

### The Burden of Care: The Impact of Functional Psychiatric Illness on the Patient's Family

SIR: This article (Fadden *et al*, *Journal*, March 1987, 150, 285–292) purports to review the literature on “the effect of severe mental illness on other members of the patient's family”, but at no point mentions the word ‘child’. Most definitions of ‘family’ include a reference to children, for example, “the household, or all those who live in one house (as parents, children, servants): parents and their children: the children alone” (Macdonald, 1972).

A number of authors have written about the impact of parental psychiatric illness on children. Rutter & Quinton (1985) found that these children had a higher rate of psychiatric disturbance than a comparison group, were more likely to experience discord, and were often exposed to hostile or anxious depressed behaviour. Rodnick & Goldstein (1974) studied maternal behaviour before and after schizophrenic breakdown and commented that even in those mothers with good premorbid functioning, the recovery of ‘mothering function’ was delayed for as long as six months after discharge from hospital. Significant intellectual deficits have been found in children whose mothers were depressed during their first year (Cogill *et al*, 1986). There is no doubt that some children are adversely affected by a parent's mental illness.

Fadden *et al* comment on the “high rates of divorce and separation in marriages where one patient [I presume they mean partner] is mentally ill.” Wallerstein & Kelly (1976), among others, have examined the effects of divorce on children. Again, there is no doubt that some children suffer.

The link between parental psychiatric problems and emotional disturbance in children is not necessarily, or always, causative. It does exist. We must be aware that the children in families where a parent has a functional psychiatric illness are at risk.

ANNE BROWN

*The Royal Free Hospital  
London NW3 2QG*

### References

- COGILL, S. R., CAPLAN, H. L., ALEXANDRA, H., ROBSON, K. M. & KUMAR, R. (1986) Impact of maternal postnatal depression on cognitive development of young children. *British Medical Journal*, 292, 1165–1167.
- MACDONALD, A. M. (1972) *Chambers' Twentieth Century Dictionary*. Edinburgh: Chambers.
- RODNICK, E. H. & GOLDSTEIN, M. J. (1974) Premorbid adjustment and the recovery of mothering function in acute schizophrenic women. *Journal of Abnormal Psychology*, 83, 623–628.
- RUTTER, M. & QUINTON, D. (1985) Parental psychiatric disorder: effect on children. *Psychological Medicine*, 14, 853–880.

WALLERSTEIN, J. S. & KELLY, J. B. (1976) The effects of parental divorce: experiences of the child in later latency. *American Journal of Orthopsychiatry*, 46, 256–269.

### Behavioural Neurology

SIR: Reynolds, in his book review (*Journal*, March 1987, 150, 421–422) asks the interesting question, “What is behavioural neurology?”. I too have sought to discover the origins and boundaries of this discipline, and am usually led back to the writings of Geschwind and his colleagues. As Reynolds points out, behavioural neurology has rediscovered many of the localised neuropsychological syndromes described by the neuropsychiatrists of the late 19th century, and essentially attempts to understand disturbances of behaviour following identifiable brain lesions. The culmination of this line of thinking was represented by Geschwind's (1965) classic paper on disconnection syndromes. As such, behavioural neurologists are found largely in the USA and approach behavioural problems from a relatively strict localisationalist, neurological point of view.

This may be contrasted with the related discipline of neuropsychiatry, where holism and integration of cerebral function tend to be stressed. Neuropsychiatry adopts a more dynamic view of the relationship between the brain and behaviour, compared with the more static models adopted by behavioural neurology (Trimble, 1981).

A third, related discipline is biological psychiatry, the boundaries of which I have discussed recently (Trimble, 1987). Biological psychiatry attempts to understand psychopathology in relationship to underlying disturbances of brain function, and concentrates more on primary psychiatric conditions such as affective disorder and psychoses than either neuropsychiatry or behavioural neurology.

Finally, organic psychiatry examines “cognitive, behavioural and emotional consequences of cerebral disorder” (Lishman, 1978), which includes not only the consequences of structural brain disease, the field of behavioural neurology, but also metabolic, toxic and other systemic conditions which disrupt cerebral function and may provoke psychopathology.

The recent growth of interest in three of these disciplines (behavioural neurology, neuropsychiatry and organic psychiatry), all of which overlap at their boundaries, reflects the long overdue interest in the neglected disorders which form the hinterland between neurology and psychiatry. Furthermore, it represents attempts by their practitioners to integrate the fields of psychiatry and neurology, which have become too divergent.