiences on development. This point is considered further in the next section.

iii) Impacts on Individual Functioning

The data discussed above might seem consistent with the view that continuities are brought about by the impact of adverse early

experiences on personality development, with some contribution through their interaction with genetically based vulnerabilities. As a partial explanation for continuities this model seems to have some validity. Behaviour during childhood and adolescence predicts adult functioning, and the rate of personality disorders in the ex-care sample is high. Since a designation of personality disorder requires evidence of persistent maladaptive behaviour across a variety of situations and relationships such disorders is very unlikely to be explained solely through persisting misfortune. On the other hand, poor outcomes are also associated with situational adversities. In consequence if the impact of early adversities on personality development is the principal reason for continuity, maladaptive personality characteristics should be responsible for the selection or creation of these situational difficulties.

The evidence from the prospective study is firmly against this. Firstly, marriage to a non-deviant or supportive spouse was not related to the women's deviant behaviour in early adolescence. Secondly, marital support had a powerful ameliorating effect even for previously deviant women. Finally, institution reared children who had good marital support showed no deficits in parenting in relation to the comparison group despite the fact that they had all experienced marked early hardships. This finding constitutes strong evidence for the view that parenting behaviours are so greatly influenced by current circumstances that it would be wrong to regard them as only, or even primarily, aspects of personality functioning.

On the other hand, a quality of parenting similar to that in the comparison sample was only evident for the ex-care mothers when they were in supportive marital relationships. Poor parenting was significantly more frequent in the ex-care than in the comparison group when marital support was absent (65% vs 29%). These data go against the conclusion that

poor parenting was just a matter of circumstances and that the greater problems in the ex-care group arose primarily through social factors influencing the availability of satisfactory spouses. It seems probable that their earlier experiences left them more vulnerable to stresses or difficult life circumstances but that their parenting abilities were not affected unless they encountered such problems. The possibility of parenting as itself a major point of discontinuity through the exposure of mothers to new influences and experiences was discussed in chapter 1. The observational study of the ex-care and comparison group mothers suggested that positive changes in behaviour occur through the experience of parenting in that the mother's handling of second born children showed significantly fewer problems than with first borns (Dowdney et al, 1984). However, the interview evidence - based on parenting in the full family context and not on the one to one parenting situation in the observational study - did not confirm this improvement in the parenting of second or subsequent children.

The conclusion to be drawn from findings discussed in this section is that there is little evidence for a direct impact of the experience of adverse parenting in childhood on parenting skills in later life. However, two final points should be raised concerning continuities through effects on personal functioning. Firstly, these conclusions apply to young mothers whose predominant childhood experience was of the absence of normal parenting rather than the presence of severely abnormal parental behaviour (although the majority had some experience of this sort). Direct effects may still occur following prolonged exposure to deviant parenting as in the case of child abuse. This point remains to be explored. Secondly, the biggest single difference between ex-care mothers and the comparison sample involved deficits in parental sensitivity in the handling of issues of both control and distress. This difference occurred in both the retrospective

and prospective studies and was confirmed in the direct observations (Dowdney et al, 1984). It was not possible to know whether this was a general feature of the women's behaviour that showed in relationships with adults as well as with their children, but it may represent an effect of adverse experiences on personality functioning of a persistent kind. Only a further follow-up of the ex-care women can resolve this point.

In conclusion these studies suggest that although the effects of early adverse experiences were clearly detectable in early adulthood, there is little evidence either for direct effects on parenting skills in particular or for continuities in marked parenting problems through the direct impact of early adversities on personality development more generally. Where continuities arose it this was through the conjunction of experiential and possibly genetically based vulnerabilities and later stressful social circumstances. Nevertheless, the perpetuation of adverse experiences was much more common in the ex-care group and it is next necessary to consider how this might have arisen.

iv) The Linking of Environments

The linking of adverse environments refers to the likelihood of one adverse experience or environment leading to another, not necessarily of the same kind, but with a similar capacity to impede beneficial developmental changes or to restrict life chances. It is apparent that the explanation for intergenerational continuities lies substantially in the nature of these linking processes. Many sociologists have argued that these links are a consequence of social structural forces and that explanations through individual functioning are unnecessary. However the problem with this view rests in explaining why continuities apply to only a minority of those from particular adverse circumstances. It seems clear that it is necessary to investigate at least three kinds of link between adverse circumstances:

those occurring independently of individual behaviour, those made as a consequence of individual behaviour, and those produced through it.

a) Independent Links

A number of independent links can be illustrated in the data from the prospective study. It has been shown that the initial receptions into care were, from the most part, from disrupted family homes with a high frequency of parental psychiatric disorder and deviant behaviour, and that the referrals resulted from these rather than from problems in the child. The joining of disruptive home life with later institutional experiences is thus the first linking of adverse developmental circumstances independent of the children's behaviour. The children admitted in infancy or from disrupted-parenting backgrounds have a poorer adult outcome but this is not simply a consequence of the impact on the child's personality development of these two linked prior adversities: the likelihood of poorer environment in the teenage years is, in part, linked to the circumstances surrounding admission independent of their effects on the child's behaviour. For example girls admitted from disrupted family circumstances were more likely to return to discordant families in their teens irrespective of whether they were showing overt behavioural deviance or not. These circumstances on return home were then related to leaving home for negative reasons, to early pregnancy and the consequent restriction of life chances that this entailed. Similarly, the children admitted in infancy were less likely to return to a family experience of any kind and consequently more likely to be placed in lodgings of hostels on leaving care, environments in which they often lacked any adult supervision or guidance and which contained many deviant peers. Conversely girls admitted after the age of two from non-discordant or disrupted parenting experiences were more likely to have parents who maintained contact through their time in care, more likely to

return to non-discordant family homes and substantially less at risk for early pregnancy.

A rather different kind of independent link concerns the choice of spouse. In this case the ex-care women as a whole were much more likely than the comparison sample to have deviant first spouses or to lack supportive marital relationships at interview, but these later experiences were uncorrelated with the earlier pattern of admission into care. In this case the risk of non-supportive marital circumstances applied to the group as a whole. Since choice of spouse was not related to teenage deviance this link is likely to be due to the environmental limitations affecting the social milieu of these young women and the men they were likely to meet. On the other hand, their circumstances on discharge from care did influence the probability of early cohabitation for negative reasons and therefore the restriction of life circumstances in other ways.

b) The Selection of Environments

The selection of environments occurs both through choice and through the unintended consequences of individual actions. One of the most important conclusions from the prospective study is that the institutionalized girls often actively changed their lives for the better, especially through their selection of marital partner and control of their own fertility. Although the evidence is indirect, it seemed likely that their range of choice of partner was less than that for girls raised in normal families and that the field contained many more potential pitfalls. Moreover, their chances of making such beneficial life course decisions were lessened by the negative impact of their earlier experiences on the degree to which they viewed their lives as controllable.

The lack of any association in the prospective comparison sample between the two outcome measures and planning for work or for marriage

suggests that this group is protected from the extreme consequences of certain aspects of their behaviour in ways that the ex-care group is not. This protection may come from their families in their later teens. This view is substantiated by lower rates of teenage pregnancy and the better outcomes for the ex-care women who went home to non-discordant families.

A further important finding concerning linkage through selection of environments is that the continuities are not simply explained by better adjusted ex-care girls making the right choices and also having the better outcomes in adulthood. This is shown both by the lack of an association between behavioural deviance in the girls' teens and the selection of a supportive and non-deviant spouse, and by the finding that those who were not rated as 'planners' but nevertheless had a supportive spouse had considerably better outcomes than those who got a non-supportive one. Conversely those who 'planned' but made a 'wrong' choice had poorer outcomes than those who did not plan but got things right.

One further link between an institutional upbringing and poorer outcomes forged through the selection of environments, concerns the consequences of early pregnancy and child bearing. Over half of the ex-care women first became pregnant under the age of 19 compared with just over one-quarter of the comparison mothers. More importantly, a quarter of first ex-care pregnancies were unplanned and unwanted compared with none in the comparison sample. The majority of these unwelcome pregnancies occurred in the under nineteen age group. It seems likely that the causes and correlates of early pregnancies were different in the two samples. Those in the comparison group occurring predominantly in the context of stable relationships, whilst those in the ex-care group often arising as a result of temporary liaisons or occurring in unsupportive relationships established for negative reasons. The psychological dispositions associated

with such pregnancies is not known, although they were not related to earlier behavioural deviance. However, a lack of planning for pregnancy was much more common in the ex-care group (74% vs 33%).

Recent studies have documented the adverse impacts of early pregnancy on women's later life circumstances through effects on education, employment and income (Hofferth, 1979; McCluskey et al, 1983). The prospective study shows also that early pregnancy may have a long-term impact on parenting under certain circumstances. Although unrelated to teenage behavioural deviance in the ex-care sample it was related to a lack of marital support and to poor parenting in the mid-twenties. These data are consistent with Kruk and Wolkind's (1983) finding that early pregnancy appeared in a working-class population to have no long term sequelae for child development or parenting providing that the young mothers had good social support.

In sum, the ex-care women's early experience led to environments which 'encouraged' sexual activity in a group of girls less equipped to deter pregnancy, less able to cope with the demands of child rearing and more likely to be channelled into unsatisfactory and unsupported parenting circumstances. In this way continuities are promoted by the linking of environments both independently of individual behaviour and as a consequence of individual actions, whether deliberate or unintended. In the ex-care sample the consequence of many early independent links was probably greatly to increase vulnerability to later adversities and to reduce the probability of positive circumstances later in life. Selected case histories to illustrate linking processes are given in appendix D.

c) The Production of Environments

The third form of environmental linkage to be discussed concerns the way in which individuals can alter their environments through their

behaviour. This process involves transactions between them and their surroundings (Rutter, 1983) and not just the selection of environments discussed in the previous section. For example, the ex-care subjects showed a much higher rate of behavioural disturbance than the comparison group. In their teens their greater interpersonal difficulties were associated with a greater likelihood of frequent job changes and this increased the probability of their experiencing socio-economic hardships. The same is true of their peer and marital relationships; because they were more likely to create tension and discord, they were to this extent more likely to experience discordant and disruptive relationships. The likelihood of adverse experiences was further increased as a consequence of their behaviours by the linking of other adverse circumstances - for example, their school achievements were lower so the probability of rewarding work experiences was reduced, and in turn their own response to working conditions decreased the likelihood of positive experiences still further.

In parenting, too, their own behaviour increased the probability of a stressful parenting environment. For example, the observational data showed that reduced sensitivity to the child's needs generated problems. Thus disciplinary confrontations often arose from interactions not initially involving issues of discipline (Dowdney et al, 1984). These problems occurred through inadequate action to prevent disruptive behaviour arising, rather than from intervention after it occurred. These difficulties in parenting predisposed the children to show more disruptive behaviour which in turn created more stresses for parents already vulnerable to stress.

VI. THEORETICAL IMPLICATIONS

i) Sociological Considerations

The sociological criticism of the use of family or individual behaviour to explain intergenerational continuities in deprivation was

discussed in chapter 1. However, without some such focus it is difficult to explain why the outcome of apparently similar levels of disadvantage varies so greatly. A point well illustrated in the retrospective study by the way that the childhoods of the in-care and comparison samples were similar on social or structural characteristics but were markedly different in the quality of family life. It is clear that the impact of family behaviour on personality development must be taken into account since such behaviour has been shown to be the main mediator of the impact of the wider environment on the child (Rutter and Quinton, 1977). On the other hand, sociologists are correct in stressing the role of multiple disadvantage and the overlap of psychosocial problems in leading to marked parenting problems and to parenting breakdown. For example, receptions into care seldom occur from families of higher social status. Other parenting failures such as child abuse, are similarly associated with a lack of material as well as personal resources (Garbarino, 1979). A simple explanation would be that the marital and psychological problems are caused by social disadvantage and that this is the reason for overlap. Although social factors beyond the control of the individual have been shown to be related to psychiatric problems (Brown and Harris, 1978), such forces cannot on their own be an adequate explanation of family and psychological problems since the direction of influence is not always from environment to functioning as is shown by the downward social mobility of schizophrenic patients (Goldberg and Morrison, 1963), - and since marital problems relate strongly to social class in some populations but not in others (Rutter and Madge, 1976). Clearly the degree of overlap of family problems with environmental disadvantage will depend on the level of resources available to society as a whole and the way the social structure determines their allocation. Given this, the persistence of material disadvantage is predominantly a question of

social structure, but this alone is not an adequate explanation of the transmission of disadvantage. This requires the actions of individuals within the particular social structure to be taken into account.

The discussion of biographical models in chapter 1 illustrated a conceptual and analytic approach, largely developed by sociologists, that enables the links between social forces and individual actions to be studied through the medium of life histories. This approach has been exploited effectively by Brown and his colleagues with respect to the consequences of loss of a parent in childhood for depression in adulthood (Brown et al, 1984). This work highlights the pattern of linkages working both independently of individual behaviour and as a consequence of it in a way very similar to the processes demonstrated in the prospective study described in this thesis (see discussion in Chapter 1. B.III. 3 iii).

A major conclusion from these studies must be that a consideration of individual actions and the psychological processes underlying them is entirely consistent with the study of the role of wider social forces in the explanation of social phenomena, and indeed that the inclusion of both is often essential. This may seem neither new nor controversial, with respect to the impact of society upon its members, but its status has been much more in dispute in sociology with respect to the central question of the nature of intergenerational stability and this applies to a variety of social problems.

ii) Continuities in Development

Some current issues relating to the study of development were outlined in the literature review and a number of relevant findings have been discussed earlier in this chapter. As was clear from the evidence reviewed in chapter 1 there is abundant data to counter the view that early adverse experiences inevitably have long lasting sequelae for personality

development (Clarke and Clarke, 1976). Equally, within the range of normal behaviour, findings from many studies have demonstrated rather low correlations over time for behavioural characteristics of many types (Brim and Kagan, 1980) and it has become accepted by many that there is little behavioural continuity over the course of development from infancy to adulthood (Kohlberg et al, 1972), but other research evidence has shown substantial continuity for some deviant behaviours such as aggression (Olweus, 1979; Robins, 1978).

It is clear, therefore, that theoretical models of development have to account for both continuity and discontinuity and this is demonstrated in the data from the prospective study. The first issue is whether the persistence of particular behaviours simply represents the persistence of adverse environments. This would be in keeping with situationist views which postulate that most variations in behaviour are due to the immediate effects of environmental forces and that there is no need to invoke either developmental processes or personality as mediating variables (Mischel, 1968). While the findings concerning the protective effects of a supportive spouse is perhaps evidence for this position, in other ways the data are inconsistent with it. In particular, that ex-care women show worse functioning than the comparison sample when exposed to adverse current marital circumstances and housing conditions implies a difference between the two groups in their capacity to cope with stress. This suggests that environmental continuities are not a sufficient explanation for behavioural continuities and that developmental processes need to be taken into account.

The resolution of some of these issues lies, as Rutter (1983) has pointed out, in distinguishing the notion of stability or constancy in behaviour from the idea of continuity in development. The former concepts

imply a lack of change in behavioural functioning - a view that is at variance with much empirical evidence. The concept of continuity does not imply such constancies in behaviour, nor that earlier life experiences necessarily have enduring consequences for personality development. Rather the concept of continuity concerns the existence of meaningful links over time, with continuities in development lying within the environment as well as in the individual. Evidence for both kinds of continuity has been presented in the analysis of data from the prospective study.

(iii) Self Concepts as a Mediating Mechanism

The evidence pointing to the increased vulnerability to life stresses of the ex-care women has been reviewed. A central question involves the basis of this vulnerability. A related issue concerns the nature of the relationship between positive experiences in the teenage and early adult years and better psychosocial outcomes later. It was hypothesized that this association arose through the effect of positive and rewarding experiences in increasing the women's sense of worth and personal efficacy (Bandura, 1977; Harter, 1983). This conclusion was supported by the finding that positive experiences at school were not simply a reflection of better functioning at that time, and were associated with evidence of forethought concerning employment and marriage later. However, this conclusion must remain speculative both because there were no direct measures of self-esteem or self-efficacy and because the reports of planning involved long term recall.

There are powerful arguments for the role of self-concepts in the aetiology of adult depression (Brown and Harris, 1976; Brown et al, 1984), but the nature of the links between positive or negative self-evaluations in the teenage years and later psychological vulnerabilities remains unclear. For example, Brown et al (1984) found that premarital

pregnancy - a risk factor for depression in their Walthamstow sample - was associated with feelings of helplessness that antedated the pregnancy. However, this feeling of helplessness did not predict depression in adulthood unless associated with a marked lack of parental care in childhood. Moreover, this combination of antecedent factors was as strong a predictor of later depression in the absence of premarital pregnancy as when such an event had occurred. This finding parallels that reported above for the retrospective study in which marked unhappiness in the teenage years in the absence of childhood adversities was not related to later parenting breakdown but was a strong predictor in the presence of earlier adversities.

No firm conclusions can be drawn from Brown's data concerning the role of self-concepts as a mediating mechanism between childhood experiences and adult psychosocial problems. On their own the measures of self are not predictive, but it may be that other important dimensions of self concepts related to markedly adverse family experiences have not been distinguished. Alternatively, the problem may lie in retrospective measures of teenage self-image more generally. A lack of association may arise because the relatively common feeling of helplessness in the teens has not adequately been separated from a more profound or widespread feeling of lack of control over the individual's life. As Harter's recent review of the literature on the self-system (1983) admirably demonstrates, this topic involves a number of distinct concepts including core notions of the self, self-esteem, mastery, and self-control. There is a need for both a clearer theoretical delineation of these concepts and a more sophisticated approach to measurement in order that research in this area can advance. On the other hand, her review shows the great fluidity of self-concepts in adolescence. For this reason the possibility that the positive experiences of the ex-care girls at this time had their impact through changes in self-esteem or feelings of mastery remains plausible.

(iv) Specificity of the Findings

This research has been concerned with the intergenerational transmission of marked family problems through parenting experiences and behaviour. For this reason the focus has been on parenting breakdown or marked difficulties in handling and responding to children. Evidence has been presented concerning the antecedents and consequences of parenting breakdown as shown by receptions of children into care. The retrospective study showed that one of the biggest differences between the in-care and comparison samples involved the occurrence of marked childhood adversities in both parents. In the comparison sample such adversities were common in the childhoods of one or other parent (but not both). In the prospective study, likewise, parenting breakdown and marked current parenting difficulties were virtually confined to the ex-care group but occurred predominantly when the mother lacked marital support or had a deviant spouse.

Does this, then, imply that childhood experiences are of little consequence for parenting unless both parents' bring these experiences to marriage? It seems probable that this conjunction of adverse backgrounds is a very powerful factor in relation to parenting breakdown, but it would be quite wrong to conclude that marked parenting problems will not arise unless this meeting of childhood adversities occurs, or conversely that current more mild difficulties are simply a response to current circumstances. For example, in the retrospective study, although the in-care parents were showing many more current problems in handling their children, such difficulties also occurred with surprising frequency in the comparison group. This sample had also experienced many childhood adversities and it would be surprising if these were not related to their current parenting in some way. This could not be investigated for two

reasons. First, the sample was too small for statistical analysis and secondly, the parenting measures were of insufficient range to allow distinctions to be made at the 'good' end of each dimension. Studies of larger samples at high risk for particular childhood adversities but without a history of parenting breakdown will be necessary further to examine the antecedents and correlates of parenting problems and qualities.

III. IMPLICATIONS FOR FURTHER RESEARCH

The two studies reported in this thesis have demonstrated the validity of the biographical approach to the study of the links between experiences in childhood and psychosocial functioning in adulthood. In addition, the strength of the retrospective/prospective strategy in identifying the antecedents of current psychosocial problems and in explicating the nature of the processes linking them has been shown.

On the other hand, these data apply to outcomes at a particular point in the women's life histories and raise a number of questions that can only be answered by a further follow-up of the prospective samples. Firstly it is important to determine whether the beneficial changes observed in early adulthood in relation to supportive marital circumstances persist in the face of changing circumstances and stresses, especially if the marriage changes or breaks up. That is, does the apparently increased vulnerability of the ex-care women diminish following a prolonged beneficial change in their lives. Secondly, are positive changes after the early 20s possible, if circumstances change for the better. Thirdly, what is the validity of a rating of personality disorder in this group. In the first follow-up the contribution of personal characteristics to widespread problems in social functioning was hard to assess because of poor functioning in many of the family and friends with whom the subjects were in contact. A second follow-up would provide an opportunity to examine the concept of personality

disorder through the degree of persistence problems in those who had previously been given this designation and a reassessment of those without rated personality disorders who continued to show psychosocial difficulties.

A further follow-up of this group would also allow specific issues with regard to the role of parenting in the transmission of psychosocial disadvantage to be examined. These are 1) whether a delay until the mid 20s in having children has the protective effect on parenting it is sometimes thought to have, 2) whether the parenting of second or subsequent children is better than the first, and 3) the consequences for the development and adjustment of the children of the patterns of parenting they have experienced.

One additional issue concerning the intergenerational transmission of psychosocial problems involve the effects of adverse early experiences on men. Firstly, to see whether their role in continuities is less - because their functioning is less critical in parenting breakdown - or greater, because of their potential for disrupting the parenting of their spouses. In addition it is necessary to see whether the ameliorating influences shown for the ex-care girls have the same power for the men.

A further set of questions arising from the prospective study require new investigations with better data on early childhood circumstances and family background. In particular, these concern the question of the relative importance of parental deviance and early disrupted parenting experiences, and the consequences for adult functioning of institutional admissions in infancy. The importance of self-concepts as possible factors mediating both continuities and discontinuities in psychosocial functioning has been discussed in the previous section. Further research is necessary using better measuring techniques than those presently in use, to show whether low levels of self-esteem and self-efficacy are

predictive of later psychosocial problems, and if so what the nature of the links are. This might most effectively be approached in conjunction with prospective investigations on samples at high risk for other known linking difficulties such as teenage parenting or premarital pregnancy. With careful design, this could be combined with experimental programmes intended to modify negative self-concepts.

Finally, it should be emphasized that the two studies presented in this thesis and the work by Brown and his colleagues, shows the importance of selecting specific populations to examine particular hypotheses and issues. Advances in understanding are more likely to arise from specifying the circumstances or combinations under which particular variables determine outcomes, than from deciding their importance on the basis of whether they can be shown to be related to outcomes in a number of populations.

Appendix ARETROSPECTIVE STUDY: REASONS FOR ADMISSION

(The stated reasons for the first four families in each category are given).

Group 1 (Non-Psychiatric Hospital admissions: good parenting)

- (1) Mother going into hospital ?cancer. Marital problems, father has left family with debts.
- (2) Mother's confinement. Good mother. Child previously abandoned at Social Services because electricity cut off. Mother threatening similar action.
- (3) Mother's confinement. Unsupported mother coping well with stress - previous admissions with confinements. (Mother actually had a spouse but wanted rehousing).
- (4) To give mother a rest. Reasonable mother.

Group II (Family and Psychiatric problems: no mention of problems in parenting)

- (1) Admission requested by mother who claims she cannot look after them. Mother on drugs. Reported very poor school attendance.
- (2) Serious marital problems. Father alcoholic and mother making suicide attempts. Admission to give the parents a chance to sort problems out.
- (3) To give mother a break. A mother of very limited intelligence and in poor health.
- (4) Gross family problems: violence to mother by spouse. Admission because she has left the family home.

Group III (Admission mentioning parenting problems)

- (1) No electricity or heating. Mother unable to cope, has little patience with children. A potential batterer.
- (2) Family under intensive support. Admission following mother's suicide attempts. One child already in care through failure to thrive.
- (3) Section 2 admission. Neglect and abuse.
- (4) Section 2 admission. Husband imprisoned for abuse of children. Children never go to school and setting fire to the home. Beaten by mother with a stick.

APPENDIX B. : RETROSPECTIVE STUDY

CHILDHOODS OF 'NO ADVERSITY' FAMILIES INCLUDED IN THE ANALYSIS
IN TABLE 3.7.

IN-CARE GROUP

MOTHER	FATHER
1. 5 sibs. Fractured skull aged 5. Strict father would lay into her with a belt. A brother went to live with grandmother, ?abuse.	Parental marital discord.
2. Parental marital discord. Long hospitalizations for rheumatic fever.	Sib group of 5 in single parent family
3. Parents divorced aged 7. Lived with grandmother. Sister in Care. Diphtheria age 4. Went to father and stepmother age 10. Very bad relationship with father.	Parental marital discord. Evacuated.

COMPARISON GROUP

1. No early problems. Separations in teens.	No problems.
2. No problems.	Evacuation <u>with</u> mother.
3. Mother psychiatric problems <u>no</u> discord.	No problems.
4. Parental marital discord. Many short hospitalizations. Unhappy.	No problems.
5. No problems.	Long hospitalizations ?? at age 8-11 with rheumatic fever.
6. No problems.	No problems.
7. Separation through discord.	No problems.
8. Evacuation with school for 1 year.	No problems.
9. Evacuated - happy experience.	No problems.
10. No problems.	Father died when 7. Not disrupted but not warm home.
11. Long hospitalizations because 'run down'.	Mother psychiatric disorder - home happy.

- | | |
|--|--|
| 12. Hard discipline by father. | No problems. |
| 13. No problems. | No problems. |
| 14. No problems. | No problems. |
| 15. No problems. | Discord with lax parents. |
| 16. Parental marital discord - open air school. lax but aggressive mother. | 9 sibs. discord with brother. |
| 17. Many minor hospitalizations. In convent 1 year. ?parental marital discord. | ?mother psychiatric disorder. Brother abused. |
| 18. No problems. | Discord with mother. Very lax discipline. |
| 19. No problems. | Mother psychiatric disorder - non discordant home. |
| 20. No problems. | No problems. |
| 21. Father criminal record. No discord. | No problems. |
| 22. No problems. | No problems. |
| 23. Discord with mother - lax discipline. | No problems. |

APPENDIX C. : RETROSPECTIVE STUDY

KNOWN DATA ON CHILDHOODS OR PARENTS EXCLUDED FROM THE ANALYSIS IN TABLE 3.7.

IN-CARE GROUP

MOTHER	FATHER
1. Very unhappy childhood. Long-term fostering. Harsh discipline. Parental marital discord.	Nothing known.
2. In psychiatric hospital at 17½ - phobic mother. Very poor but not discordant parental marriage.	Little known. Previous psychiatric patient.
3. Psychiatric hospital age 10 - Parents could not control her and? abused her. Marked violent parental marital discord.	Nothing known. History of drug abuse.
4. Cold and harshly punitive mother.	Nothing known.
5. Brought up by grandma from age 6/12. No known problems.	Nothing known.
6. Parents separated at age 8 - no remembered discord - harsh discipline by mother.	Nothing known.
7. In residential care all through childhood.	Little known, but discordant home.
8. Very discordant home between parents and with sibs.	Nothing known.
9. Very unhappy persecuted by jealous older step-sister - parental discord - stepmother very cold.	Nothing known.
10. Parental divorce in infancy. Step father alcoholic. Harsh parenting parental marital discord.	Nothing known.

- | | |
|---|---|
| 11. Harsh discipline.
Parental marital discord. In care
1 year at age 5. | ?Unhappy. Parents separated when
aged 3. |
| 12. Father alcoholic. Harsh
discipline by mother. Parental
marital discord. | Father very strict, mother very
lax.
All sibs in trouble with police for
aggressive behaviour. |
| 13. Harsh parenting by mother
after living with grandparents
till age 7. Parental marital
discord. | Satisfactory, but parental deviance
or disorder not known. |
| 14. Hard discipline. Mother
frequently used cane. | Didn't get on with parents. Left
home to live with relatives at age
15. |
| 15. No problems | Multiple hospitalizations. Marked
discord with parents. |
| 16. Parental marital discord.
Very scared as a child.
Psychiatric/deviance problem not
known. | Evacuated. Belted by woman.
Own father harsh parenting.
Multiple hospitalizations. |
| 17. Abuse by father. In care
age 11-15. mother psychiatric disorder
Parental marital discord. | Satisfactory but parental
deviance/disorder not known. |

COMPARISON GROUP

- | | |
|--|--------------------|
| 1. Mother psychiatric problems
- no discord. | Never Cohabited |
| 2. No problems - warm home. | Nothing known. |
| 3. No problems - warm home. | Nothing known. |
| 4. Mother psychiatric problems.
Very unstable - father supportive.
No discord. | Very little known. |

In this chapter we present some individual life histories specifically chosen to illustrate some of the main themes that have emerged from the statistical analyses of the data. Unlike the case examples used in previous chapters -which were selected on a random basis to illustrate particular measures -these examples have been deliberately chosen to highlight the interplay between life history, development and outcome. All the case histories were taken from the sample of ex-care women for whom we had both interview and observational data. All personal details have been disguised or altered to preserve confidentiality.

CASE 1: CAROL

Carol, her husband and three children lived in pleasant rented cottage in the Warwickshire countryside near Banbury. The cottage had a nice homely feel about it. It was furnished with secondhand furniture and the walls were hung with many of Carol's own photographs and paintings. Her husband was a university graduate in electronics and was at the beginning of a promising career in that industry following some months unemployment subsequent to his graduation. The couple were hoping to buy their own house in the near future. They were a settled, happy and socially active family with a bright future. But, as her history shows this had partly come about because of the favourable circumstances surrounding certain key breakpoints in Carol's life.

She was born in West London but has only fleeting memories of her early life. She and her younger brother and sister lived with their mother in a variety of rooming houses and poor hotels. The available records suggested that all the children were admitted to care very early on account of their mother's persistent convictions for theft and dishonesty,

and that they spent virtually all their childhoods in care. However both Carol and her brother remember being with their mother on occasions. There was no evidence of maltreatment.

Carol's memories of admission to Home 'A' were vivid. Her mother had pushed the three children out of a taxi on the steps of her Social Services office and abandoned them. She has only ever been seen on one or two occasions subsequently.

The children were all together in the same cottage. Carol's early experiences were unhappy ones. She remembers the persistent teasing and scapegoating of backward and disturbed children. In addition, her past houseparents were strict and petty, punishing minor disobedience with prolonged punishments. For example, if they laughed at the dinner table they were sent to bed after school for a month. She also felt that she was given responsibilities beyond her years. Thus, on Sundays she had to take about ten children out to play for two hours so that her housemother could have a rest. Carol had no particular friends in this early period but was not bullied or picked on either. She remained close to her brother and regarded this relationship as important.

At some point towards the end of her primary school years - which she regards in a neutral manner - her houseparents retired and were replaced by a much more positive woman. Carol and her brother have a very high regard for 'Sadie' and are still in touch with her. This change enabled Carol to feel more settled in the cottage and happily it preceded her transfer to Secondary school - an event which caused much unhappiness to many of the children. At this time of her life Carol was rated as being without emotional or behavioural problems on both the teachers and the houseparents' questionnaires.

The Secondary school experiences were happy although she felt the school was poor academically and that they were too lenient because she came from a Home. She was very good at art and sport and was in nearly every school team. She also made friends with a crowd which included the cousin of her future husband, an important chance link in her positive life history.

Carol left Home 'A' shortly before she was sixteen. For teenagers without family support and guidance this is a particularly 'dangerous' time in their lives. She took a flat with a friend from the same Home but retained her contact with Sadie, her housemother, and her school peer group. Her first serious boyfriend was another ex-Home 'A' teenager but this relationship did not last. Through her school contacts she got to know her present husband and they started going out seriously when she was sixteen. Paul was from a stable and happy working class family in south London. However, things got off to a potentially bad start because despite taking contracepted precautions, Carol became pregnant when she was still sixteen. A key factor at this point was the continuing support and commitment from Paul and the accepting and helpful attitude of his family. The couple married when she was seventeen, but she maintains that this was a free choice not forced by her pregnancy.

Support from Paul's family enabled him to go to University and for their marriage to consolidate without too much pressure. Indeed Carol herself began to catch up on her own education by taking some 'O' levels during this time. Her two subsequent pregnancies were planned.

After completing his degree Paul was unemployed for nearly a year before joining his present firm.

It is clear that Carol's life could have taken a very different course if a number of life history factors had not gone her way: poor

houseparents gave way to good ones, stable school peer groups led to contacts with a different range of influences and potential spouses, her early relationship with another ex-care boy was not long lasting, her early pregnancy was well supported and had no adverse effects. Undoubtedly, her own attractiveness and personality played a part in this probably by increasing the chance of this positive chain.

Carol came easily into the top groups on parenting for both the interview and observational assessments. She was warm, sensitive and firm but not aggressive in her style of control. Her earlier experiences left her with a 'no nonsense' view of child rearing, but her interactions with her children were positive.

CASE 2: SANDRA

It took over two and half years to trace and interview Sandra after a number of her contacts had told us that she wasn't interested. When finally contacted she was friendly and helpful. A plump, attractive and cheerful girl, she said, "You've been looking for me for a long time haven't you?"

When contacted she, her husband Frank (who is fifteen years older than she) and four children had been living in their new council property in south-east London for ten months. Prior to this they had spent several years in unsatisfactory part III accommodation or in bed and breakfast lodgings. Frank was a lorry driver. They have two other children who were adopted because of their unsettled life at the time. Sandra's home was friendly but chaotic. She was not a fastidious person and usually appeared rather unkempt and shoeless. Her life seemed to be conducted from her kitchen, the floor of which generally looked in need of a scrub. However, her family life seemed happy and supportive and she was coping well with her children. Although not highly sensitive in her responses, she was generally warm and practical in her parenting.

Sandra came from a large family of eleven children, seven of whom were her full siblings. The children were taken into care when she was about four years of age, following desertion by her mother who "went off with the bloke next door". This event followed years of violence and abuse from her husband who was frequently in prison. Violence characterised parent-child relationships as well. As Sandra put it, "We knew when we was getting a good hiding because he used to put the dogs out in the garden 'cos if he hadn't they would have bit him". Following her mother's desertion, her eldest sister tried to cope for a while but could not. The family were all taken into care 'by the court' and spent the predominant part of their childhoods in Home 'B'.

Her memories of her time in Home 'B' were rather vague but she felt that her own houseparents were satisfactory, "the best of the bunch". Some of them were old fashioned (i.e., strict) but she had no bad memories. She was fond of one of the housemothers but not strongly attached to her. She did, however, form a stronger relationship with a visiting teacher and was still in touch with her. Her peer relationships were good from her point of view, and she had a regular crowd with whom she went around. On the other hand, her relationships with her brothers were very poor, they fought constantly and had no positive feelings for each other. During her early secondary school years she remembered being prone to violent tempers and chasing her brothers with kitchen knives. This evidence for behavioural disturbance was confirmed by the teacher and houseparent questionnaires.

Unlike Carol, our first example, Sandra's secondary schooling was unhappy. She went to a large comprehensive school some way from the home and never settled. She got progressively behind with her lessons and by the fourth year was truanting regularly. She made two friends at school but these contacts did not continue when she finally stopped attending some months before her fifteenth birthday.

Sandra's behaviour during her last few years in Home 'B' was difficult. She was moved to another cottage at age thirteen years where she continued to get in trouble because of her quick temper and minor pilfering such as "nicking fags from the housemother".

When she was fifteen the authorities wanted her to go and live in a hostel but she asked to return to her father (with whom she had had minimal contact) and this was arranged. They moved from flat to flat for several weeks until she was introduced to Frank (her future husband) and Angie a prostitute by whose daughter Frank already had a child. Sandra began to live with them. When she was sixteen she had her first child who was adopted after 8 months. She and Frank stayed with Angie for four years until they left to live on their own. For the next five and a half years, they lived in four separate homeless family units, in bed and breakfast accomodation and, for a short period, with Sandra's mother. During this time four more children were born, one of whom was adopted following what Sandra believed was a temporary placement. Their present accomodation was by far the most satisfactory.

Despite this unsatisfactory life history and the two parenting breakdowns, Sandra's cohabitee Frank has been a steady and supportive influence on her life. He himself had a stable but rather severe childhood with a strict ex-army father who used the strap on him. His family was not discordant, however, and there was no suggestion of psychiatric problems or criminality in his family or his own history. He had been married previously. This broke up when he was in the Navy, Sandra described their relationship as very important to her. Because they began living together when she was so young. She had no peer group of her own age in her teens. She told Frank everything and had no other confidants. There are occasional arguments, the continuation of her tendency to be very quick tempered, but she stressed how much she had calmed down since her days in care.

Sandra's life history is interesting from a number of points of view. Admitted to care after the age of two from disrupted parenting experiences she showed emotional and behavioural problems in care, and was discharged to unsatisfactory circumstances. This led her into generally unfavourable social and environmental conditions and in her case the early pregnancy was not associated with the maternal and family support enjoyed by Carol. The continuity of adverse circumstances continued until very recently and there have been two parenting breakdowns. Nevertheless, her husband has proved a stable and supportive figure and her current parenting had many positive features despite some continuing problems. One general area of concern lies in the paucity of her social contacts generally and her great reliance on Frank. This may render her vulnerable if any problems should occur in this relationship.

Sandra came in the middle group on the overall current parenting assessments on both interviews and observations. Her life centered round her children and although low on sensitivity she was warm and practical. Her main method of control was shouting but the children were not intimidated by her and were quick to make approaches to her to say they were sorry and to make up. She always accepted these approaches. She cuddled the children a great deal and would play pretend games with them. In general she was seen as a competent and caring parent who had done particularly well given the markedly rejecting experiences she had had with her own parents.

CASE 3: LIZ

Liz's life and her current parenting qualities are an example of the triumph of human adaptability and resilience in the face of major persisting adversities. At the time of interview she was living with her two children aged seven and two in an old council flat in Charlton. She was

unmarried and lived on social security. At first guarded in her response to the request to take part in the research, she relaxed during the interview and talked altogether for six to seven hours. Her flat was very nicely appointed and decorated due entirely to her skill in shepherding her meagre resources. The children's room was described as being like a Hampstead primary school with all manner of educational aids. Both interviewer and observer commented on the superior quality of her parenting. She was in the top group on both assessments.

Liz was admitted to long term care at about the age of seven, but she had had at least one shorter admission when she was three. She was the middle of three children. Her parents separated when she was about one year and a half and her mother remarried. Her early years were spent in a variety of accommodations, including a caravan, in different parts of the country. At some point the family returned to London and shared a property which, in retrospect, Liz says was a brothel. She shared a bed with four other children and the house was often raided by police. Her mother's husband was one of a number of men she had at this time, apart from the regular clients. She was described as a sly and heartless person and a hopeless mother. Liz only remembered going out with her once when she was about four, to meet a client and being told "keep your mouth shut or you'll get it". About this time her mother was on probation for grievous bodily harm.

The Reception into Care followed a police raid "I remember the police coming. I was sitting on Jimmy's Mum's lap at the time. I remember the policeman carrying me. His nose was bleeding I thought I had done it, then my mother said someone had pushed him. We were taken to the police station and given some toys".

Liz and her brother went first to a short stay home and then to Home 'B'. Her mother visited infrequently and used to make excuses. Liz remembers her housemother dressing them up for the occasion and they used to sit waiting, only to be disappointed. Contacts with her mother remained sporadic but at about monthly intervals. Her time in Home 'B' was unhappy. One member of staff was strict and used to punish her by making her stand in the cold bathroom after everyone had gone to bed. She remembers few friends but was always fighting with her brother. They used to tell tales to get each other into trouble. She began to run away and was transferred to a Boarding school for maladjusted children when she was eleven. She hated it there. The children were spiteful and she herself became a bully. She was part of a gang that used to terrorise the teachers. She had some attachments amongst the staff but in general made many enemies. She was discharged home to her mother at age 13 after, as she remembers it, threatening to burn the school down.

Her mother was not pleased to see her and wanted to appropriate her new school uniform. Liz went on to a local comprehensive and her disruptive behaviour continued. She truanted a great deal and had no close friends. Her home life was discordant and unhappy. Her mother showed no interest and she fought a lot with her younger sister. Her mother had a series of cohabitees but seems to have finally settled down and has been with the same man for eight years.

Liz left school at fifteen, already pregnant with her eldest child. She was living with her mother and there were frequent rows. They had a fight when she was five months pregnant. Following the birth she tried to get work but could never keep jobs because of her temper; she became pregnant again. Physical fights with her mother, who was trying to take over the parenting of the child, continued. Liz had twins both of whom died

and she returned to work which she managed to keep for two years. She became pregnant in her late teens with her youngest child and had not worked since.

Because of her early pregnancy the parents of her school friends forbade them to see her. Her mother refused to let her go on seeing her child's father after she had let them cohabit in her house prior to the birth. Her mother always interfered jealously in her relationships. She left home at the age of eighteen and started squatting, Liz had three separate cohabitations in her late teens, the last of which was with a young man with a long history of criminal and drink problems. The one prior to that was a drug addict.

Her relationship with her last cohabitee had finished about three years previously and Liz had been in a homeless families unit before being given her present council flat.

There were few positive features in Liz's life until quite recently. The birth of her first child was a very significant event psychologically, - "I really wanted Sarah. It was the longest year of my life" - but the early history of parenting was unhappy. On occasions Sarah was primarily parented by her grandmother whilst Liz lived elsewhere. This finally resulted in a court case for custody which Liz won. The most recent significant event was a conversion to Christianity a year previously. Liz reviews her life of promiscuity, drinking and going to discos, "I've tried that way of life and now I'm trying another. Things work out better this way. Problems work out, praying has helped me. I've changed for good. I try to do what he wants".

The church provides Liz with much social and emotional support. It was hoped that this would allow her to become more secure and trusting in her relationships and to continue the personal development which is evident in the quality of her parenting.

CASE 4: JULIE

Julie and her cohabitee Sid lived in a three-bedroomed between-the-wars council flat in Islington. She was a large cheerful young woman who worked as a playground attendant. Sid had steady employment as a packer for a local transport firm. The couple and their two children, Debbie aged three and Mary aged five months, had been in their present accommodation for just three weeks. Previously they had been squatting in the area for six months in order to get rehoused. Julie was expecting her third child and the couple's second. The flat was poorly decorated and strewn with clothes, washing, toys and bottles for the baby. There was a strong smell of urine. The children were said to have an unkempt, pathetic and bewildered look about them.

Effectively, Julie was an only child. Her mother also had a son but he was admitted to care before Julie was born and she never knew him until she was about six - just after she had started school - she lived with her mother in a one roomed flat with a scullery and an outside toilet. Her mother had had three cohabitations but Julie never knew her own father, although she thought he had been in prison. Julie's early memories of her mother were poor. "She was not a good mum", Julie said, "and I'm the same. I never got close to her. I've never kissed my mum and she's never kissed me. She never washed. She never washed me. I once went to church and a woman took me out and washed me and I didn't know why".

The reason for Julie's admission to care seems to have been for poor school attendance and lack of parental supervision. She had a short stay in a small home in the country, and following a brief return home, was placed in Home 'B' when she was seven. "The welfare came and took me away. They packed my clothes and teddy bear, and a man took me to Home 'B'.

She was in Home 'B' until she was eleven. Her memories of the staff are poor. Her housemother was like a sergeant major and Julie was blamed for much of the theft in her cottage. She did steal when she was there, usually food, and was sometimes punished by being made to overeat. Her peer relationships were mixed. She recalled three friends but equally said "I was always getting into fights and I was picked on. It made me unhappy". This picture was confirmed by her questionnaire scores.

When she was eleven she was moved to a small Home to be nearer her mother, who had tried to visit regularly. There were just ten children in this Home. She was nearly the eldest and did not settle well there. She was often accused of bullying and she rebelled against the adults. She felt her room was cold and the food was very bad. She ran away on one occasion and was brought back by the police. She compared this new Home very unfavourably with Home 'B' and she felt deprived. On the other hand, she quite enjoyed her first experience of secondary school and, like many children from the homes, excelled at sport. Despite this the bullying continued.

At the age of fourteen she was discharged to the care of her mother. She does not remember any social work follow-up. Her mother seemed incapable of or unwilling to look after Julie. She had to learn new domestic skills for she was taught none in care. She felt she had just gone home to be her mother's skivvy and there were many arguments. She remembered putting a chicken in the oven one Christmas, giblets and all, because no-one had taught her anything. She confined herself to the house during the day. She began to overeat, this continued for three years. At night she visited friends although this caused arguments with her mother. She had no confidence as a teenager and had no interest in boys. Her first date was with her present husband when she was twenty-one but the

relationship only lasted three weeks. She became involved with the father of her first child, a married man who used to call round and make her go to bed with him. He was also violent and used to beat her up. She was only able finally to get rid of him when he assaulted her mother and neighbours threw him out. At this point, Sid, who had remained in the area, rejoined her at her mother's and they lived for two years. This time was never happy because of her mother's behaviour and the couple finally left. They declared themselves homeless and were rehoused by the council at some distance from the area they knew. This disadvantage led finally to their move back to squat in Islington and their current rehousing. Sid was a good stable and supportive husband.

In Julie's case her long early experience of very poor parenting led to a predominantly unhappy time in care with an unsuccessful final placement preceding what seemed to be an ill advised return to her mother. She was not equipped to cope with this and was not well supported. Her increasing obesity further diminished her self-esteem and her limited social experience with boys led to a violent and unhappy first relationship. Her current circumstances were supportive but Julie herself was an apathetic and uninvolved parent. Both children had been cared for by others for 5-6 months in infancy although never in care. Her own estimate of her parenting as poor was confirmed by both interview and observation. It was felt that this was unlikely to improve without some clear instruction or modelling to improve her awareness and techniques.

CASE 5: GILLIAN

Gillian's parenting has previously been described as an example of the overall parenting measure by interview. She was aged twenty-eight and lived with her (first) husband in a flat which she and her husband were

buying. Her husband was an electrician and she herself worked as a clerical officer for the local council and during this time her only daughter Petra was looked after by a baby minder. Gillian did not like working whilst her daughter was only three, but their financial circumstances made it inevitable. She was a remarkably confident and resilient young woman who had come through a difficult childhood with strengths rather than deficits.

Gillian's memories of her early childhood were vague. The eldest child and only girl amongst a sib group of four, she was born in Deptford and spent much of her childhood in the Greenwich area. The family had an overcrowded but not otherwise inadequate basement flat. She thought she had been in care when she was about five or six shortly after her father died, but returned to her mother with whom she remained until going into *Home 'R'* at about the age of nine. The reason for admission appeared to be her mother's psychiatric problems following the death of her (Gillian's) father.

Her time in *Home 'R'* was quite happy. She became attached to all the three housemothers she had. Her cottage was described as a 'happy family' and she was well looked after. Her mother visited about once a month. Gillian herself had to act as a mother to her brothers and she felt that her relationships with them in care were important and supportive - a strong contrast to her teenage years. She got on well with the other children but had neither close friends nor enemies. She had no unhappy memories of her time in care at all and did not want to go home when she was finally discharged.

Gillian started secondary school when in *Home 'B'*. She went for about two years and was then returned home to her mother at the age of thirteen with her youngest brother. The first two years at home were relatively happy but then her other two brothers came home when she was

fifteen and a very difficult teenage period began for her. Her mother was very restrictive and allowed her no social life at all. In addition she was entirely responsible for running the household and looking after her brothers. This included supervision and discipline for her mother seemed to abrogate all practical responsibility for the family once Gillian returned home. "When you were in care", she said, "You learned to be independent and look after yourself, and then you got home and your mother still wants to think of you as a little child. So you can't do this and you can't do that. Also it was wrong if you expressed any opinion". The tension between this repressive relationship and the degree of practical responsibility she had to shoulder was very great. The boys did nothing to help and were always fighting and Gillian was supposed always to take her mother's part. There were frequent arguments with her mother although Gillian was not by nature argumentative.

This extremely stressful regime considerably affected her schooling but she still managed five 'O' levels and began working for 'A' levels. She never completed this course because of her difficulties at home. She had no one to talk to about her problems, even though she was responsible for taking her brothers to child guidance. She preferred to try to cope on her own.

After leaving school she began working for the council. Mother did not like her working but the break was a relief for Gillian, and she made good friends and met her future husband. He was a strong support to her and finally insisted she left home to marry him sometime before they had originally planned. Alan was from a happy stable family himself and lived with his family until Gillian and he married.

Gillian's history is somewhat different from the others presented in this chapter. For her the time in care was a happy and stable period

which took her away from the difficult personality of her mother. When she finally returned home she had sufficient resources to cope with a very stressful teenage period, and herself felt that she was a stronger person for getting through this. Nevertheless, she suffered six to seven years of extremely difficult home circumstances with little support except for school life and later work. She was finally taken from this environment by her husband who 'insisted' on a break from the past.

APPENDIX E: SELECTED EXAMPLES OF RATING SCALES AND PROCEDURES

The criteria for all the measures used in this research are specified in a coding manual. Each interviewer had a copy of this and was trained until she understood the dimension being measured by each coding and knew the criteria for rating. Problematic ratings on each scale were discussed at weekly team meetings and a separate file of rating decisions was kept. Case example reference points were used for major ratings.

This appendix is intended to give an idea of the way some of the most important scales were defined. Details of all rating criteria are available on request.

- I. RATINGS OF PSYCHOSOCIAL OUTCOME
- II. CHILDHOOD EXPERIENCES
- III. TEENAGE EXPERIENCES
- IV. PARENTING

I. RATINGS OF PSYCHOSOCIAL OUTCOME

Subject and Spouse

SEVERITY OF PSYCHIATRIC DISORDER

0. No psychiatric disorder
1. Psychiatric disorder but no social impairment
2. Psychiatric disorder producing impairment in or avoidance of sexual or social relationships only
3. Psychiatric disorder producing impairment in or avoidance of activities previously engaged in (leisure, kin contacts, etc) but not including work or household
4. Psychiatric disorder producing impairment in or avoidance or work or household duties
8. Not known
9. Not applicable

The severity of the psychiatric disorder is rated entirely in terms of the degree of social impairment directly or indirectly caused by it over the three months prior to the interview. The rating should represent the most severe degree of impairment reached by the person during the primary period and which has lasted for at least half of any one month. Where there is doubt because of inadequate evidence as to which of two ratings of severity should be made, the lower point i.e., the less severe impairment rating should be coded. Code 0 where there is no psychiatric disorder. Code 2 where there is a psychiatric disorder shown by the presence of abnormal symptomatology where the disorder has been accompanied by impairment or avoidance of sexual or social relationships only. The most common impairments rated on this point are clear changes in irritability and loss of libido. Code 3 where the disorder has been accompanied by impairment or avoidance of any kind of activity other than work or household duties. Thus

3 should be coded if there has been any impairment or reduction of leisure activities, visiting friends or kin, interaction with the children, etc. There should also be a coding of 3 if there has been impairment of minor aspects of work or household duties - for example if the person has found it very difficult to concentrate at work or has been less thorough in housework than usual. Coding of 4 would be made if there had been any substantial impairment or avoidance of work or household duties. There should always be a rating of 4 if the person has been off work in relation to psychiatric disorder or if he or she has been admitted to hospital for these reasons. Note that the impairment may be only an indirect effect of the disorder - thus if a man loses his job as a result of aggressive behaviour as part of an antisocial personality this should still rate as 4. To rate 1 a person must have a disorder other than personality disorder and this must either be a sequel to a handicapping disorder or a clear change in mental state or behaviour without social handicap.

Subject and Spouse

DRINKING PROBLEMS

0. None
1. Dubious
2. Previously heavy, now controlled
3. Current heavy drinking, non-violent
4. Current heavy drinking, violent
8. Not known

To rate on points 2, 3 or 4 on this scale the drinking must be or have been heavy to the extent of impairing the everyday life of the person concerned. For example by making him have days off work because of drinking, or being frequently late for work because of drinking heavily the

previous evening. Failure to get up in the morning or to cope with household tasks, if this is the result of heavy drinking, would also count. Serious disturbance in family relationships is also relevant - even if work and household duties are not affected. Thus, if serious quarrels are caused by one partner drinking or if the children feel they have to keep out of the *parents* way if he has been drinking, these are relevant for this rating. Points 2, 3 or 4 should also be coded if it is clear that there is an addictive component in the drinking, even if this causes no direct impairment. Code 1 if the person concerned, either by amount, frequency or reliance upon alcohol, seems to pass general social norms and does not clearly fit into categories 2, 3 or 4 - i.e., if impairment is only occasional or slight or if it is not clear if there is an addictive element in the drinking.

PERSONALITY DISORDER

0. None
1. Aggressive, antisocial
2. Inadequate, immature
3. Anxious
4. Other
5. Alcoholism, drug abuse only
8. Not known
9. Not applicable

In obtaining an account of the present psychiatric disorder the interviewer must make sure that he also obtains an account of what the person was like before the disorder began. In addition it will usually be necessary to ask at least some questions on a person's schooling, adolescence and first few years after leaving school. In the present study we have a great deal of information of these aspects of the person's earlier life. In

order for there to be a rating of personality it is necessary that there must be both deviant personality characteristics i.e. behaviours which have been chronically deviant since at least early adulthood and impairment or handicap of social relationships or other activity, associated with the deviant behaviour. Point 5 is not strictly speaking a personality disorder rating but it is used in the absence of any other disorder of personality to indicate a long history of addiction, which may not be reflected elsewhere. Where however alcoholism or drug addiction is associated with a personality disorder codeable under some other point on the scale, the other point on the scale should also be rated. Where the person is both inadequate and persistently aggressive and antisocial code antisocial.

The rating of personality disorder may cause particular worry over separating deviant functioning from handicapping environmental circumstances which had been present over the whole of the lives of disadvantaged cases. In many instances it is difficult to decide whether the person's characteristics were handicapping them, or whether their circumstances were. Since the rating described under this scale i.e. personality disorder, is a common clinical assessment we should continue to make this rating on the basis of normal clinical criteria but on the understanding that we hope to be able to sort out some of the components and complications of the rating of personality disorder later. If there is any doubt over a designation the case should be brought to a team meeting and discussed with a psychiatrist.

MARITAL RELATIONSHIPS

Quality	Type	
<u>Scale</u>	<u>Scale</u>	
1	: 1	The marriage is typified by mutual concern and affection. There must be <u>no</u> longlasting tension and no quarrels which are important when seen in the whole context of the marriage.
2	: 2	The marriage is generally similar to 1:1 but it is differentiated by the presence of some tension or nagging or quarrels. This may be seen as a good 'average' sort of marriage.
2	: 3	The marriage is generally similar to 1:1 but it is differentiated by less expression of mutual concern, or less affection and interest. This may also be seen as a good 'average' sort of marriage.
3	: 2	Intermediate between 2:2 and 4:2. A less good 'average' sort of marriage.
3	: 3	Intermediate between 2:3 and 4:3. A less good 'average' sort of marriage.
4	: 2	There are important episodes of open disruption or hostility but also there are some periods of harmony or neutrality.
4	: 3	There is generally a relationship of indifference or dislike and avoidance but also either some one-sided affection or some cooperation in mutual activities.

5	:	2	Intermediate between 4:2 and 6:2.
5	:	3	Intermediate between 4:3 and 6:3.
6	:	2	The marriage is typified by constant nagging or open antagonism or quarrels, recriminations etc.
6	:	3	The marriage is typified by an absence of affection which is shown by apathy, indifference, dislike or avoidance. Negligible cooperation on mutual activities.

The marital relationships scale makes an overall assessment of the marriage on two dimensions. These dimensions are usually considered together in analysis. The first is concerned with the quality of the marriage and the second with type of marital relationship. Both are based on an overall judgement by the interviewer of the marital relationship. The whole interview should be used in making this judgement and warmth, hostility, criticism, dissatisfaction, satisfaction, interaction, communication, quarrels and any other relevant aspects of the marital relationship should be taken into account. Some notes on these areas follow this general description of the rating of the marriage. This is not a rating of the respondent's satisfaction with the marriage nor is it simply a rating of the point of view of either spouse, although the rating is made on the information supplied by one partner.

The first scale, which measures the quality of the marital relationship, runs from point 1 to point 6. Brief descriptions of each point are provided only as a general guide - marriages differ on so many qualities that it is not possible to provide precise definitions for each point. The general approach to the rating should be as follows: the interview should consider all aspects of the marriage and then decide if it is a 'good average'

sort of marriage. If it is the rating is either 2 or 3. If the marriage is clearly better than this a rating of 1 should be considered. If the marriage is somewhat unsatisfactory or there are slight difficulties in the relationship a 3 rating is most appropriate. If the negative qualities are more than minor a rating of 4, 5 or 6 on the first scale must be made.

The second scale, of the type of marriage relationship, described the way in which marriages depart from a rating of 1. The scale has two dimensions: (a) a dimension of increasing disruption, quarrels or discord (2), and (b) a dimension of decreasing interaction in which the couple tend to lead increasingly independent existences (3). This may be accompanied by either apathy and indifference or by avoidance and dislike. It differs from the first dimension chiefly in the absence or relative absence of overt discord, quarrels, nagging, bickering or other forms of negative interchange. Either dimension may be accompanied by a good deal of tension. What distinguishes the two dimensions is the way the tension is shown. Often of course there is a mixture of the two. When there is a significant amount of over-negative interchange in the form of quarrels, nagging, etc. a rating must always be made on the first dimension (2).

A coding of 1 on the quality scale should only be made when the marriage can be said to be typified by mutual concern and affection. There must be no longlasting tension, no quarrels which are important when seen in the whole context of the marriage. It is not necessary for the marriage to be ideal or exciting in any way for a rating of 1 to be made. However, the rating should be used to describe a rather better than average marriage in which there is a close bond between the marriage partners and no significant difficulties between them. A rating of 2 on the quality scale implies that it is a good average sort of marriage which is generally similar to a 1 marriage and which can be certainly be seen in terms of positive and satisfying relationships for both partners. However, it is differentiated from a 1

marriage either by the presence of some tension or by nagging or quarrels or by somewhat less concern and interest in each other.

A coding of 3 on the quality scale should still be considered to refer to a fairly good sort of marriage - rather less good than described by point 2. Again the marriage may be seen as departing from a rating of 1 on either of the two dimensions described in the second scale, the type scale. A marriage which is unsatisfactory or having important difficulties should never be rated higher than 4, even if there are also positive qualities. A rating of 4:2 should be made if there are important episodes of open disruption or hostility but where there are also some periods of harmony or neutrality. If, on the other hand the marital relationship is more typified by indifference or dislike and avoidance despite some one-sided affection or cooperation in mutual activities a rating of 4:3 should be made.

A rating of 6:2 refers to a marriage typified by very frequent nagging or open antagonism or frequent quarrels, recriminations, etc. Such a marriage is likely to be accompanied by a high degree of tension and very little in the way of positive qualities. A rating of 5:2 should be made for marriages which are intermediate between 4:2 and 6:2.

A rating of 6:3 refers to a marriage typified by the absence of affection which is shown either by apathy and indifference or by dislike and avoidance. There will be negligible cooperation on mutual activities and to a considerable extent the two partners will tend to lead rather independent lives. There may be some tension but this will show itself in open discord very infrequently - rather it will be shown by avoidance. Any marriage which is intermediate between 4:3 and 6:3 should be rated 5:3. The rating should be based on the marriage relationship which has existed for the greater part of the three months prior to the interview.

II. CHILDHOOD EXPERIENCES

PSYCHIATRIC ILLNESS IN PARENT

0. None known
1. Chronic disability - untreated
2. GP contacts only
3. Outpatient contacts
4. Inpatient
5. Dubious
6. 3-4 child in care
7. Can't remember
8. Not known
9. Not applicable

The ratings here are generally clear but some distinctions are fairly difficult to make. The first problem is that it is not always apparent whether the contact was for physical or psychiatric reasons or whether a chronic untreated disability was more psychiatric than physical. In addition certain behaviours reported by respondents are of a sort which might imply psychiatric disorder - particularly personality problems - and suggest that that is what the rating might be, if one was interviewing the grandparent at the time referred to by the respondent. For example extremely aggressive behaviour or persistent scapegoating or heavy drinking are all behaviours which might suggest psychiatric problems in the grandparent. However, because of the difficulties of making distinctions from this sort of retrospective information an extremely conservative line should be taken when rating this scale. Thus the respondent should know that the grandparent saw their doctor or a specialist for nervous trouble and not simply report that they saw their doctor or that they were a nervous sort of person. If they clearly were worrying, nervous, tearful or persistently depressed but the contacts with services are not clear, rate point 1.

Drinking or aggressive behaviour on their own should not be rated on this scale. Heavy drinking is rated elsewhere, and aggression in the respondent's reporting of marital relationships and the behaviour of the parents towards them. Only when such behaviours result in psychiatric contacts should they be considered for this scale. A rating of dubious includes 'complained of nerves', and 'always at the doctor's'.

ALCOHOL PROBLEMS IN PARENT

0. No evidence
1. Dubious
2. Heavy drinking but not in predominant grandparent
3. Heavy drinking, non-violent
4. Heavy drinking, violent
5. Evidence of heavy drinking before child's birth only
6. 2-4 child in care
7. Can't remember
8. Not known
9. Not applicable - never parented

It is not possible from retrospective accounts to distinguish between heavy drinking and alcoholism. Points 2, 3 or 4 should only be rated if there is evidence of persistent heavy drinking - for example a grandparent coming home drunk nearly every night - or either persistent or sporadic heavy drinking associated with violent or aggressive behaviour towards the family. Thus a grandparent who went out drinking two or three days every weekend and came home and was violent and abusive would rate on point 2, 3 or 4 on this scale. Other heavy drinking should not rate more than dubious. Thus regular drinking even as often as 5-7 times a week would only rate on point 1 provided that such drinking did not result in the parent coming home either heavily intoxicated or in a violent or aggressive state.

Regular but happy drinkers only rate on point 1. The inclusion of point 2 on this scale is made because such behaviour as defined for this rating even in a parental figure who is not the predominant parent of the child's early years, may nevertheless be a significant adverse event. Written descriptions of the case should always make it clear to whom the rating refers.

DISCIPLINE BY PARENT

(1 year+ at home 5-11)

1. Lax
2. Tried, but had little control
3. Average
4. Firm
5. Hard, heavy-handed or over-restrictive
6. Harsh
7. Can't remember
8. Not known
9. No rateable home contact

This scale refers to discipline by the predominant grandparent.

A lax parent is one who seems to allow the children to get away with anything that they want, makes no attempts to exert any discipline over them, and gives in very easily in any battles between himself and the children. In general the respondents will see themselves as having been allowed to run wild and do what they liked, come in when they liked, say what they liked at home, without much fear of correction. Parents who make more of an attempt than this to control the children but have little success would rate on point 2. Here again the children would nearly always get away with what they wanted to do and if, for example, they were locked in their bedroom for disciplinary reasons, they would tend to escape and not be pursued further or to make such a fuss that they were soon let out of the

room, without having been made to say sorry for whatever misdemeanours they had committed. Point 3 refers to fairly normal disciplinary situations: here a child will not infrequently get away with what it wants and the parents will be fairly permissive with it, however it will be clear that the parent can control the child if they want to, that the children are not allowed to get away with things if the parents make up their minds to be firm about them and that on the whole the respondents do not remember themselves playing up their parents to an excessive extent or being a problem or difficulty to them. Firm parents exert more control than this, have more rules about what does and doesn't go around the house: are strict for example about such things as bedtimes, table manners, politeness, coming in on time, tidying up, etc. They tend to stand no nonsense and the children tend to obey them. Hard, heavy-handed parents are firm to the extent of being over-restrictive and frequently fairly punitive - often in a rather unloving sort of way. They more frequently use physical punishment and may be heavy handed with this. They tend to be restrictive as far as the child being allowed out, going to play, having children in, doing things around the house, which may not to an outsider seem unreasonable. Parents of whom the respondent remembers being afraid would also rate on this point, providing that they were not excessively punitive. Harsh parents are generally cold and aggressive - hitting the child frequently and very hard, quite often with belts or sticks. They are also inclined to be rejecting, to do things like locking children in bedrooms, cupboards, hitting them for no good reason, picking on them, shouting at them and being generally unkind and physically abusive. This rating is made on the interviewer's evaluation of the behaviour of the parent as described by the respondent, not upon the respondent's current evaluation of whether the way the parent behaved was good for them or not. It is not uncommon for respondents to see physical abuse as having been good for them but this, providing the behavioural

description was satisfactory could never reduce a rating of harsh to one of firm or hard.

Rate only if 1 year plus continuous contact in the years 5-10 inclusive.

II. TEENAGE EXPERIENCES

POSITIVE SCHOOL EXPERIENCES

0. None
1. Dubious
2. Definite
3. Representative
4. Captain

This rating is made for both in-school and out-of-school activities in the following categories: academic, musical/arts, sport, responsibility, crafts, housewifery or woodwork and other. The purpose of the scale is to rate those activities at which the index child excelled or from which they derived persistent pleasure and positive experiences. Thus it is not necessary for them to have been particularly good at an activity in one of the categories in order to rate definite on this scale. Thus a child who really enjoyed doing history, although they were never particularly academically outstanding, could certainly rate definite. Similarly a child who enjoyed playing a musical instrument, although they never achieved a particularly high standard, would also be definite on this scale. Point 3 is used for those occasions in which the child represents the school or some club or association outside of school at an activity in one of the categories. The most usual examples are being members of sports teams, orchestras, etc., but having individual work in exhibitions would also be eligible for a rating of 'represent'. In out-of-school experiences a child may be seen as representing themselves, thus their parents may enter them for some

individual artistic or sporting activity in which there is a formal competition, and this type of involvement also would count as being a representative. A rating of captain is straightforward. In general it most obviously only applies to the categories of sport, or special responsibilities such as being form captain or prefect, or head boy. However, if occasions arise when someone is clearly in a position of responsibility in any of the other categories, responsibility should last at least one term before it is rated. Answers in which the respondents say they were good at something but they didn't care much about it rate only 1. Children in school choirs only rate as representing the school if they perform for the school or complete outside of their school building.

REASON FOR LEAVING HOME

1. Positive
2. Uncertain
3. Constraints
4. Parental discord
5. Other negative
6. Rejection
7. Discharged from care after the age of 16

The focus of this rating is on whether individuals leave home for negative reasons. Therefore a rating of 1 - leaving for positive reasons - must be based on clear evidence, for example a planned marriage, getting a wanted job with the approval of the parents, etc.

A rating of positive is based predominantly on the respondent's view of why they left. Thus, if the parents disapproved of their move but the subject thought it was beneficial to their own life chances, then this should be rated as positive. However, if there is any suggestion that the reason for them making this decision was based on adverse circumstances at home, then

one of the other ratings should be made. Thus statements like 'I left home because I wanted a change' or 'I left to have a different life' would be rated 2 rather than 1. One problem arises with premarital pregnancies in relationships which are clearly positive and in which there is good evidence that marriage is already planned. If the interviewer is clear that this is the case and if subsequent evidence - for example marriage, setting up of home - follow the leaving of it, it is still possible to rate positive, even though the girl left because she was pregnant. A rating of 3 should be made if the predominant reason for leaving was restrictive behaviour on the part of the parents - for example rules about who the children associated with, or the time they came in at night, or if the size and amenities of the flat and the presence of other siblings made it impossible for the individual to pursue the sort of life they wanted, either in terms of furthering career opportunities or in terms of different sorts of social relationships. 4 should be rated if the individual left primarily because they could no longer stand the amount of discordant behaviour between their parents. 5 is used for any other negative reasons for leaving, thus, leaving because of unwanted pregnancies, or because the child was on the run from the law, etc., would go into this category. However, if these sorts of circumstances arise, and the leaving of home is precipitated by the parents throwing the child out or making it clear that they are no longer welcome there, point 6 - rejection - should be rated rather than point 5. This point would also be used if there was persistent quarrelling between parents and the child which made the child feel quite clearly that they were no longer wanted at home. In general however rejection should be rated with caution and this rating in general should be restricted to those occasions on which the parents clearly tell the child to get out.

IV. PARENTING

INTERVENTION PATTERN - CRYING

This is the first of the set of ratings on the three main areas of child behaviour : crying, disputes with parents and disputes with peers, in which we are attempting to rate the predominant and the most extreme sequences of parental reactions or coping strategies. In rating crying we are dealing with three areas: firstly where the child is wet, hungry or tired; secondly, where the child is frustrated by him or herself; and thirdly where on parental definition the child cries for no good reason at all. Crying as a result of disputes with parents or disputes with sibs or peers, is not rated in this section but rather under the sequences describing parental coping where those particular events occur. Thus, if these are the only reasons for crying mentioned by parents, intervention sequences concerned with crying are not questioned about, or rated.

Two sorts of information are required for rating the intervention pattern by parents over crying. Firstly the interviewer should obtain a frequency for the occurrence of the main rated crying categories in terms of the number of times per week that these occur. Note that it is not necessary to question beyond obtaining a rating of daily as far as frequency information is concerned. When a frequency has been obtained - for example for a wet, hungry or tired category - the interviewer should then go on to ask the parent about how they deal with this particular problem. The normal strategy is to ask first for a description of the last time it occurred and what the parent did. This questioning needs to be careful and the interviewer rates the described sequence of parental intervention on the categories listed in the schedule. These are rated by giving numbers which indicate the sequence in which things occur. Thus, if the parents first ignore the child then try to distract it and then threaten it, the sequence would be coded: Ignore 1, Distract 2, Threaten 3. After obtaining a

description and the sequence of parental response the interviewer should determine whether this is the usual or predominant pattern of parental response to child crying. If not, the predominant response should be secured and rated. We thus have a general description of the usual sequence of events following a period of child crying. Following these details on the predominant parental handling sequence we then want to estimate with what frequency other sorts of parental behaviours occur.

This is obtained by asking such questions as 'Do you ever have to do more than that?', or 'Do you ever try any other ways of dealing with it?', or 'Do you ever just ignore it?' (or use any other technique on the list not mentioned in the parental description). No attempt is made to sequence these more rarely occurring or alternative strategies. However it is particularly important with all the ratings of parental coping strategies to establish the proportion of time that they completely ignore the child behaviour, since this may turn out to be the predominant coping style. Thus it is always necessary to ask about ignoring if the parents do not mention it spontaneously and it is always necessary to establish what proportion of times they do ignore any particular behaviour. If 'ignore' or anything else is not part of the predominant sequence but is a more rarely occurring behaviour, it is simply scored as a proportion of times the child behaviour occurs that the parent employs that particular technique. This should initially be based on clear attempts to obtain frequency information from the parents on this. It is not adequate to rely on statements such as they sometimes smack, or occasionally shout. However, questioning on sequencing of behaviour and of the frequency of certain responses can become tedious, or certain parental respondents can prove to be incapable of giving this sort of information. In such circumstances it is permissible for the interviewer to rely on such words as 'always', 'usually' or 'sometimes' and they may do so especially if they have gained some

indication from attempts to get frequency information of what the parents might mean by these words. If even this has been impossible, score 'sometimes' as point 4, score 'occasionally' as point 2.

It is apparent from the list of possible rateable parental reactions that we are predominantly concerned with negative, rather than positive reactions to the child behaviour. Thus more positive parental actions have to be subsumed under certain categories than is the case for negative behaviours. Thus, if the child is crying because it is frustrated over something and the parent helps it, this would rate under comfort.

RECONCILIATIONS FOLLOWING DISTRESS

This rating is also made on the number of times out of ten in which the parent or the child initiate a definite reconciliation following a dispute between them. It is thus possible for the sum of the two boxes to be less than 10 and this will be the case especially in those families in which disputes are usually forgotten and nothing more said about them once the control event has taken place. Reconciliations involve either direct apologies by the child or by the parent if this seems appropriate or indirect signals that the relationship has been re-established. With the parent this might be giving the child a squeeze, or something to eat, or starting some joint activity with the child; from the child's point of view this may be coming up to the parent, trying to show them something which the child had done, or trying to make affectionate contact generally. Note however that it is important that the reconciliations be made - thus proffered reconciliations which are not accepted by the other party do not count. Thus, if the child comes to the parent for a cuddle after a dispute but is rejected, this does not count as a child initiation. The defining characteristic of reconciliations therefore is that the dispute is in one way or another definitely seen to be made up and not allowed to peter out in some

indeterminate way. Rate 99 if no disputes.

NOTES ON THE OVERALL RATINGS OF PARENTING

The overall ratings of parenting are the interviewer's assessment based on the whole interview and on other direct evidence - for example any interactions they have seen between the parent and the rated child. However, they depend especially on the way the parent talks about the child and describes examples of their methods of handling. It is extremely important to note that these ratings are based entirely on their behaviour towards, and handling of, the specified child and no evidence on their handling of other children should be allowed to contaminate the overall rating. These scales are in no sense an overall assessment of their parenting of all their children.

There is first an overall rating of sensitivity and then three scales covering style, effectiveness and consistency of control, and three scales covering the style, effectiveness and consistency of parental handling of fears, anxieties and upsets. All the scales should be considered as a whole initially and an attempt made to rate a profile of the parenting styles but it should be noted that consistency should not be forced upon the ratings - i.e. a parent may perfectly well be adequate or good in one area of their handling of the child, but less satisfactory in others.

SENSITIVITY

1. Sensitive to the child as a person, aware of possible anxieties, valuation of individuality.
2. Generally sensitive, less so than 1.
3. Average, intermediate.
4. Generally insensitive, less so than 5.
5. Insensitive, little or no recognition of anxieties, no recognition of individuality, tends to treat child as an object.

The rating of sensitivity is a rating of the parental attitude towards the child as revealed both in the way they handle the child and the way in which they talk about him or her. It is concerned at one end of the dimension with the extent to which the parent is sensitive to the child's needs as an individual, is aware of possible anxieties and worries and attempts to anticipate or minimize these and the extent to which the parent values that particular child as an individual, with its own characteristics and idiosyncracies. At the other end of the scale it is concerned with the extent to which the *parent* is insensitive to the child's individual qualities, shows little or no recognition of possible anxieties or worries and little recognition of the child as being an individual in its own right, with its own rights and concerns. At the extreme of this dimension the parent will tend to treat the child as an object and as something which is difficult or annoying from the parent's point of view, often behaving in a way which is supposed to be deliberately intended to annoy the parent or make his or her life difficult - thus for example fears, anxieties or apprehensions may be seen as naughtiness or as occurring for no good reason. Care should be taken in making this rating not to allow it to be highly contaminated by expressed warmth or concern for the child. Thus a parent may be high in expressed warmth about a child but be rather insensitive in their handling of or anticipation of fears and anxieties. Equally a parent may be rather cold but

otherwise fairly effective in this aspect of their parenting. Equally a parent who shows considerable concern for a child and perhaps for problems it is having, but seems unable to relate this in a more general way to what is going on around the child, could not be rated as highly sensitive even though the degree of concern was considerable. However, it is bound to be the case that warmth will be moderately highly correlated with a degree of sensitivity or insensitivity.

In making the rating one should start with the assumption that the person being rated is on point 3, i.e. average or intermediate and then try to decide the extent to which their sensitivity is better or worse than this.

CONTROL

Style

1. Non-punitive, indulgent
2. Non-punitive, firm
3. Mildly aggressive
4. Frequently aggressive
5. Indulgent/aggressive

In making the ratings of control, first consider the predominant style of control technique which the parent uses. It should be noted that none of the four points on the control style scale necessarily indicate better or worse parenting practices in this area. They would only indicate bad parenting for example if frequent aggressiveness was also associated with inconsistency, low warmth, and insensitivity. Therefore the rater's first task is simply to decide what the predominant parenting style is. First decide whether the style is either in points 1 or 2, or points 3 or 4. Aggressive techniques are generally self evident, they involve relatively

frequent use of shouting or smacking or a rapid recourse to these techniques in the control sequences whenever these occur. Non-punitive techniques predominantly involve methods which attempt to avoid using aggressive styles, thus they will be high persuasion, distraction, anticipation or problems or areas of disputes, etc. Point 1 should be used for easygoing parents who fairly frequently let their children get away with things they initially try to control; and point 2 for parents who are much firmer in asserting their will when they decide that some behaviour has to stop or some action by the child has to be undertaken.

EFFECTIVENESS OF CONTROL

1. Ineffective
2. Some control
3. Moderate control
4. Firm control
5. Overcontrolling

This is a rating of the extent to which the parent is able to maintain control when they attempt to do so.

Point 3 should be considered to be average for most parents. Ineffective control would be rated either for a parent who frequently tried to control the child but was generally unable to do so, or for a parent who seldom or never made attempts to exert control over the child's behaviour.

Point 5 would be used for parents who seem to be overcontrolling or repressive in their disciplinary behaviour towards their children. A certain amount of cultural judgement will be necessary in making this rating since it involves a decision as to whether the parent is preventing the child from doing things which would be in the normal accepted range of behaviours for children in the age group.

CONTROL CONSISTENCY

1. Consistent, predictable
2. Average
3. Somewhat inconsistent
4. Very inconsistent, unpredictable

The consistency rating is fairly straightforward. The majority of parents are likely to fall onto points 1 or 2 and the approach to rating should be to decide to what extent they depart from the rating of consistency or predictability. This should be assessed on the extent to which the parent uses the same techniques in the same situations as evidenced by their descriptions of their parenting. The intention is to rate those circumstances on point 1 which clearly seem to suggest that the child is in a control environment in which it is able to predict parental response to its own behaviour and to know that certain consequences are likely to flow from certain actions. Thus it is not possible to rate someone as 'consistent' if they are consistently disorganized in their control style. A rating of average should be considered as perfectly satisfactory but a rating of 3 as representing a degree of inconsistency in the parental handling which would make prediction of parental behaviour on the child's part somewhat more difficult and point 4 should be reserved for those parents who show extremes of response to similar child behaviours, as well as for those who appear to respond in an aggressive or controlling fashion towards the child when the child appears to be doing nothing untoward at all. Thus a parent who described themselves as frequently smacking or hitting the child for no good reason would be likely to rate on point 4 on this scale.

REFERENCES

- Ainsworth, M., Blehar, M., Waters, E. and Wall, S. (1978) Patterns of Attachment. Hillsdale, NJ: Lawrence Erlbaum Assoc.
- Anthony, E.J. (1974) The syndrome of the psychologically invulnerable child. In Anthony, E.J. and Koupernik, C. (eds) The Child in His Family: Children at Psychiatric Risk. New York: Wiley.
- Atkinson, A.R., Maynard, A.R. and Trinder, C.G. (1983) Parents and Children's Incomes in Two Generations. London: H.E.B.
- Altemeier, III, W.A., O'Connor, S., Vietze, P.M., Sandler, H.M. and Sherrod, K.B. (1982) Antecedents of child abuse. *Journal of Pediatrics*, 100, 823-829.
- Althusser, L. (1971) Lenin and Philosophy and Other Essays. London: New Left Books.
- Amark, C. (1951) A study in alcoholism. *Acta Psychiatrica et Neurologica Scandinavica*, Supplement 70.
- Arkonac, D. and Guze, S.B. (1963) A family study of hysteria. *New England Journal of Medicine*, 268, 239-242.
- Arling, S.L. and Harlow, H.F. (1967) Effects of social deprivation on maternal behaviour of rhesus monkeys. *Journal of Comparative Physiology and Psychology*, 64, 371-378.
- Baddeley, A. (1979) The limitations of human memory: implications for the design of retrospective surveys. In Moss, L. and Goldstein, H. (eds) The Recall Method in Social Surveys. University of London Institute of Education: Studies in Education No. 9.
- Baldwin, W. and Cain, V.S. (1980) The children of teenage parents. *Family Planning Perspectives*, 12, 34-43.

- Baltes, P.B. and Brim, O.G.Jr. (eds) (1979) Life Span Development and Behaviour, vol 2. New York: Academic Press.
- Bandura, A. (1973) Aggression: A social learning analysis. New York: Holt.
- Bandura, A. (1977) Self-efficacy : Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.
- Bandura, A. (1982) The psychology of chance encounters and life paths. *American Psychologist*, 37, 747-755.
- Bandura, A., Ross, D. and Ross, S.A. (1961) Transmission of aggression through imitation of aggressive models. *Journal of Abnormal and Social Psychology*, 63, 575-582.
- Bartlett, F.C. (1932) Remembering. Cambridge: Cambridge University Press.
- Becker, W.C. (1964) Consequences of different kinds of parental discipline. In Hoffman, M.L. and Hoffman, L.W. (eds) Review of Child Development Research, Vol.1. New York : Russell Sage Foundation, Pp 169-208.
- Bell, R.Q. and Harper, L.V. (eds) (1977) Child Effects on Adults. Hillsdale, NJ: Lawrence Erlbaum Assoc.
- Belsky, J. (1980) Child maltreatment : an ecological integration. *American Psychologist*, 35, 320-335.
- Belsky, J. (1981) Early human experience : a family perspective. *Developmental Psychology*, 17, 3-27.
- Belsky, J. (1984) The determinants of parenting: a process model. *Developmental Psychology*, 55, 83-96.
- Belsky, J., Robins, E. and Gamble, W. (1984) Characteristics, consequences and determinants of parental competence : toward a contextual theory. In Lewis, M. and Rosenblum, L. (eds) Social Connections - Beyond the Dyad. New York : Plenum (In press).

- Berger, P.L. and Luckman, T. (1966) The Social Construction of Reality.
London: Allen Lane.
- Berthoud, R. (1980) Who suffers social disadvantage? Report to the
DHSS/SSRC Joint Working Party on Transmitted Deprivation.
- Berthoud, R. (1983) Who suffers social disadvantage? In Brown, M. (ed) The
Structure of Disadvantage. London: H.E.B.
- Birtchnell, J. (1980) Women whose mothers died in childhood: an outcome
study. *Psychological Medicine*, 10, 699-713.
- Blaxter, M. and Patterson, E. (1983) The health behaviour of mothers and
daughters. In Madge, N. (ed) Families At Risk. London: H.E.B.
- Bleuler, M. (1955) Familial and personal background of chronic alcoholics.
In Diethelm, O. (ed) Etiology of Chronic Alcoholism. : Charles
C Thomas.
- Block, J.H. and Block, J. (1980) The role of ego-control and ego-resiliency in
the organization of behavior. In Collins, W.A. (ed) Development
of cognition, affect and social relations. Minnesota Symposia on
Child Psychology, Vol.13. Hillsdale, NJ : Lawrence Erlbaum.
- Booth, A. and Edwards, J.N. (1976) Crowding and family relations.
American Sociological Review, 41, 308-321.
- Bowers, H.S. (1973) Situationism in psychology: an analysis and critique.
Psychological Review, 80, 307-336.
- Bowlby, J. (1980) Attachment and Loss. Vol 3: Loss, Sadness and
Depression. New York: Basic Books.
- Brim, O. and Kagan, J. (eds) (1980) Constancy and change in human
development. Cambridge, Mass. : Harvard University Press.
- Bronfenbrenner, U. (1958) Socialization and social class through time and
space. In Maccoby, E., Newcomb, T.M. and Howarth, E. (eds)
Readings in Social Psychology, 3rd ed. : Henry Holt.

- Bronfenbrenner, U. (1977) Towards an experimental ecology of human development. *American Psychologist*, 52, 513-531.
- Bronfenbrenner, U. (1979) The Ecology of Human Development : experiments by nature and design. Cambridge, Mass. : Harvard University Press.
- Bronfenbrenner, U. and Crouter, A.C. (1983) The evolution of environmental models in developmental research. In Kessen, W. (ed) History, Theory and Methods, vol 1. Handbook of child psychology, 4th edn New York: Wiley.
- Brown, G.W., Bhrolchain, N.M. and Harris, T. (1975) Social class and psychiatric disturbance among women in an urban population. *Sociology*, 9, 225-254.
- Brown, G.W. and Harris, T. (1978) Social Origins of Depression. London : Tavistock.
- Brown, G.W., Harris, T.D. and Bifulco, A. (1984) Long-term effect of early loss of parent. In Rutter, M., Izard, C. and Read, P. (eds) Depression in Childhood: Developmental perspectives. New York: Guilford Press (in press).
- Brown, G.W. and Rutter, M. (1966) The measurement of family activities and relationships : A methodological study. *Human Relations*, 19, 241-263.
- Brown, M. and Madge, N. (1982) Despite the Welfare State. SSRC/DHSS Studies in Deprivation and Disadvantage. London : Heinemann Educational.
- Bumpass, L.L. and Sweet, J.R. (1972) Differentials in marital instability, 1970. *American Sociological Review*, 37, 754-766.
- Burgess, E.W. and Cottrell, L.S. (1939) Predicting Success or Failure in Marriage. New York: Prentice-Hall.

- Byrne, D. (1971) The Attraction Paradigm. New York: Academic Press.
- Caldwell, B. and Bradley, R. (1980) Home Observation for Measurement of the Environment Manual. Little Rock, Arkansas: University of Arkansas.
- Campbell, A. (1968) The role of family planning in the reduction of poverty. *Journal of Marriage and the Family*, 30, 236-246.
- Campos, J.J., Barrett, K.C., Lamb, M.E., Goldsmith, M.H. and Stenberg, C. (1983) In Haith, M.M. and Campos, J.J. (eds) Infant and Developmental Psychobiology, vol 2. Handbook of Child Psychology (4th edition), Pp 783-915. New York: Wiley.
- Cannell, C.F., Fisher, G. and Bakker, T. (1961) Reporting of hospitalisation in the Health Interview Survey. Health Statistics, Series D, No.4 (reprinted in Vital and Health Statistics, 1965 (series 2, No.6). Washington, DC : US Department of Health, Education and Welfare, Public Health Service.
- Cattell, R.B. and Nesselroade, J.R. (1967) Likeness and completeness theories examined by sixteen personality factor measures in stably and unstably married couples. *Journal of Personality and Social Psychology*, 7, 351-361.
- Central Council for Education and Training in Social Work (1978) Good Enough Parenting. CCETSW Study No. 1. London : CCETSW.
- Chamove, A.S., Rosenblum, L.A. and Harlow, H.F. (1973) Monkeys (macaca mulatta) raised only with peers: a pilot study. *Animal Behaviour*, 21, 316-325.
- Chandler, M.J. (1977) Social cognition : a selective review of current research. In Overton, W.F. and Gallacher, J.M. (eds) Knowledge and Development, Vol.1, Advances in Research and Theory. New York & London : Plenum Press, Pp 93-147.

- Cherry, N. and Rodgers, B. (1979) Using a longitudinal study to assess the quality of retrospective data. In Moss, Z. and Goldstein, H. (eds) The Recall Method in Social Surveys. University of London Institute of Education: Studies in Education 9.
- Cicchetti, D. and Rizley, R. (1981) Developmental perspectives on the etiology, intergenerational transmission and sequelae of child maltreatment. In Rizley, R. and Cicchetti, D. (eds) Developmental Perspectives on Child Maltreatment. New Directions for Child Development, vol. II. San Francisco: Jossey Bass.
- Clarke, A.D.B. and Clarke, A.M. (1984) Constancy and change in the growth of human characteristics. *Journal of Child Psychology and Psychiatry*, 25, 191-210.
- Clarke, A.M. and Clarke, A.D.B. (eds)(1976) Early Experience : Myth and Evidence. London : Open Books.
- Clarke-Stewart, K.A. (1973) Interactions between mothers and their young children. *Monographs of the Society for Research in Child Development*, 38, 6-7, Serial No. 153.
- Clarke-Stewart, K.A. (1978) And daddy makes three: the father's impact on mother and young child. *Child Development*, 49, 466-478.
- Cobb, S. (1976) Social support as a moderator of life stress. *Psychosomatic Medicine*, 38, 300-314.
- Cochran, M. and Brassard, J. (1979) Child development and personal social networks. *Child Development*, 50, 601-616.
- Coffield, F., Robinson, P. and Sarsby, J. (1981) A Cycle of Deprivation? A case study of four families. London: Heinemann Educational Books.

- Cohen, M.E., Badal, D.W., Kilpatrick, A., Reed, E.W. and White, P.D. (1951) The high familiar prevalence of neurocirculating asthemia (anxiety neurosis, effort syndrome). *American Journal of Human Genetics*, 3, 126-158.
- Cohler, B.J., Gruenbaum, H.V., Weiss, J.L., Gamer, E. and Gallant, D.M. (1977) Disturbances of attention among schizophrenic, depressed and well mothers and their young children. *Journal of Child Psychology and Psychiatry*, 18, 115-135.
- Colletta, N.D. (1979) Support systems after divorce : Incidence and impact. *Journal of Marriage and the Family*, 41, 837-846.
- Colletta, N.D. (1981) Social support and the risk of maternal rejection by adolescent mothers. *Journal of Psychology*, 109, 191-197.
- Coombs, L.C., Freedman, R., Friedman, J. and Pratt, W.P. (1970) Pre-marital pregnancy and status before and after marriage. *American Journal of Sociology*, 75, 800-820.
- Coopersmith, S. (1967) The Antecedents of Self-esteem. San Francisco : W.H.Freeman.
- Cox, A. and Rutter, M. (1977) Diagnostic appraisal and interviewing. In Rutter, M. and Hersov, L. (eds) Child Psychiatry : Modern Approaches. Oxford : Blackwell Scientific, Pp 271-305.
- Cox, A., Rutter, M., Yule, W. and Quinton, D. (1977) Bias resulting from missing information: some epidemiological findings. *British Journal of Preventive and Social Medicine*, 31, 131-136.
- Creighton, S.J. (1980) Child victims of physical abuse, 1976. The Third Report on the findings of NSPCC special units' registers: NSPCC.
- Crnic, K.A., Greenberg, M.T., Ragozin, A.S., Robinson, N.M. and Basham, R.B. (1983) Effects of stress and social support on mothers and premature and full term infants. *Child Development*, 54, 209-217.

- Crockenberg, S. (1982) English teenage mothers: attitudes, behaviour and social support. Paper presented at the 10th International Congress of the Association of Child and Adolescent Psychiatry and Allied Professions, Dublin.
- Crowe, R.R. (1972) The adopted offspring of women criminal offenders. *Archives of General Psychiatry*, 27, 600-603.
- Crowe, R.R. (1974) An adoption study of antisocial personality. *Archives of General Psychiatry*, 31, 785-791.
- Dannefer, D. (1984) Adult development and social theory: a paradigmatic reappraisal. *American Sociological Review*, 49, 100-116.
- Davie, R., Butler, N. and Goldstein, H. (1972) From Birth to Seven: A report on the National Child Development Study. London: Longman.
- Davis, J.A. (1980) General Social Surveys 1972-1980: Cumulative codebook. Chicago: NORC.
- Davis, K. (1940) Extreme social isolation of a child. *American Journal of Sociology*, 45, 554-565.
- Davis, K. (1947) Final note on a case of extreme isolation. *American Journal of Sociology*, 52, 432-437.
- Demo, D.H. and Savin-Williams, R.C. (1983) Early adolescent self-esteem as a function of social class: Rosenberg and Pearlin revisited. *American Journal of Sociology*, 88, 763-774.
- DiTomaso, N. (1982) 'Sociological reductionism' from Parsons to Althusser: linking action and structure in social theory. *American Sociological Review*, 47, 14-28.
- Douglas, J.W.B. (1976) Early hospital admission and later disturbances of behaviour and learning. *Developmental Medicine and Child Neurology*, 17, 456-486.

- Dowdney, L., Mrazek, D.A., Quinton, D. and Rutter, M. (1984) Observation of parent-child interaction with two-to-three year olds. *Journal of Child Psychology and Psychiatry*, in press.
- Eisen, M., Zellman, G.L., Leibowitz, A., Chow, W.K. and Evans, J.R. (1983) Factors discriminating pregnancy resolution decisions of unmarried adolescents. *Genetic Psychology Monographs*, 108, 69-95.
- Elder, G. (1974) Children of the Great Depression. Chicago: University of Chicago Press.
- Elder, G. (1979) Historical change in life pattern and personality. In Baltes, P. and Brim, O. (eds) Lifespan Development and Behavior, vol. 2. New York: Academic Press.
- Elder, G.H. and Liker, J.K. (1982) Hard times in women's lives: historical influences across forty years. *American Journal of Sociology*, 88, 241-269.
- Elder, G.H. and Rockwell, R.C. (1978) Economic depression and post war opportunity : a study of life patterns ^{and health}. In Simmons, R.A. (ed) Research in Community and Mental Health. Greenwich, Conn: JAI Press.
- Emery, R.E. (1982) Interparental conflict and the children of discord and divorce. *Psychological Bulletin*, 92, 310-330.
- Epstein, A. (1980) Assessing the child development information needed by adolescent parents with very young children. High/Scope Educational Foundation, Ypsilanti, Michigan: Final Report Grant No. 90-C-1241. Quoted in King, T. and Fullard, W. (1982) q.v.
- Essen, J. (1979) Living in one parent families: attainment at school. *Child Care, Health and Development*, 3, 189-200.

- Essen, J. and Wedge, P. (1982) Continuities in Childhood Disadvantage.
London: Heinemann Educational Books.
- Everitt, B.S. (1977) The Analysis of Contingency tables. London : Chapman
and Hall.
- Eversley, (1983) Social science on trial. In Jones, C. and Stevenson, J. (eds)
The Yearbook of Social Policy in Britain 1982. London:
Routledge and Kegan Paul.
- Farrington, D.P. (1979) Longitudinal research on crime and delinquency. In
Morris, N. and Tonry, M. (eds) Criminal Justice: An annual
review of research, vol 1. Chicago: University of Chicago
Press.
- Fergusson, D.M., Horwood, L.. and Dimond, M.E. (1984a) A survival analysis
of childhood family history. The Christchurch Child
Development Study. (unpublished manuscript).
- Fergusson, D.M., Horwood, L.J. and Shannon, F.T. (1984b) A proportional
hazards model of family breakdown. The Christchurch Child
Development Study (unpublished manuscript).
- Ferri, E. (1976) Growing Up in a One Parent Family: A long-term study of
child development. London: NFER.
- Fienberg, S.E. (1977) The Analysis of Cross-Classified Categorical Data.
Cambridge : MIT Press.
- Flavell, J.H. (1982) Structures, stages, and sequences in cognitive
development. In Collins, W.A. (ed) The Concept of
Development. Minnesota Symposia on Child Psychology, Vol.15.
Hillsdale, NY : Lawrence Erlbaum.
- Frommer, E.A. and O'Shea, G. (1973a) Antenatal identification of women
liable to have problems in managing their infants. *British
Journal of Psychiatry*, 123, 149-156.

- Frommer, E.A. and O'Shea, G. (1973b) The importance of childhood experience in relation to problems of marriage and family-building. *British Journal of Psychiatry*, 123, 157-160.
- Furman, W., Rahe, D. and Hartup, W. (1979) Rehabilitation of socially withdrawn preschool children through mixed-age and same-age socialization. *Child Development*, 50, 915-922.
- Furstenberg, F.F.Jr. (1976) Unplanned Parenthood: The social consequences of teenage childbearing. New York: The Free Press.
- Furstenberg, F.F.Jr. (1979) Premarital pregnancy and marital instability. In Levinger, G. and Moles, O.C. (eds) Divorce and Separation. New York: Basic Books.
- Furstenberg, F.F., Nord, C.W., Peterson, J.L. and Zill, N. (1983) The life course of children of divorce. *American Sociological Review*, 48, 656-667.
- Gabarino, J. (1979) An ecological approach to child maltreatment. In Pelton, L. (ed) The Social Context of Child Abuse and Neglect. New York : Human Sciences Press.
- Garfinkel, H. (1967) Studies in Ethnomethodology. : Prentice Hall.
- Gibbens, T.C.N. and Walker, D. (1956) Cruel Parents: Case studies of prisoners convicted of violence towards children. Institute for the Study and Treatment of Delinquency.
- Giddens, A. (1979) Central Problems in Social Theory. Berkley: University of California Press.
- Gill, O. and Jackson, B. (1983) Adoption and Race. London: Batsford Books.
- Giovannoni, J. and Billingsley, A. (1970) Child neglect among the poor: a study of parental adequacy in families of three ethnic groups. *Child Welfare*, 49, 196-204.
- Glen, N.D. and Shelton, B.A. (1983) Pre-adult background variables and divorce: a note of caution about over reliance on explained variance. *Journal of Marriage and the Family*, 45, 405-410.

- Goldberg, E.M. and Morrison, S.L. (1963) Schizophrenia and social class. *British Journal of Psychiatry*, 109, 785-802.
- Goldfarb, W. (1955) Emotional and intellectual consequences of psychologic deprivation in infancy : a re-evaluation. In Hoch, P.H. and Zubin, J. (eds) Psychotherapy of Childhood. New York: Grune and Stratton.
- Goldthorpe, J.H. (1980) Social Mobility and Class Structure in Modern Britain. Oxford: Clarendon Press.
- Goodwin, D.W., Schulsinger, F., Hermansen, L., Guze, S.R. and Winokur, G. (1973) Alcohol problems raised apart from alcoholic biological parents. *Archives of General Psychiatry*, 28, 238-243.
- Gottesman, I.I. and Shields, J. (1976) A critical review of recent adoption, twin, and family studies of schizophrenia: behavioural genetic perspectives. *Schizophrenia Bulletin*, 2, 360-401.
- Graham, P. and Rutter, M. (1968) The reliability and validity of the psychiatric assessment of the child: II. Interview with the parent. *British Journal of Psychiatry*, 114, 581-592.
- Gurin, G., Veroff, J. and Feld, S. (1960) Americans View Their Mental Health. New York : Basic Books.
- Guze, S.B., Wolfgram, E.D., McKinney, J.K. and Cantwell, D.P. (1967) Psychiatric illness in the families of convicted criminals: a study of 519 first degree relatives. *Diseases of the Nervous System*, 28, 651-659.
- Haney, C., Banks, C. and Zimbardo, P. (1973) Interpersonal dynamics in a simulated prison. *International Journal of Criminology and Penology*, 1, 69-97.
- Hannan, M.T., Tuma, N.B. and Groeneveld, L.P. (1977) Income and marital events: evidence from an income-maintenance experiment. *American Journal of Sociology*, 82, 1186-1211.

- Harlow, H.F. (1958) The nature of love. *American Psychologist*, 13, 673-685.
- Harlow, H.F. (1965) Sexual behavior in the rhesus monkey. In Beach, F.A. (ed) Sex and Behavior. New York: Wiley.
- Harlow, H.F. and Harlow, M.K. (1965) The affectional system. In Schrier, A.D., Harlow, H.F. and Stollnitz, F. (eds) Behavior of Non-Human Primates, vol 2. New York: Academic Press.
- Harlow, H.F. and Harlow, M.K. (1969) Effects of various mother-infant relationships on rhesus monkey behaviour. In Foss, B.M. (ed) Determinants of Infant Behaviour, vol 4. London: Methuen.
- Harman, D. and Brim, O.G. (1980) Learning to be Parents : Principles, Programs and Methods. London : Sage Publ.
- Harter, S. (1983) Developmental perspectives on the self-system. In Hetherington, E.M. (ed) Socialization, Personality and Social Development, Vol.4, *Handbook of Child Psychology*, ^{with editor} New York : Wiley.
- Heath, A. (1981) Social Mobility. London: Fontana.
- Herbert, M., Sluckin, W. and Sluckin, A. (1982) Mother to infant 'bonding'. *Journal of Child Psychology and Psychiatry*, 23, 205-222.
- Hersov, L. (1984) Adoption and fostering. In Rutter, M. and Hersov, L. (eds) Child and Adolescent Psychiatry: Modern Approaches (2nd edition) Oxford: Blackwell Scientific Publications (in press).
- Hetherington, E.M., Camera, X.A. and Featherman, D.L. (1981) Cognitive performance, school behavior and achievement of children from one parent households. Washington, DC: National Institute of Education.
- Hetherington, E.M., Cox, M. and Cox, R. (1978) The aftermath of divorce. In Stevens, J. and Mathews, M. (eds) Mother-Child, Father-Child Relations. Washington, DC: National Association for the Education of Young Children.

- Hetherington, E.M., Cox, M. and Cox, R. (1982) Effects of divorce on parents and children. In Lamb, M.E. (ed) Nontraditional Families. Hillsdale, NJ: Lawrence Erlbaum.
- Hinde, R.A. (1979) Towards Understanding Relationships. London: Academic Press.
- Hinde, R.A. (1980) Family influences. In Rutter, M. (ed) Scientific Foundations of Developmental Psychiatry. London : Heinemann Medical, Pp 47-66.
- Hinde, R.A. (1982) The uses and limitations of studies of nonhuman primates for the understanding of human social development. In Hoffman, L.W., Gandelman, R. and Schiffman, H.R. (eds) Parenting: Its causes and consequences. Hillsdale, NJ: Lawrence Erlbaum Assoc.
- Hofferth, S.L. and Moore, K.A. (1979) Early childbearing and later economic wellbeing. *American Sociological Review*, 44, 784-815.
- Holbrook, D. (1984) Knowledge of origins, self esteem and family ties of long-term fostered and adopted children. (Report to the Hilden Trust).
- Hutchings, B. and Mednick, S.A. (1974) Registered criminality in the adoptive and biological parents of registered male criminal adoptees. In Fieve, R.R. and Zubin, D.A. (eds) Genetics and Psychopathology. Baltimore : Johns Hopkins Press.
- Illsley, R. (1967) Family growth and its effects on the relationships between obstetric factors and child functioning. In Robert, P. and Parks, A.S. (eds) Social and Genetic Influences on Life and Death. London: ^{Oliver} and Boyd.
- Illsley, R. and Thompson, B. (1961) Women from broken homes. *Sociological Review*, 9, 27-54.

- Jencks, C. (1980) Heredity, environment and public policy reconsidered. *American Sociological Review*, 45, 723-736.
- Jephcott, A.P. and Carter, M.P. (1954) The Social Background of Delinquency. Nottingham: University of Nottingham.
- Jordan, B. (1974) Poor Parents : Social policy and the 'cycle of deprivation'. London : Routledge and Kegan Paul.
- Joseph, Sir Keith (1972) Speech to the Preschool Playgroups Association, 29 June 1972.
- Kagan, J. (1971) Change and Continuity in Infancy. New York: Wiley.
- Kagan, J. (1980) Perspectives on continuity. In Brim, O.G. and Kagan, J. (eds) Constancy and Change in Human Development. Cambridge, Mass. : Harvard University Press, Pp 26-74.
- Kagan, J. and Moss, H.A. (1962) Birth to Maturity: A study in psychological development. New York: Wiley.
- Kalmuss, D. (1984) The intergenerational transmission of marital aggression. *Journal of Marriage and the Family*, 46, 11-19.
- Kennel, J.H., Jerauld, R., Wolfe, H., Chesler, D., Kreger, N.C., McAlpine, W., Steffa, J. and Klaus, M.H. (1974) Maternal behaviour one year after early and extended post-partum contact. *Developmental Medicine and Child Neurology*, 16, 172-179.
- Kerckhoff, A.C. and Davis, K.E. (1962) Value consensus and need complementarity in mate selection. *American Sociological Review*, 27, 295-303.
- King, R.D., Raynes, N.V. and Tizard, J. (1971) Patterns of Residential Care : Sociological Studies in Institutions for Handicapped Children. London : Routledge & Kegan Paul.
- King, T. and Fullard, W. (1982) Teenage mothers and their infants: new findings on the home environment. *Journal of Adolescence*, 5, 333-346.

- Kirk, S.A. (1958) Early Education of the Mentally Retarded. Urbana, Illinois: University of Illinois Press.
- Klaus, M.H., Jerauld, R., Kreger, N.C., McAlpine, H., Steffa, M. and Kennel, J.H. (1972) Maternal attachment: importance of the first post-partum day. *New England Journal of Medicine*, 286, 460-463.
- Kohlberg, L., LaCrosse, J. and Ricks, D. (1972) The predictability of adult mental health from childhood behavior. In Wolman, B.B. (ed) Manual of Child Psychopathology. New York : McGraw-Hill, Pp 1217-1283.
- Kohn, M.L. (1969) Class and Conformity : A study in values. Homewood, Illinois: The Dorsey Press.
- Koluchova, J. (1976) Severely deprived twins: a case study. In Clarke, A.M. and Clarke, A.D.B. (eds) Early Experience: Myth and evidence. London: Open Books.
- Krasner, L. and Ullman, L.P. (1973) Behavior Influence and Personality ; The social matrix of human action. New York : Holt.
- Kruk, S. and Wolkind, S.N. (1983) A longitudinal study of single mothers and their children. In Madge, N. (ed) Families At Risk. London: Heinemann Educational.
- Lamb, M. and Easterbrooks, M. (1980) Individual differences in parental sensitivity. In Lamb, M. and Sherrod, L. (eds) Infant Social Cognition. Hillsdale, N.J: Erlbaum.
- Lambert, L., Essen, J. and Head, J. (1977) Variations in behaviour ratings of children who have been in care. *Journal of Child Psychology and Psychiatry*, 18, 335-346.
- Lambert, L. and Streather, J. (1980) Children in Changing Families: A study of adoption and illegitimacy. London : Macmillan Press.
- Langner, T.S. and Michael, S.T. (1963) Life Stress and Mental Health. London : Collier-Macmillan.

- Lazar, I., Darlington, R.B., Murray, H., Royce, J. and Snipper, A. (1982) Lasting effects of early education: a report from the consortium for longitudinal studies. Monographs of the Society for Research in Child Development, 47, Serial No. 195.
- Leeds, A. (1971) The concept of the 'culture of poverty'; conceptual, logical and empirical problems, with perspectives from Brazil and Peru. In Leacock, E.B. (ed) The Culture of Poverty: A critique. New York: Simon and Schuster.
- Lewis, H. (1954) Deprived Children: A social and clinical study. London: Oxford University Press.
- Lewis, M. and Rosenblum, L.A. (1974) The Effect of the Infant on Its Caregiver. New York: Wiley.
- Lewis, O. (1968) The culture of poverty. In Moynihan, D.P. (ed) On Understanding Poverty. New York: Basic Books.
- Lewis, O. (1969) Review of C.A. Valentine's 'Culture and Poverty: critique and counter proposals'. *Current Anthropology*, 10, 189-192.
- Longstreth, L.E. (1981) Revising Skeels' final study: a critique. *Developmental Psychology*, 17, 620-625.
- Lukianowitz, N. (1971) Battered children. *Psychiatrica Clinica*, 4, 257-280.
- McCluskey, K.A., Killarney, J. and Papini, D.R. (1983) Adolescent pregnancy and parenthood: implications for development. In Callaghan, E.J. and McCluskey, K.A. (eds) Lifespan Developmental Psychology: Non-normative life events. New York: Academic Press.
- McDowell, L. (1983) Housing deprivation: an intergenerational approach. In Brown, M. (ed) The Structure of Disadvantage. London: Heinemann Educational.
- MacKinnon, C.E., Brody, G.H. and Stoneman, E. (1982) The effects of divorce and maternal employment on the home environments of preschool children. *Child Development*, 53, 1392-1399.

- McInnes, R.G. (1937) Observations on heredity in neurosis. Proceedings of the Royal Society of Medicine, 30, 895-904.
- McLaughlin, S.D. and Micklin, M. (1983) The timing of the first birth and changes in personal efficacy. Journal of Marriage and the Family, 45, 47-56.
- McNemar, Q. (1940) A critical examination of the University of Iowa studies of environmental influence upon the IQ. Psychological Bulletin, 37, 63-92.
- Maccoby, E.E. and Martin, J.A. (1983) Socialization in the context of the family : parent-child interaction. In Hetherington, E.M. (ed) Socialization, Personality and Social Development, Vol.4, Handbook of Child Psychology.^{4th edn} New York : Wiley.
- Madge, N. and Tizard, J. (1980) Intelligence. In Rutter, M. (ed) Scientific Foundations of Developmental Psychiatry. London: Heinemann.
- Magnusson, D. and Endler, N.S. (eds)(1977) Personality at the Crossroads : Current issues in interactional psychology. Hillsdale, NJ : Lawrence Erlbaum, 1977.
- Mapstone, E. (1969) Children in care. Concern, 3, 23-28.
- Marsden, D. (1969) Mothers Alone: Poverty and the fatherless family. London: Allen Lane.
- Martin, B. (1975) Parent-child relations. In Horowitz, F.D. et al (eds) Review of Child Development Research, vol 4. Chicago: University of Chicago Press.
- Mednick, B. (1973) Breakdown in high risk subjects: familial and early environmental factors. Journal of Abnormal Psychology, 82, 469-475.
- Merikangas, K.R. (1982) Assortative mating for psychiatric disorders and psychological traits. Archives of General Psychiatry, 39, 1173-1180.

- Merikangas, K.R. and Spiker, D.G. (1982) Assortative mating among in-patients with primary affective disorder. *Psychological Medicine*, 12, 753-764.
- Miliband, R. (1974) Politics and poverty. In Wedderburn, D. (ed) Poverty, Inequality and the Class Structure. Cambridge: Cambridge University Press.
- Mills, M. and Puckering, C. (1984) What is it about depressed mothers that influences their children's functioning? In Stevenson, J.D. (ed) Recent Research in Developmental Psychopathology. Monograph Supplement No. 4 to the *Journal of Child Psychology and Psychiatry*. Oxford: Pergamon (in press).
- Mischel, W. (1968) Personality and assessment. New York : Wiley.
- Mischel, W. (1973) Towards a cognitive social learning reconceptualization of personality. *Psychological Review*, 80, 252-283.
- Mischel, W. (1977) The interaction of person versus situation. In Magnusson, D. and Endler, N.S. (eds) Personality at the Crossroads. Hillsdale, NJ: Wiley.
- Mitchell, R.E. (1971) Some social implications of high density housing. *American Sociological Review*, 36, 18-29.
- Moore, N.C. (1974) Psychiatric illness and living in flats. *British Journal of Psychiatry*, 125, 500-507.
- Mrazek, D.A., Dowdney, L., Rutter, M. and Quinton, D. (1982) Mother and pre-school child interaction : A sequential approach. *Journal of the American Academy of Child Psychiatry*, 21, 453-464.
- Mueller, C.W. and Pope, H. (1977) Marital instability : a study of its transmission between generations. *Journal of Marriage and the Family*, 39, 83-93.
- Murie, A. (1980) Housing, inequality and deprivation. Final report to the DHSS/SSRC Joint working party on transmitted deprivation.

- Nadel, S.F. (1957) The Theory of Social Structure. London: Cohen and West.
- Newson, J. and Newson, E. (1963) Infant Care in an Urban Community. London : Allen and Unwin.
- Newson, J. and Newson, E. (1968) Four Years Old in an Urban Community. London : Allen and Unwin.
- Novak, M.A. (1979) Social recovery of monkeys isolated for the first year of life: II. Long term assessment. *Developmental Psychology*, 15, 50-61.
- Novak, M.A. and Harlow, H.F. (1975) Social recovery of monkeys isolated for the first year of life. I. Rehabilitation and therapy. *Developmental Psychology*, 11, 453-465.
- Oliver, J.E., Cox, J., Taylor, A. and Baldwin, J.A. (1974) Severely ill-treated young children in North-East Wiltshire. Oxford University Unit of Clinical Epidemiology Research Report No.4.
- Olweus, D. (1979) Stability of aggressive reaction patterns in males : a review. *Psychological Bulletin*, 86, 852-875.
- Olweus, D. (1980) Familial and temperamental determinants of aggressive behavior in adolescent boys: a causal analysis. *Developmental Psychology*, 16, 644-660.
- Oppel, W. and Royston, A. (1971) Teenage births: some social, psychological and physical sequelae. *American Journal of Public Health*, 61, 751-756.
- Osofsky, H.J. and Osofsky, J.D. (1970) Adolescents as mothers: results of a program for low-income pregnant teenagers with some emphasis upon infants' development. *American Journal of Orthopsychiatry*, 40, 825-834.

- Parke, R.D. (1978) parent-infant interaction: progress, paradigms and problems. In Sackett, G.P. (ed) Observing Behavior, vol. 1. Theory and application in mental retardation. Baltimore: University Park Press.
- Parker, G. (1979) Parental characteristics in relation to depressive disorders. *British Journal of Psychiatry*, 134, 138-147.
- Parker, G. and Hadzi-Pavlovica, D. (1984) Modification of levels of depression in mother-bereaved women by parental and marital relationships. *Psychological Medicine*, 14, ~~125-135~~
- Parsons, T. (1961) An outline of the social systems. In Parsons, T., Shils, E., Naegele, D. and Pitts, J.E. (eds) Theories of Society. New York: Free Press of Glencoe.
- Philp, A.F. (1963) Family Failure : a study of 129 families with multiple problems. London : Faber and Faber.
- Phipps-Yonas, S. (1980) Teenage pregnancy and motherhood: a review of the literature. *American Journal of Orthopsychiatry*, 50, 403-431.
- Pope, M. and Mueller, C.W. (1976) The intergenerational transmission of marital instability: comparisons by race and sex. *The Journal of Social Issues*, 32, 49-66.
- Pound, A. (1984) The impact of maternal depression on young children. In Stevenson, J. (ed) Recent Research in Developmental Psychopathology. Monograph Supplement No. 4 to the *Journal of Child Psychology and Psychiatry*. Oxford: Pergamon (in press).
- Powell, D. (1979) Family-environment relations and early childrearing : the role of social networks and neighborhoods. *Journal of Research and Development in Education*, 13, 1-11.
- Pringle, M.L.K. and Bossio, V. (1960) Early prolonged separations and emotional adjustment. *Journal of Child Psychology and Psychiatry*, 1, 37-48.

- Quinton, D. (1980b) Family life in the inner city : Myth and reality. In Marland, M. (ed) Education for the Inner City. London : Heinemann Educational.
- Quinton, D. (1980a) Cultural and community influences. In Rutter, M. (ed) Scientific Foundations of Developmental Psychiatry. London: Heinemann Medical.
- Quinton, D. and Rutter, M. (1976) Early hospital admission and later disturbances of behaviour: an attempted replication of Douglas's findings. *Developmental Medicine and Child Neurology*, 18, 447-459.
- Quinton, D. and Rutter, M. (1984) Family pathology and child psychiatric disorder: a four year prospective study. In Nicol, A.R. (ed) Longitudinal Studies in Child Psychology and Psychiatry: Practical lessons from research experience. London: Wiley.
- Quinton, D., Rutter, M. and Rowlands, O. (1976) An evaluation of an interview assessment of marriage. *Psychological Medicine*, 6, 577-586.
- Quinton, D., Rutter, M. and Rowlands, O. (1976) An evaluation of an interview assessment of marriage. *Psychol. Med.*, 6, 577-586.
- Radke-Yarrow, M. and Kuczynski, L. (1983) Perspectives and strategies in child-rearing : Studies of rearing by normal and depressed mothers. In Magnusson, D. and Allen, V. (eds) Human Development : An interactional perspective. New York & London : Academic Press
- Rathbun, C., DiVirgilio, L. and Waldfogel, S. (1958) The restitutive process in children following radical separation from family and culture. *American Journal of Orthopsychiatry*, 28, 408-415.

- Rathbun, C., McLaughlin, H., Bennett, O. and Garland, J.A. (1965) Later adjustment of children following radical separation from family and culture. *American Journal of Orthopsychiatry*, 35, 604-609.
- Reinert, G. (1979) Prolegomena to a history of life-span developmental psychology. In Baltes, P.B. and Brim O.G. (eds) Life Span Development and Behavior, vol 2. New York: Academic Press.
- Richards, M.P.M. (1978) Possible effects of early separation on later development of children - a review. In Brimblecombe, F.S.W., Richards, M.P.M. and Robertson, N.R.C. (eds) Separation and Special Care Baby Units. Clinics in Developmental Medicine No. 68. London: Heinemann/SIMP.
- Richards, M.P.M. and Dyson, M. (1982) Separation, Divorce and the Development of Children: A review. London: D.H.S.S.
- Richman, N. (1974) The effects of housing on preschool children and their mothers. *Developmental Medicine and Child Neurology*, 16, 53-58.
- Richman, N., Stevenson, J. and Graham, P.J. (1982) Preschool to School: A behavioural study. London: Academic Press.
- Ricks, M.H. (1984) The social transmission of parenting: attachment across generations. Unpublished manuscript.
- Robbins, L. (1963) The accuracy of parental recall of aspects of child development and child rearing practice. *Journal of Abnormal and Social Psychology*, 66, 261-270.
- Robins, L.N. (1966) Deviant Children Grown Up. Baltimore: Williams and Wilkins.
- Robins, L. (1978) Sturdy childhood predictors of adult antisocial behaviour: Replications from longitudinal studies. *Psychological Medicine*, 8, 611-622.

- Rodnick, E. and Goldstein, M.J. (1974) Premorbid adjustment and the recovery in mothering function in acute schizophrenic women. *Journal of Abnormal Psychology*, 83, 623-628.
- Rohner, R.P. (1975) They love me, they love me not: a worldwide study of the effects of parental acceptance and rejection. New York : Human Relations Area Files, Inc.
- Rosenberg, M. (1965) Society and the Adolescent Self-Image. Princeton: Princeton University Press.
- Rosenberg, M. (1979) Conceiving the Self. New York: Basic Books.
- Rosenberg, M. and Pearlin, L.J. (1978) Social class and self-esteem among children and adults. *American Journal of Sociology*, 84, 53-77.
- Rosenthal, D. (1970) Genetic Theory and Abnormal Behavior. New York: McGraw-Hill.
- Roy, P. (1983) Is continuity enough? Substitute care and socialization. Paper presented at the Spring scientific meeting, Child and Adolescent Psychiatry Specialist Section, Royal College of Psychiatrists, March 1983.
- Rowntree, B.S. and Laver, G.R. (1951) Poverty and the Welfare State. London: Longmans.
- Ruppenthal, G.C., Arling, G.L., Harlow, H.F., Sackett, G.P. and Suomi, S.J. (1976) A 10-year perspective of motherless-mother monkey behavior. *Journal of Abnormal Psychology*, 85, 341-349.
- Rutter, M. (1967) A children's behaviour questionnaire for completion by teachers : Preliminary findings. *Journal of Child Psychology and Psychiatry*, 8. 1-11.
- Rutter, M.L. (1971) Parent-child separation: psychological effect on the children. *Journal of Child Psychology and Psychiatry*, 12, 233-260.

- Rutter, M.L. (1974) Dimensions of parenthood: some myths and some suggestions. In The Family in Society: Dimensions of parenthood. London: D.H.S.S.
- Rutter, M. (1977) Prospective studies to investigate behavioral change. In Strauss, J.S., Babigian, H.N. and Roff, M. (eds) The Origins and Course of Psychopathology. New York: Plenum.
- Rutter, M. (1979) Protective factors in children's response to stress and disadvantage. In Kent, J.W. and Rolf, J.E. (eds) Primary Prevention of Psychopathology, vol. 3. Social competence in children. Hanover: University Press of New England.
- Rutter, M. (1980) The long term effects of early experience. *Developmental Medicine and Child Neurology*, 22, 800-815.
- Rutter, M. (1981) Maternal Deprivation Reassessed, (2nd edition). Harmondsworth, Middx. : Penguin.
- Rutter, M. (1982) Epidemiological-longitudinal approaches to the study of development. In Collins, W.A. (ed) The Concept of Development. Minnesota Symposia on Child Psychology, Vol.15. Hillsdale, NY : Lawrence Erlbaum.
- Rutter, M. (1983) Statistical and personal interactions : Facets and perspectives. In Magnusson, D. and Allen, V. (eds) Human Development : An interactional perspective. New York : Academic Press.
- Rutter, M. (1984) Continuities and discontinuities in socio-emotional development : Empirical and conceptual perspectives. In Emde-R & Harmon, R. (eds) Continuities and Discontinuities in Development. New York : Plenum (In press).
- Rutter, M. and Brown, G.W. (1966) The reliability and validity of measures of family life and relationships in families containing a psychiatric patient. *Social Psychiatry*, 1, 38-53.

- Rutter, M., Cox, A., Tupling, C., Berger, M. and Yule, W. (1975a) Attainment and adjustment in two geographical areas: I. The prevalence of psychiatric disorder. *British Journal of Psychiatry*, 126, 493-509.
- Rutter, M. and Giller, H. (1983) Juvenile Delinquency : Trends and perspectives. Harmondsworth : Penguin Books.
- Rutter, M. and Madge, N. (1976) Cycles of Deprivation : A review of research. London : Heinemann Educational.
- Rutter, M. and Quinton, D. (1977) Psychiatric disorder - Ecological factors and concepts of causation. In McGurk, H. (ed) Ecological Factors in Human Development. Amsterdam : North-Holland, Pp 173-187.
- Rutter, M. and Quinton, D. (1981) Longitudinal studies of institutional children and children of mentally ill parents (United Kingdom). In Mednick, S.A. and Baert, A.E. (eds) Prospective Longitudinal Research : An empirical basis for the primary prevention of psychosocial disorders. Oxford : Oxford University Press, Pp 297-305.
- Rutter, M. and Quinton, D. (1984) Parental psychiatric disorder: effects on children. *Psychological Medicine* (in press).
- Rutter, M., Tizard, J. and Whitmore, K. (eds)(1970) Education, Health and Behaviour. London : Longmans. (Reprinted, Krieger, Huntington, NY., 1981).
- Rutter, M., Yule, B., Quinton, D., Rowlands, O., Yule, W. and Berger, M. (1975b) Attainment and adjustment in two geographical areas: III. Some factors accounting for area differences. *British Journal of Psychiatry*, 126, 520-533.

- Sackett, G.P. (1982) Can single processes explain effects of postnatal influences on primate development? In Emde, R.N. and Harmon, R.J. (eds) The Development of Attachment and Affiliative Systems. New York : Plenum.
- Sackett, G.P. and Ruppenthal, G.C. (1973) Development of monkeys after varied experiences during infancy. In Barrett, S.A. (ed) Ethology and Development. Clinics in Developmental Medicine No. 47. London: Heinemann.
- Sameroff, A.J. and Chandler, M.J.H. (1975) Reproductive risk and the continuum of caretaking casualty. In Horowitz, F.D. (ed) Review of Child Development Research, Vol.4. Chicago : University of Chicago Press.
- Scarr, S. and McCartney, K. (1983) How people make their own environments: a theory of genotype environment effects. Child Development, 54, 424-435.
- Schaffer, H.R. and Schaffer, E.B.(1968) Child Care and the Family. Occasional Papers on Social Administration No. 25. London : Bell.
- Schulsinger, R. (1972) Psychopathy: heredity and environment. International Journal of Mental Health, 1, 190-206.
- Scott, K.G., Field, T. and Robertson, E. (1981) Teenage Parents and their Offspring. New York: Grune and Stratton.
- Scott, P.D. (1973) Fatal battered baby cases. Medicine, Science and the Law, 13, 197-206.
- Sears, R.R., Maccoby, E.E. and Levin, H. (1957) Patterns of Child Rearing. Evanston, Illinois: Row Peterson.
- Seay, B., Alexander, B.K. and Harlow, H.F. (1964) Maternal behaviour of socially deprived monkeys. Journal of Abnormal and Social Psychology, 69, 345-354.

- Seglow, J., Pringle, M.L.K. and Wedge, P. (1972) Growing Up Adopted. London: NFER.
- Shaffer, D., Pettigrew, W.A., Wolkind, S. and Zajicek, E. (1978) Psychiatric aspects of pregnancy in schoolgirls: a review. *Psychological Medicine*, 8, 119-130.
- Sheridan, M.D. (1959) Neglectful mothers. *Lancet*, i, 722-725.
- Sherif, M., Harvey, O.J., Hoyt, B.J., Hood, W.R. and Sherif, C.W. (1961) Intergroup Conflict and Cooperation: The Robbers' Cave experiment. Norman: University of Oklahoma Book Exchange.
- Shields, J. (1973) Heredity and psychological abnormality. In Eysenck, H.J. (ed) Handbook of Abnormal Psychology. London: Pitman Medical.
- Shields, J. (1976) Polygenic influences in child psychiatry. In Rutter, M. and Hersov, L. (eds) Child Psychiatry: Modern Approaches. Oxford: Blackwell Scientific Publications.
- Shields, J. (1980) Genetics and mental development. In Rutter, M. (ed) Scientific Foundations of Developmental Psychiatry. London: Heinemann Medical. Pp 8-24.
- Skeels, H.M. (1940) Some Iowa studies of the mental growth of children in relation to differentials of the environment: a summary. In Intelligence: Its nature and nurture. 39th Yearbook Part II. National Society for the Study of Education, Pp 281-308.
- Skeels, H.M. (1966) Adult status of children from contrasting early life experiences: a follow-up study. *Monographs of the Society for Research in Child Development* 31, (3, whole no. 105).

- Skeels, H.M. and Dye, H.B. (1939) A study of the effects of differential stimulation on mentally retarded children. Proceedings and address of the American Association on Mental Deficiency, 44, 114-136.
- Smith, S.M. (ed)(1978) The Maltreatment of Children. Lancaster, England : M.T.P. Press.
- Smith, S.M., Hanson, R. and Noble, S. (1973) Social aspects of the battered baby syndrome. British Journal of Psychiatry, 125, 568-582.
- Soltow, L. (1965) Towards Income Equality in Norway. Madisa: University of Wisconsin Press.
- Spencer-Booth, Y. and Hinde, R.A. (1971) Effects of brief separations from mothers during infancy on behaviour of rhesus monkeys 6-24 months later. Journal of Child Psychology and Psychiatry, 12, 157-172.
- Spinetta, J.J. and Rigler, D. (1972) The child-abusing parent : a psychological review. Psychological Bulletin, 77, 296-304.
- Stensted, A. (1966) Genetics of neurotic depression. Acta Psychiatrica Scandinavica, 42, 392-409.
- Stolz, L.M. (1967) Influences on Parent Behaviour. London : Tavistock Publications.
- Taylor, B., Wadsworth, J. and Butler, N.R. (1983) Teenage mothering: admission to hospital and accidents during the first five years. Archives of Diseases in Childhood, 58, 6-11.
- Teper, S. (1975) Recent trends in teenage pregnancy in England and Wales. Journal of Biosocial Science, 7, 141-152.
- Terman, L.M. (1938) Psychological Factors in Marital Happiness. New York: McGraw-Hill.
- Thomas, W.I. and Znaniecki, (1919) The Polish Peasant in Europe and America. Chicago: University of Chicago Press.

- Tizard, B. and Hodges, J. (1978) The effect of early institutional rearing on the development of eight year old children. *Journal of Child Psychology and Psychiatry*, 19, 99-118.
- Tizard, B. and Joseph, A. (1970) The cognitive development of young children in residential care. *Journal of Child Psychology and Psychiatry*, 11, 177-186.
- Tizard, B. and Rees, J. (1974) A comparison of the effects of adoption, restoration to the natural mother, and continued institutionalization on the cognitive development of four year old children. *Child Development*, 45, 92-99.
- Tizard, B. and Rees, J. (1975) The effects of early institutional rearing on the behavioural problems and affectional relationships of 4 year old children. *Journal of Child Psychology and Psychiatry*, 16, 61-73.
- Tonge, W.L., James, D.S. and Hillam, S.M. (1975) Families without hope: a controlled study of 33 problem families. *British Journal of Psychiatry Publications No. 11*.
- Triseliotis, J. and Russell, J. (1981) A retrospective study of late adoptions and of children growing up in residential establishments. Final report to the General Working Party on Transmitted Deprivation, SSRC/DHSS (to be published by Heinemann Educational).
- Wadsworth, J. Taylor, B., Osborn, A. and Butler, N. (1984) Teenage mothering: child development at five years. *Journal of Child Psychology and Psychiatry*, 25, 305-314.
- Walker, L.G., Thomson, N. and Lindsay, W.R. (1984) Assessing family relationships. A multi-method, multi-situation approach. *British Journal of Psychiatry*, 144, 387-394.
- Wallerstein, J.S. and Kelly, J.B. (1980) Surviving the Breakup : How children and parents cope with divorce. London: Grant McIntyre.

- Walters, J. and Stinnett, N. (1971) Parent-child relationships: a decade review of research. *Journal of Marriage and the Family*, 37, 70-111.
- Wedge, P. and Prosser, N. (1973) Born to Fail? London : Arrow Books.
- Weissman, M.M. (1979) Depressed parents and their children : Implications for prevention. In Berlin, I.N. and Stone, L.A. (eds) Basic Handbook of Child Psychiatry : Vol. 4, Prevention and Current Issues. New York : Basic Books, Pp 292-299.
- Weissman, M.M. and Paykel, E.S. (1974) The Depressed Woman: A study of social relations. Chicago: University of Chicago Press.
- Wenar, C. (1963) The reliability of developmental histories. *Psychosomatic Medicine*, 25, 505-509.
- Werner, E.E. (1979) Cross-Cultural Child Development - A view from the Planet Earth. Monterey, California : Brooks/Cole.
- Werner, E.E. and Smith, R.S. (1977) Kauai's Children Come of Age. Honolulu: University Press of Hawaii.
- Werner, E.E. and Smith, R.S. (1982) Vulnerable but Invincible : A longitudinal study of resilient children and youth. New York : McGraw-Hill.
- Williams, I. (1974) Childrearing practices of young mothers: what we know, how it matters, why its so little. *American Journal of Orthopsychiatry*, 44, 70-75.
- Wilson, H. (1974) Parenting in poverty. *British Journal of Social Work*, 4, 241-254.
- Wilson, H. (1980) Parental supervision: a neglected aspect of delinquency. *British Journal of Criminology*, 20, 203-235.
- Wilson, H. and Herbert, G.W. (1978) Parents and children in the Inner City. London : Routledge and Kegan Paul.
- Winch, R.R. (1955) The theory of complementary needs in mate selection: final results on the test of the general hypothesis. *American Sociological Review*, 20, 52-56.

- Wise, S. and Grossman, T. (1980) Adolescent mothers and their parents: psychological factors in early attachment and interaction. *American Journal of Orthopsychiatry*, 50, 454-467.
- Wohlwill, J.F. (1980) Cognitive development in childhood. In Brim, O.G. and Kagan, J. (eds) Constancy and Change in Human Development. Cambridge, Mass: Harvard University Press.
- Wolkind, S.N. (1974) The components of 'affectionless psychopathy' in institutionalized children. *Journal of Child Psychology and Psychiatry*, 15, 215-220.
- Wolkind, S. (1977) Women who have been 'in care' - psychological and social status during pregnancy. *Journal of Child Psychology and Psychiatry*, 18, 179-182.
- Wolkind, S. and Coleman, E.Z. (1983) Adult psychiatric disorder and childhood experiences: the validity of retrospective data. *British Journal of Psychiatry*, 143, 188-191.
- Wolkind, S.N. and Renton, G. (1979) Psychiatric disorders in children in long-term residential care : a follow-up study. *British Journal of Psychiatry*, 135, 129-135.
- Wolkind, S. and Rutter, M. (1973) Children who have been 'In care' : An epidemiological study. *Journal of Child Psychology and Psychiatry*, 14, 97-105.
- Wolkind, S.N. and Rutter, M. (1984) Separation, loss and family relationships. In Rutter, M. and Hersov, L. (eds) Child and Adolescent Psychiatry: Modern Approaches (2nd edition). Oxford: Blackwell Scientific Publications. (in press)
- Wright, C.H. and Lunn, J.E. (1971) Sheffield problem families, a follow-up study of their sons and daughters. *Community Medicine*, 126, 301-307; 315-321.

- Wright, J.D. and Wright, S.R. (1976) Social class and parental values for children: a partial replication and extension of the Kohn thesis. *American Sociological Review*, 41, 527-537.
- Wrong, D. (1961) The over-socialized conception of man in modern society. *American Sociological Review*, 26, 187-193.
- Yarrow, M.R., Campbell, J.D. and Burton, R.V. (1964) Recollections of childhood : A study of the retrospective method. *Monographs of the Society for Research in Child Development*, 35, No.5.
- Young, M. and Wilmott, P. (1957) Family and Kinship in East London. London: Routledge and Kegan Paul.
- Yule, W. and Raynes, N.V. (1972) Behavioural characteristics of children in residential care in relation to indices of separation. *Journal of Child Psychology and Psychiatry*, 13, 249-258.
- Zahn-Waxler, C., Cummings, E.M., McKnew, D.H. and Radke-Yarrow, M. (1984) Altruism, aggression and social interaction in young children with a manic-depressive parent. *Child Development*, 55, 112-122.
- Zur-Szpiro, S. and Longfellow, C. (1982) Father's support to mothers and children. In Belle, D. (ed) Lives in Stress: Women and depression. Beverly Hills: Sage.