DISCUSSION
The objective of this study was to understand the Emotional/Behavioural problems of preschool children from urban and rural settings, with a focus on exploring the various child and family related correlates of emotional problems. The findings of the study will be discussed under the following four sections.

B. A comparison of disturbed and normal children.
C. Demographic influences and emotional/behavioural problems.
D. Impact of social skills training on control of emotional/behavioural problems.

A. Prevalence of emotional/behavioural problems:

An overall prevalence of 21.88 per cent of emotional/behavioural problems among preschool children was revealed in this study with the use of PBCL as a screening device. The prevalence of problem behaviour was found to be more among rural children (25.64%) as compared to urban preschoolers (20.22%) - Table 4.1. Among boys the prevalence was 29.48 per cent and it was 13.72 per cent among girls. This prevalence was obtained based on a cut off score of 12 and above on PBCL. This finding is similar to results obtained by McGuire and Richman (1986) in their U.K. sample, in which they have reported a prevalence of 21.9 per cent while validating the PBCL.
The prevalence noticed in the present study is comparable with a number of earlier reports. Rai and Mallik (1993) reported a 22 per cent prevalence among 3–6 years olds screened from a paediatric outpatient department at New Delhi. The Western studies by Werner et al (1964) reported mild behavioural problems in 25 per cent, while Cullen and Boundy (1966) reported one in two children to have problem behaviours. Cederblad (1968) reported 20 per cent moderate symptoms among preschool children. The prevalence rates have varied in investigations ranging from 3 per cent to 30 per cent. The variations may be due to certain technical aspects such as different measures used to screen behavioural problems and different cut off scores to define the target groups. The variations were also due to varied definitions and criteria used to define the emotional disorder, the sensitivity and the validity of the measures and the adequacy of its psychometric properties. The differences in prevalence was also attributed to assessment in varied settings such as nursery school/home environment, and the source of rating, that is, the rater being a nursery teacher or a mother.

The findings in the present study is also comparable with the study by Xin et al (1992) who reported 27.2 per cent behaviour problems among Shanghai preschool children. Similar results were obtained using PBCL by Luk et al (1991)
who reported problem behaviour in 27.5 per cent of Hong Kong preschool children. The possible explanation given by Luk et al for a high prevalence rate was that in the Chinese culture, the teacher-student relationship is one of deference and submission. Even in the early preschool age, strict classroom rules will have to be followed and the Chinese class rooms are highly disciplined. Hence, the teacher bias enters in their ratings. Their perceptions and demands are an embodiment of cultural expectations.

The prevalence of 21.88 per cent of emotional/behavioural problems indicated in the present study is also quite high. The possible explanation could be that, the entry to preschool or the kindergarten may be a precipitating factor for the onset of emotional/behavioural problems as perceived by most parents. Secondly, even though preschool environment is different from the regular school which begins with I standard, the class room discipline, teacher-child relationship, peer influences and the like are quite rigorous in most preschool centres. The teacher expectations and the demands on the young child to conform to the discipline norms of the classroom are high. When the child finds it difficult to comply with, then there is a tendency on the part of the teacher to rate the child high on problem behaviours. This may also be a reason for the high prevalence among boys (29.48%) than among girls (13.72%) in the present study. Significant gender differences relating to the frequency of
behaviour problems as well as the typical manifestations have been reported in earlier studies (Richman, 1975; Earls, 1980). The higher prevalence of emotional problems noticed among boys in this study is also comparable with a number of earlier reports by Richman et al (1982) who reported 24% of prevalence among boys and 21% among girls. Similarly, Luk and Leung (1991) reported 34.1% among boys and 20.8% in girls, which is slightly higher compared to the present study. The prevalence rate noticed in this study for girls is much lesser than what is reported in the earlier studies.

Boys are referred to child guidance clinics more frequently than girls. In the older age group children, studies have shown that sex differences are marked. While boys show more of conduct disorder or externalizing symptoms, girls are known to experience more of internalizing symptoms. As far as preschool children are concerned, gender differences and the types of problem behaviours manifested are not consistently reported. Comorbid presence of both internalizing as well as externalizing symptoms are common, in both the sexes while some studies reveal the contrary.

A significant gender difference was also consistently reported by Koot (1993) wherein the prevalence on CBCL was 14.4 per cent among boys and only 7.8 per cent of girls were above the cut off point on CBCL. The prevalence among boys being higher than for girls is also reported by Werry and

The present study, in line with the earlier findings, suggests that there is a universality of sex differences across cultures indicative of a possible biological component in explaining the origin of various childhood disorders.

Besides, the various socio cultural factors, socialization processes and parental attitude in child rearing practices contribute towards a greater prevalence among boys than girls. In Indian culture, boys enjoy more freedom and the demands of a young child are often met with and children are rarely expected to confirm to rules and norms. These may be some of the contributing factors for higher prevalence as these privileges are not carried on to the school setting.

The differences in prevalence and symptom manifestation, between the sexes and the factors influencing them is an area worth pursuing for further research as it implies that child-rearing practices, attitudes of the significant family members and child-parent interactions may also contribute to gender differences.

This study indicates a comparative prevalence for urban and rural children. Emotional/behavioural problems were
found to be more among Rural children (25.64%) as compared with Urban children (20.22%). Very few studies have attempted to see the prevalence in both the set up simultaneously. Earls (1980) obtained a prevalence of 24 per cent among the preschoolers residing in the rural community at the Martha’s Vineyard. Other studies by Cornely and Bromet (1986) report 11 per cent as prevalence for the rural children of Pennsylvania.

The prevalence was more in the Rural area as compared to the Urban area as reported by the teachers in the present study. It is possible that in the Rural area the parental expectations and upbringing of children differ from that of the teacher expectations. This is less likely to occur in the Urban area. As a result, behavioral problems were more often reported by Anganwadi teachers.

Symptom prevalence:

The PBCL screening instrument indicated some of the most commonly reported symptoms of preschool children. These were poor concentration, high activity level, quarrelling, fighting and interfering with others. These were commonly reported in both Urban and Rural children. Similarly, the low probability symptoms which were common in both the set up were soiling and day time wetting.

The present study revealed that the frequently occurring problem behaviours among urban preschool children were high
activity level (14.7% - severe, 12.04% - moderate), difficulty in the control of behaviour (11.36% - severe, 14.77% - moderate), poor concentration (14.31% - severe, 8.63% - moderate) and interfering with others (9.09% - severe, and 7.27% - moderate) (Table-4.2).

Among the rural sample, the most frequently occurring symptoms in Anganwadis were temper tantrums, high activity level, reluctance to speak, poor concentration and fighting with other children (Table 4.3).

While difficulty in the control of behaviour was frequently expressed by urban teachers, the rural teachers did not report this. This may be because the aims and purpose of Anganwadis are different from that of the nursery schools. The classroom discipline and norms strictly enforced in urban schools is not seen in Anganwadis. Teachers are less concerned with control of behaviour of children in anganwadis because these are single units in separate buildings whereas the urban nurseries are surrounded by other classrooms.

Temper tantrums and reluctance to speak were higher in the rural setup. Urban preschoolers are encouraged for prosocial behaviour, competence, friendliness and verbal expression from a young age at home as well as in the nursery. Children are exposed to maximum stimulation.
Whereas, in the rural setup parents do not give importance to these aspects of child development. Therefore, going to an Anganwadi or meeting a stranger is a stressful situation for a rural preschooler.

Since adult child interaction is less, children feel hesitant to talk. Further, the adults who visit the centre differ from the familiar figures in dress and mannerism and enhance the strangeness of the situation. Every stranger is perceived as a doctor who injects them. As a result, children resort to regressive temper tantrum and fear reactions.

These findings are similar to the findings reported by McGuire and Richman (1986) in their validation study on PBCL. The data reported by these authors also indicate the high prevalence of activity level, poor concentration, attention seeking, interfering with others and aimless wandering. One possible explanation may be that as frequently noticed in the present study, the teachers rated high the behaviours such as, high activity level, poor inadequate concentration and quarrelling with other children. These behaviours in classroom demands a lot of attention from the teachers and therefore they rate them high.

On the other hand, symptoms such as withdrawn, miserable, shy, timid, being quiet etc are the behaviours which go unnoticed by teachers. Children with these
characteristic behaviours were considered as 'no problem' children as these behaviour did not elicit any extra attention from the teachers. In fact, these behaviours were rated very low by teachers in both urban and rural settings.

The low probability symptoms in the present study were day time wetting and soiling. The prevalence for these symptoms ranged between 2 to 16 per cent, in both the set up. This finding is in disagreement with the earlier results of Earls (1980), Richman et al (1982) and Thomas and Offord (1991), who reported a higher prevalence of sphincter problems among preschoolers. The possible explanation for this is that the minimum age of children in the present study was 3 years. Developmentally, it is possible that children gain sphincter control, at least day time control by this age. Secondly, the sample was drawn from nursery schools and Anganwadis which enforce discipline and toilet control. Daytime wetting and soiling are much ridiculed behaviour and children have greater pressure at this age to be toilet trained from parents as well as peers and teachers. Therefore, these problems and their prevalence were less.

As far as the internalizing and externalizing symptoms on PBCL, the findings compare with the findings of McGuire and Richman (1986). The present study did not aim at factor analyzing PBCL. But, the symptom presentations of these children is comparable with the factors of PBCL. The most
frequently occurring symptoms are high activity and difficulty in the control of behaviour, poor concentration and interfering with others and fighting. These symptoms are comparable with PBCL cluster I (conduct disorder with restlessness) which includes all the above mentioned symptoms. About 9% to 14% of the present sample fall in this cluster as against 14% of McGuire's sample (1986). It also compares with the findings of Luk (1991) who reported that majority of his sample children were classified as Hyperactive and Conduct problem children.

The low probability symptoms in the present study such as wetting and soiling habits, were quite similar to factor 6 (Sphincter problems) of McGuire and Richman (1986). The symptoms such as fear, whines, withdrawn from peers and feeling miserable range from 3 per cent - 9 per cent. These symptoms constitute factor 2 (emotional/miserable) of McGuire and Richman (1986).

The management difficulties, overactivity, and attention problems that were reported among urban and rural preschoolers confirms the findings of Crowther, Bond and Rolf (1981); Richman, Stevenson and Graham (1982); Koot (1993) and Stallard (1993). The range of symptoms assessed by PBCL was found to be consistent across cultures as is evident through the findings obtained from Great Britain, Honk Kong, Holland, United States and at present, India. The
findings of the present study also confirms the validity of PBCL as a screening instrument for identifying children with behavioral problems.

Developmental history and emotional/behavioural problems:

The present study reveals no relationship between the type of family, family history of mental illness and emotional behaviour problems in children. However, the results show that consanguineous marriages are most frequently seen in rural areas. The significance of chi-square was mainly due to urban-rural differences in consanguinity rather than normality vs disturbances.

The present study did not reveal any significant association between medical complications during pregnancy and behaviour problems. However, the term of pregnancy appears to be significantly related to emotional/behavioural problems. Even though majority of the births of the present samples were full term, premature births were quite high among rural disturbed children and post mature births were not at all seen. Perinatal risks and premature births have often been associated with problem behaviours of children. The studies by Passamanick et al (1956), Rutter et al (1975); Richman (1977); Werner and Smith (1977); and McGee et al (1984) have implicated the perinatal risk and the genesis of behaviour disorders. Passamanick (1956) found a significant association between prematurity and later behaviour problems.
similarly, Kolvin et al (1976) have reported that preterm children who were small for the age showed problem behaviours at the age of 5 and 7 years. The finding on preterm births and its linkages to behaviour problems have also been reported in studies by Minde et al (1989), Campbell (1990) and Rose Feldman and McCarton (1992). Studies in this direction have concluded that premature infants who live in an environmentally adverse condition are more prone to behaviour problems. The studies by Sameroff (1975), Goldberg (1990), Kuperus and Koot (1993) and Weisglass - Kuperus (1993) lead to the conclusion that perinatal problems in conjunction with adverse environment is associated with behaviour disorders during preschool period. This might have been a contributing factor in the case of rural disturbed children where the rate of premature births was found to be high in the present sample.

Past medical history of the child:

The present study indicated that the medical history of the child as such was not contributing towards group differences as there are commonalities in the medical history status in all the four groups. However, the trend observed was that a majority of the preschool children in all the groups suffered from common cold, cough, infection and fever. However, the rural disturbed children suffered more from diarrhea with infections, anaemia and malnutrition, while urban disturbed children suffered more from wheezing and
bronchitis. The medical problems and their association with behavioural problems have been supported by studies from Cederblad (1968) who reported that weak, ill children show more of behavioural problems.

B. A Comparison of Disturbed and Normal Children:

a. Manifestation of Emotional/behavioural symptoms:

The present findings significantly differentiated emotionally disturbed preschoolers from normals. The disturbed children were characterized by the presence of mild to moderate degree of fears, aggression, social fears, sibling rivalry, mood variations, attention seeking, hyperactivity and eating problems. The symptoms of a milder degree were separation anxiety, apathy, sleeping problems, habits and atypical behaviour. The criteria for differentiating normal and disturbed behaviour show that disturbed children were considered difficult and they had problems in normal social interaction with peers. The normal children showed absence of these symptoms and when present, they were in a milder degree. The results of the present study confirm the characteristics of a disorder in young children given by Campbell (1990) viz., (1) the presence of a pattern or constellation of symptoms which is evident in several settings such as home and preschool environment and (2) The symptoms should interfere with the child's social functioning and the child is considered as a problem child.
across several settings, such as home environment and nursery school. The significant difference between disturbed and normal children revealed in the present study are in line with the findings of earlier reports. The commonly reported symptoms by the mothers such as fears, social fears, aggression, hyperactivity, attention seeking and eating problem is similar to the results obtained by Buss (1981), McGuire and Richman (1986), Olson and Alessandri (1992), Koot (1993), Newth and Corbett (1993) and Campbell (1994). Further, as in the present case, in the earlier studies also mild to moderate degree of symptoms have been reported (Richman, 1975; Richman et al., 1982; Earls, 1980).

Luk et al (1991) reported the first largest factor consisting of poor concentration and difficult to manage. The second largest factor consisted of symptoms such as speech/withdrawn problems and aimless wandering. The present study reports the commonly noted internalizing symptoms comparable with the third factor described by Luk (1991) referred to as 'emotional problems'.

Problems such as sphincter control and speech problems which were frequently noticed in the studies by Thomas, Offord (1991) Richman et al (1982) and Stallard (1993) were reported to a lesser extent in the present study. This may be because mothers were either cautious while rating this or were indifferent towards this problem. In the present study,
preschool children who were selected on the basis of teacher ratings were also considered as disturbed by the mothers in home situations.

b. Intercorrelations of Emotional/Behavioural disorder:

The intercorrelations of the variables of Emotional/Behavioural Problem Inventory reveals that separation anxiety significantly correlates with fears, social fears, sibling rivalry, mood, attention seeking and temper tantrum. This dimension can be matched with the ICD-10 classifications for separation anxiety disorder. This cluster of symptoms is also comparable with 'Neurotic Disorder' of Wolkind or 'Anxious Disorder' of Fowler and Park (1973). This is also comparable with the Separation Anxiety Disorder (309.21) of DSM III R classifications.

'Hyperactivity' correlates with attention seeking, aggression, temper tantrums, eating, sleep problems and atypical behaviours. This finding is comparable with the first largest factor viz., 'overactivity', 'poor concentration', 'temper tantrums' and 'interference' of Luk, S.L., Leung and Shone (1991) who derived the largest first factor which included these problems. This cluster of symptoms can be compared with the externalizing symptoms of the two broad band dimensions described by Achenbach and Edelbrock (1983).
"Apathy" emerges as an independent dimension in the present study and is not correlating with the rest of the variables. In contrast, the study by Wolkind and Everitt. S.C (1974) revealed that cluster analysis of apathy and withdrawal factor also included sleeping and eating problems, fears and habits.

In the present study 'Mood' was found to correlate with all the variables. So also did 'aggression'.

'Aggression' correlated with all the variables except apathy. This dimension is similar to Achenbach and Edelbrock's externalizing symptoms. Similar descriptions are given by Thomas, Offord and Boyle (1991) in their externalizing symptoms. The present finding shares similar components with McGuire and Richman (1986) cluster I (conduct disorder) which included restlessness, aggressive behaviour, destructive, difficult to manage, interfering and poor concentration. It is also comparable with the findings of Stone (1981) on conduct disorder and the hyperactivity disorder described by Campbell (1986).

Habits which include sphincter problems of children was found to correlate with sleep problems, aggression, attention seeking and atypical behaviours in the present study.

In summary, the present findings is comparable with the earlier reports on the emotional/behavioural disorders of
preschool children which can be broadly grouped as internalizing and externalizing symptoms. Some of the symptoms do not neatly fit into the two dimensions.

c. Temperament:

Most researchers would agree that child characteristics such as sex, age, cognitive style and in particular, difficult temperament contribute towards behavioural problems. The present study finds that the children who were emotionally or behaviourally disturbed were found to be temperamentally arrhythmic, withdrew more often, were less adaptable with frequent mood fluctuations and showed low persistence in a given task.

The normal children were found to be normal in their activity level, adaptable to social situations, rhythmic in routine biological functioning and were more persistent in a given task. The difficult temperament resulting in behaviour disorders is in line with the report of Graham, Rutter and George (1973) Thomas and Chess (1977), Barron and Earls (1984), Goldsmith (1987) and Prior, M., Smart, D. and Sanson et al (1992). The present finding confirms the report of Earls (1984) on 3 year old children in Martha's Vineyard in which inflexibility, high intensity and low adaptability showed a high correlation with BSQ scores.

The factors of temperament as described by Thomas and Chess (1977) are:
a) Sociability factor which comprises approach-withdrawal, adaptability and threshold of responsiveness.

b) The emotionality factor which comprises of mood and persistence.

c) The energy factor which comprises of activity and intensity.

d) The attentivity and distractibility factor.

In the present study emotionally disturbed children showed difficult temperament on emotionality factor as well as sociability factor. The present study confirms the path analysis and the theoretical model of the "stress resilience reactivity paradigm", a model proposed by kyrios, M and Prior (1990). This, according to the authors, implies that certain individual characteristics can protect the individual from the influence of adverse environmental conditions. The conception of a temperament on which this model is based can be explained as follows. Individual's characteristics can influence one's reactions to a negative environmental context. The manifestations of those individual characteristics, for instance, a highly reactive temperament can intensify the influence of a stressful environment on the child's behavioural adjustment. Similarly, a negative environmental influence may change one's temperamental profile, for instance, by making a child more reactive or less self regulatory. Any subsequent
environmental stress may lead to behavioural dysfunction in an initially positive temperamental profile. While it may also be true that the child's temperamental characteristics also influence their environment (Kyrios, M and Prior, M. 1990), it is also true that a reciprocal interactive approach is needed. As rightly pointed out by Kyrios, M (1990) the greatest values of temperament concepts in developmental psychology may lie in the identification of those characteristics that offer protective resilient or mediating influences in behavioural development particularly those that are stable in nature and measurable.

In summary, the present study reports that the temperament as a salient constitutional factor is related to behavioural problems and illustrates the need to further develop current conceptions of temperamental influences on preschool children's emotional/behavioural problems.

d. Social competence:

The present study finds that the emotionally disturbed children show more of apathy-withdrawal with less interest-participation in social situations on the factor I dimension of SCS. On the factor II dimension they show more of anger-defiance and less of cooperation-compliance behaviour. The normal children on the other hand, show more of interest-participation and cooperation-compliance behaviour.
The present finding that the emotionally disturbed preschool children were socially less competent was also suggested in the studies by Oden and Asher (1977), Hart up (1978), Rubin (1985) and others.

The finding that emotionally disturbed children were high both on apathy-withdrawal as well as on anger-defiance, confirmed the findings by Kohn and Rosman (1973). These two dimensions either alone or in combination were being considered as a disturbance by the teacher in a preschool setting. The study therefore highlights the need for intervention strategies to improve the social skills and competence of children which in turn are likely to reduce the emotional disturbances.

e. Cognitive correlates:

The emotionally disturbed children had difficulty in performing well on the test of intelligence as compared to normals. They were also found to be more field dependent, in their cognitive style. The Emotionally Disturbed and the normal groups however, showed an average intellectual capacity in their cognitive functioning. It is true that the better performance by normal children is due to the performance factor rather than the ability aspect. The problem behaviours such as, hyperactivity, distractibility, shy and withdrawn behaviour might have resulted in a slight inefficiency in performance among disturbed children. The
cognitive styles of these children indicate a field dependent nature. The disturbed children also showed quick and impulsive responses leading to errors, lack of attention which further led to more errors in performance. Further in the developmental history of the child, delay in the cognitive abilities was reported. This finding is in contrast with the earlier findings by Richman et al (1982); Cohen et al (1989); McGuire et al (1991) who report a significant cognitive delay in these children. The study does not support Campbell's (1994) report that when the control group (normal) and the problem children (ED) are selected from the same preschool classroom, no difference in IQ is seen, but however, it supports her view that the IQ is average for both the groups.

f. Family Variables

i) General health status of the mother

The results on the GHQ revealed the presence of psychiatric morbidity in the mothers of disturbed children. These mothers experienced more of somatic symptoms, anxiety and depression. The mothers of normal children were found to be normal in their psychological health. This finding is in accordance with a number of earlier reports by Conners et al (1979); Weissman et al (1984); Ghodsian and Wolkind (1984); Wrate and Rooney (1985); Dumas and Gibson (1989); Egeland and Kalkoske (1990) and Cohen and Bromet (1992). All these studies including the present one, consistently link maternal
mental health status especially maternal depression with the preschooler's, emotional disturbance. Studies point to the conclusive evidence that caretaking style of depressed/anxious mothers of young children as one of being nonavailable, uncommunicative, inconsistent and hostile (Weissman, 1984). It is also possible that children display maladjustment in the event of maternal depression and this in turn results in adverse mother-child interactional difficulties (Dumas, 1989).

It is possible that when the mothers' mental health state is disturbed, more so, if she is depressed, the symptoms frequently seen such as lack of energy, helplessness, withdrawal or high anxiety may affect the quality of care she provides. This in turn is directly related to the behavioural outcome in the child.

a ii) Maternal attitude and family interaction:

Voluminous literature is available in the area of parental attitude regarding preschool children. The present findings revealed that mothers of disturbed children did not encourage verbalization. They showed more ascendance and authoritarian attitude and were more strict compared to mothers of normal children. A similar finding was reported by Agarwal, Geetha et al (1978) who reported that mothers of emotionally maladjusted children encouraged less verbalization, were lower on equalitarianism and comradeship
and sharing and believed in fostering dependency. Rao, V.N. (1982) also found that a highly authoritarian, strict attitude curtails the overall development of children.

It is possible that when the mother's attitude is authoritarian, ascendant and strict, the child is being rejected. The preschool child who is exposed to such a child rearing attitude feels helpless thereby manifesting attention seeking and other types of emotional problems. These observations confirmed the reports of an Indian Council of Medical Research (ICMR) study on the patterns of child psychiatric disorders. On a sample of 1000 subjects across various developmental stages of children between 3-16 years, the findings suggest that emotional disorders are a result of over protection, indulgence and rejecting attitude of parents leading to a state of psychological helplessness in the child causing breakdown.

iii) Family interaction:

The family correlates of disturbed children revealed a poor quality on different variables of family interaction patterns. The family group pattern revealed lack of mutual warmth, support, cooperation, and affection among members. The family group atmosphere was not cordial. As for the interactions of husband and wife, reciprocal warmth and affection, mutual support and compatibility were not seen among the partners. The variable 'husband and wife as
parents' revealed that there was no agreement on child rearing practices. The parent-child interaction revealed difficulty in the mother-child interaction as well as father-child interaction and lack of warmth and affection in emotional interaction. Inconsistency of emotional relatedness was also observed. Parents act towards the child was one of inappropriate control and demand made of the child and non participation in child activities. The child-parent interaction also showed non compliance of child to parental demands. Overall, the interaction pattern among disturbed children indicated an inadequacy which contributed significantly towards the emotional/behavioural problems of preschool children.

The present finding that the inadequate family interaction correlates with behaviour problems confirms the earlier reports on preschool children by Richman et al (1982); Barron and Earls (1984); Campbell et al (1991); McGee et al (1991) and Koot (1993). The present findings of high warmth and adequate control by parents resulting in normal behaviour agrees with the findings of Zahnwaxler (1979); Kochanska, (1987) and Crockenberg (1990). On the other hand, maternal behaviour such as arbitrary, inconsistent and negative behaviour, is associated with non compliance and defiance (Patterson, 1980). The present finding that a warm interaction seen among normal children and their mothers
results in prosocial behaviour and social competence confirms the earlier reports of Renwick, Holt (1991). The findings indicate that when family relationships are in conflict with disagreements in child rearing between parents and lack of warmth and support among partners, it results in emotional/behavioural problems. This view is in confirmation with the studies of McGee et al (1984); Dadds and Powell (1991) and Koot (1993).

This study, even though exploratory in nature, highlights the importance of mother-child interaction, adequate family interaction among its members, and consistent disciplining pattern in normal emotional development. Therefore, the parenting behaviour may play a major role in the onset and persistence of emotional disorders in young children. There is a commonality in the results among studies that parental warmth and responsiveness, in combination with consistent limit setting, have implications for a better mother-child relationship.

Attachment theories have set the stage for conceptualization of parent-child relations and its impact on children's behaviour in infancy (Ainsworth et al., 1978).

However, recent works by Greenberg et al (1990) have focussed on attachment in preschool years. From a theoretical perspective, children who experience warm, responsive, sensitive care at this time of their lives, when
they are vulnerable and dependent, translate this experience into a sense of self efficacy and trust (Bowlby, 1968; Bretherton, 1985). These children develop same attachment towards their mothers and show appropriate behaviours (Ainsworth, 1978).

Emotionally disturbed children as seen in the present study had difficulties in parent-child interaction characterized by lack of warmth and inconsistent discipline. This may result in a sense of unworthy feelings. This is further aggravated by social incompetence and may result in withdrawal, shy, aggressive, or anxious behaviour. As Campbell (1995) points out, the behaviours of these children in the face of separation or distress may include ignoring the care giver, rejection of the care given and mixed approach and avoidance behaviour.

The present study supports the theoretical assumptions that the quality of early, care given will influence the severity of attachment relationships that develop and this in turn many have an impact on the children's feeling of trust in others and emerging sense of environmental mastery. These feelings of mastery will influence the quality and nature of ongoing parent-child relationships and overall adjustments. Sroufe (1983) and Brethertan (1985).

There seems to be evidence across studies that infants develop more compliant-cooperative behaviour with healthy
In a family environment, they are likely to develop prosocial behaviors with peers, teachers and other adults during preschool period. On the contrary, if mother's psychological health is disturbed and if care giving is inconsistent and arbitrary, then children will be less compliant and cooperative and establish less healthy relationship with peers, teachers and other caregivers. This is likely to manifest through withdrawn behaviors and excessive dependency in preschool (Sroufe, 1983 and Erickson, et al., 1985).

Campbell (1995) points out to two major influences on child behavior. (1) The parenting styles and (2) the wider family context in which parenting occurs. In present study the family variables in the case of disturbed children showed that the general health of the mother was one of anxiety, depression and somatic symptoms. The parental attitude revealed ascendancy of mothers and the family interactions revealed inadequate family interaction patterns with special emphasis on inadequate mother-child interaction.

Further, this study has identified inflexible difficult temperament such as low adaptability, arrhythmicity, greater withdrawal, mood fluctuations and low persistence as related to emotional problems. Similarly, these children showed more of withdrawal, defiance and field dependent cognitive style.
In the present study, the family variables in the case of disturbed children showed that the general health of the mother was one of anxiety, depression and somatic symptoms. The parental attitude revealed ascendancy of mothers and the family interactions revealed inadequate family interaction patterns with special emphasis on inadequate mother-child interaction.

The study also supports the Social Ecological Theory of Bronfenbrenner (1979) who points out that the development of young children should always be understood in the context of the setting in which they live.

The ascendance, dominance and strict attitudes of mothers make the children follow this model. The socially dysfunctional high anxiety profile of the mothers observed by children leads to similar behaviour in the preschooler. As a result, when the children enter preschool, they are perceived as maladaptive by the teachers.

Seeking help for Behaviour problems:

At the time this study was conducted, the parents had not sought any help for dealing with the problems of their children. But when inquired whether they would like to seek help, a significant number of parents have answered 'yes'. The reason may be that all along, the parents as well as some teachers considered the problem behaviour as a transient
developmental phase. The respondents felt that it is normal for young children to throw temper tantrums and not to sit in one place; but as they grow these behaviours will disappear and they cannot consider all these as problem behaviour. Some comments of parents is worth-mentioning. They reported that they were familiar with common medical problems of young children such as fever, measles, jaundice etc. They do not and cannot consider throwing temper tantrums, hyperactivity etc. as problems. However, they expressed a willingness to seek help, may be because of the interview which might have enhanced the parental awareness of the psychological problems of young children.

Very few preschool children with behaviour problems ever reach the child guidance clinics or hospitals. Bax and Hart (1976) looked at reasons for general practice attendance in a sample of preschool children and found that the attendance was always for medical reasons and less than 2% of the attendance at family practitioner had been to seek help for behaviour problems. The investigators report that even when the parents had gone with the behaviour problems, the family practitioners had rarely succeeded in indentifying the real problem. Prevalence studies also report the sensitivity of the paediatricians to behaviour problems as being less.

In this context the expressed willingness of the parents to seek professional help noticed in this study is
heartening. The mental health professionals, should therefore aim at spreading the message that emotional/behavioural problems of youngsters cannot be ignored. All efforts must be made to identify these problems and provide necessary intervention at an early age.

C. Demographic influences:

a. Emotional/Behavioural problems:

The findings on urban-rural influences revealed that urban children manifest mild to moderate degree of hyperactivity, attention seeking, eating difficulties and also they showed a higher total score on behavioural problems. Further, the trend revealed that the urban children manifest more of aggression, and fears. In the rural group sleeping difficulties were more. A significantly higher mean rating on temper tantrum and social fears was noticed among rural children. One possible explanation for this is that the urban parents were slightly better informed regarding behavioural problems, whereas, rural parents were unaware of this disorder. Similarly, the former perceived these as difficulties and therefore they reported it, whereas, the rural mothers did not perceive these as problems and they did not report. The other contributing factors could be urban children were more prone to stressful living conditions, such as a stressful preschool environment, living in high rise flats, crowded apartments and narrow lanes. The mother's expectations of their children in different aspects
such as academic and behaviour were quite high. The rural children on the other hand, inspite of their financial backwardness and single room accomodations, still have open fields where they can play and relax. A sense of security and spontaneity was provided by a natural surrounding. Still they were not exposed to too many complicated life structures like urban children.

b. Temperament :

Urban children were found to be high on activity level. They are also found to be highly distractible. The rural children were also distractible, in addition, lacked persistence and were arrrhythmic in their daily routines.

However, the findings on the interaction effect of urban-rural Vs. normal/disturbed status revealed no significant difference. The trend observed was that urban disturbed children were more hyperactive among the four groups. The urban disturbed group was rated high on distractibility than the rest. The results however, indicated that the scores were scattered in the middle and extreme scores at both positive and negative ends were not seen.

c. Social competence :

The urban children were found to score high on Interest-participation in social situations and showed more of anger-defiance. The rural children on the other hand, showed more
of apathy withdrawal. The interaction effect did not reveal any significant difference. This finding confirms the finding by Kohn and Rosman (1973) in their validation study on social competence scale. The urban preschoolers were exposed to more opportunities such as availability of toys, books and interaction with peers. This gave enough opportunities for them to master the environment. However, these opportunities were lacking for the rural children as a result of which their score on the test of intelligence was lesser. These children also showed field dependency.

Urban children were found to perform better on the test of intelligence than the rural children, even though both the groups scored average IQ on the test of intelligence. This may also be due to the fact that urban children were better exposed to academic and other influences compared to rural children.

The available literature reveals that there are very few studies on emotional problems of preschoolers which have compared the urban and rural settings. The manifestation of these problems among children in the present study largely remained the same in different setting except for the few mentioned above. This may be because at the young age discrete differences in presentations may not be due to urban-rural differences. Similarly, temperamental differences were not observed across different settings.
The findings confirm the earlier reports of Hsu et al (1981) and Malhotra, S (1984). This may be because of certain common socio cultural influences through the parental practices. The flexible time schedule characteristic of Indian culture, fewer opportunities for children, especially in the rural area, for exposure to novel situations and lesser demands on the child for easy adaptability (Malhotra, S. 1984) are some factors to explain why temperamental differences among various groups was not evident.

d. Family Variables:

The mothers of urban children showed more of psychological problems as evident in the total score, as well as they exhibited more of somatic symptoms. The mothers of rural children experienced more of anxiety symptoms. The interaction effect showed that the mothers of rural and urban disturbed children scored more than the cut off score indicating the presence of psychiatric problems. Anxiety symptoms were more in the mothers of disturbed group. This finding provides a confirmatory evidence to the earlier findings of Richman et al (1982).

The maternal attitude of urban children revealed encouraging verbalization, agreeable attitudes on comradeship sharing and equalitarianism. The rural mothers on the other hand, fostered dependency, avoided communication showed
intrusiveness and strictness. As for the areas of marital conflicts, irritability, suppression of aggression, suppression of sexuality and approval of child's activity, the attitudes of urban and rural mothers remained the same.

The interaction effect revealed that marital conflicts were seen more among rural group. Equalitarianism was favoured by urban mothers of normal children. While mothers of rural normal children did not favour this attitude. The family interaction of urban families was characterized by a better quality of group interaction among members, and better family interaction. Mutual cooperation compatibility, and warmth was seen among the marital partners. Parents showed warmth and spontaneous interaction with children and participated in child's activities.

A similar finding was reported by Singh and Kaur (1981) who noticed that the mother-child interaction was better in urban parents of preschool children while inadequacy was noticed in the rural group.

The rural families were found to be slightly inadequate as compared with the urban families. The interaction among partners was one of non cooperation and lacked mutual warmth and support. The parent-child interaction also revealed inadequacy, parents were not participating in child's activities, made inappropriate demands and control with
inconsistent discipline. This finding confirms the earlier reports on rural samples by Earls (1980); Simpson, S. and Hinde, J.S. (1985).

The interaction effect revealed that material wealth, things and physical facilities were minimum in the families of rural disturbed children. The child-parent interactions with parental acts concerns needs and demands of children was not noticed among mothers of urban normals.

It is interesting to note that while family interaction variables independently contribute towards normal/disturbed status, its interaction with urban-rural status had significant effect only on two variables.

Group differences based on normal/disturbed status, area, and sex of the subjects:

The profiles of urban disturbed boys and girls that can be inferred on the basis of variables related to discriminant functions is as follows:

Separation anxiety, hyperactivity, attention seeking, eating problems and apathy were commonly noted symptoms among urban disturbed preschoolers. The psychological health of the mothers of these children showed social dysfunction and somatic symptoms. Parental attitude of these children revealed that the mothers did not foster dependency they did not reject home making roles. Urban normal boys and girls
score very low on the total behaviour problems scores. The problem behaviours when present was significantly low. Temperamentally they are adaptable to social situations, approach characteristics were more, positive mood and persistence in a given task were also noticed. As far as the social competence was concerned greater interest-participation in social situation with less of anger-defiance was seen. Field independent cognitive style emerged as a significant characteristic feature. Mothers attitude showed less of strictness and good communication. The family correlates which contributed towards normal behaviour in urban children were a positive family interaction, adequate parent-child interaction as well as reciprocal warm relationships between the spouses with compatibility, cooperation and compliance.

In addition to a few behaviour problems, the urban disturbed girls showed low sensitivity threshold and their family's investments on material wealth was also low.

Rural disturbed boys and girls scored high on the total scores of emotional/behavioural problems, with different individuals symptoms such as fears, social fears, aggression temper tantrum, negative mood, sibling rivalry and atypical behaviour. Temperamentally, they were inflexible, showed more of withdrawal, negative mood, and low persistence with least adaptability. Social competence of these children
indicated more of apathy withdrawal and anger-defiance with field dependent cognitive style. Psychiatric problems among mothers was also observed. The parental attitude revealed strictness and avoidance of communication. The family interaction patterns revealed low scores indicating inadequate interaction among members. The mother-child interaction was found to be inadequate indicating lack of warmth and affection with inconsistency.

AGE AND EMOTIONAL/BEHAVIOUR DISORDERS:

The present study also aimed at understanding the preschool children and their problems with reference to different age groups. The growing body of evidence available in this area reveal that Emotional/behavioural disorders and normal behaviours should be understood in terms of the developmental perspective in order to differentiate age appropriate behaviours, from the definition of a disorder. An attempt was made to differentiate the types of behaviours that are seen in six age categories, because swift developmental changes take place during these years. Discriminant functions analysis was carried to find out the group differences. The present findings reveal that the younger preschool children (3 to 3 1/2 years) experienced more of separation anxiety, fears, high activity with field dependent cognitive styles. This finding is similar to that of Koot (1993) who reported more of fear and other
internalizing problems when the child is young. However, the present finding is in contrast with the findings of Jenkins, Bax and Hart (1980) who report more of temper tantrum, day time wetting, difficulty to manage etc. in younger children.

Temperamentally, these youngsters were found to be highly distractible, less adaptable to social situations; withdrawal was greater and they had a low threshold tolerance. The parental attitude revealed avoidance of communication and difficult parent-child interaction was evident.

The emotional problems manifested were separation anxiety and fears during this age because these children attended school for the first time and they were expected to adjust to a new environment with strangers. This might have contributed to emotional problems.

Majority of the children in the sample were in this age group. With greater temperamental inflexibility at this young age, coupled with parent-child difficulties and the new preschool environment, greater internalizing problems were seen in this age group.

Parents of children in the age group of 3 1/2 to 4 years showed more of ascendance behaviour, with less of equalitarianism and excluded outside influence in child
rearing. Parent-child interaction and the overall family interaction was low.

Developmentally, it is true that all children pass through this stage with internalizing problems. Fears in young children were common and some specific fears escalate as the child grows and others reduce in intensity or disappear. Watson's Learning theory approach helps us in understanding how fears are learnt and maintained. Similarly, the counter conditioning or the classical approach by Jones (1924) is useful in eliminating fears. Similarly, modelling techniques (Bandura, 1967) can be used to extinguish fears. The most common fears noticed in the present sample were fear of insects, such as worms, cockroach, fear of animals such dogs, cats, fear of strangers and fear of frightening themes on T.V.

Children between 4 to 4 1/2 years did not show much of aggressive behaviour and peculiar habits, whereas children between 4 1/2 to 5 years showed more of aggressive behaviours and maladaptive habits. It is possible that at this age the peer influences slowly increase and may result in greater maladaptive behaviour in a few cases.

The behaviour problems were less between 5-5 1/2 years. Mother's concern with toilet training was also less. Mothers showed more of equalitarianism, comradeship and sharing. Parental interactions were positive and were more frequent.
In the latter part of the preschool age, that is, between 5 to 5 1/2 years, problem behaviours showed a further increase. The internalizing problems such as social fears, sibling rivalry and apathy were more often noticed. Socially, children were less competent with apathy and withdrawal. The total score on behaviour problems was higher. An interesting finding in the present study was that many of the family variables contributed towards the problem behaviour of children in their late preschool period. Mothers fostered dependency of their children and they were intrusive in the activities of children. Irritability in the mother was more, demand for suppression of aggression as well as sexuality in children was seen. The family group patterns in terms of mutual support, mutual satisfaction and family alignment was low and inadequate. A low emotional interaction with the mother was noticed. The parent's act revealed inappropriate control and demands made of child. Overall, the family interaction patterns showed inadequacy and poor quality which might have aggravated the problem behaviours.

It is possible that in the beginning of the preschool period at a younger age the emotional problems would be quite high as the child meets with too many demands and expectation from the environment. Swift and rapid physiological, neurological and psychological development takes place within the child. Similarly, the family environment also changes;
for eg. addition of new members in the family. When the child is young, there is no doubt that the behavioural problems would be more but the child also finds a warm and supportive environment with parental care. In the latter part of the preschool years, the parental demands would be more and specific inconsistent child rearing practices also may exist as evident in the present study. The child may be ignored, or rejected. As this is a crucial period with transition from preschool to elementary school, the behaviour problem once again peaks in this period if it was present earlier, or if it was not present, there is every chance of developing problems. Similar findings have also been reported in the longitudinal studies by Campbell (1994).

However, it is worthwhile to study the same group of children across the swift developmental periods in order to establish whether the child for e.g. who has internalizing problems at age 3 continues to behave so at age 4, 5, 6 and so on. Studies by Campbell show that behavioural problems in terms of externalizing symptoms are stable across preschool years, as well as at school years.

Socio Economic Status (SES):

The SES of the sample was divided into 3 groups viz., the low socio economic status, the middle socio economic status group and the upper middle SES group.
In the lower SES group it was noticed that temperamentally children were adaptable and their mood was stable. Cognitive factors of these children indicated a poor performance on the test of intelligence and a field dependent cognitive style. The general health of the mothers of these children indicated the presence of higher psychiatric morbidity, especially, they manifested greater depression and social dysfunction. Fostering dependency and strict child rearing were the attitudes of this group. The family interaction pattern was inadequate, with lack of warmth and cooperation among the family members. Marital conflicts were frequent among the spouses. Inspite of these limitations, the scores on behavioural problems of the lowest strata under study indicated a milder degree or no problems on a few areas. Here, the results will have to be interpreted with caution. The mother's rating did not reveal problem behaviour in children. It is possible that the response bias of the mother enters. The mothers of low SES children generally did not report the presence of emotional problems 'difficult to be handled'. They considered it as a transitional phase of childhood.

The children belonging to middle socio economic group experienced more social fears, negative mood, unhealthy habits and sleeping problems, indicative of a greater degree of the presence of behaviour problems. The parental attitude revealed rejection of home making roles.
In the upper middle class group, children experienced more of attention seeking problems and eating difficulty. Their temperament indicated, intense reactions and mood fluctuations. The social competence revealed high degree of interest-participation. Cognitively, they showed higher IQ and field independent cognitive style. The parents of the upper middle class favoured exclusion of outside influence in child care and did not consider it necessary to be strict with children. Parents showed attitudes of equalitarianism and did not avoid communication with children. A better family interaction pattern with adequate warmth, cooperation and compliance was noticed. Similarly, the parent's interaction with the child was positive. Adequate warmth was seen between the parents.

In the present study, majority of the sample belonged to middle and lower SES group. The available reports on SES and its link with behavioural problem indicate that lower the SES status, more is the behavioural problems. The present study does not directly support this, although the trend confirms the earlier findings. The highest behaviour problems were seen in the lower middle SES groups. This result is comparable with the reports by Rutter (1976); Richman, Stevenson and Graham (1982); and Shaw and Bell (1993). Shaw and Vondra, (1994) and Richman et al (1982) pointed out that factors reflecting relationships within the family exert the
strongest influence on child behaviour problems, the three factors being the quality of marriage, mutual warmth and criticism. The effects of these factors are maximized in the presence of social disadvantages. That is, the effect of marital difficulties, low maternal warmth and higher criticism of child behaviour is greater in families from lower, lower middle class and working class background or lower SES group. Richman et al (1982) and Shaw and Vondra (1994) point out that factors such as maternal depression and parental conflicts are more likely to directly affect child behaviour and that these factors are more likely to have a negative impact when the quality of parenting is further compromised by conditions of social adversity (Shaw and Bell 1993). The buffers of the middle and the upper middle class system may soften the impact of within family stressors on parental functioning and thus, because parenting abilities are also not being simultaneously affected by the hardships of poverty, child behaviour is not adversely affected.

In addition to SES status, if the parental disagreement over child rearing is high with poor marital adjustment and high family adversity, these factors predict higher rating on behavioural problems. Rutter (1976) rightly pointed out the significant role of family and agrees with the general view that young children directly respond to the atmosphere of the family as well as the adversity. Some of these factors are
crucial in causing and maintaining emotional disturbances in young children.

BIRTH ORDER:

The ordinal position of the child and its relationship with behaviour problems is well documented among older children, although the studies relating to preschool children are very few. The discriminant functions analysis was carried out to see if the groups viz., the first born child, the middle born child, the last born child and the only child significantly differed on the different variables.

As expected, the only child showed more of attention seeking, temper tantrum, eating problems and sleep disturbances. Temperamentally, these children were highly active and distractible, their adaptability was less and they showed low sensitivity threshold. Mother's attitude revealed equalitarianism, comradeship, sharing and they did not avoid communication.

The last born children showed a high sensitivity threshold but were adaptable to social situations. The parental attitude shows equalitarianism. The children showed more of apathy-withdrawal. The middle born children showed less of behaviour problems, low IQ, and showed lesser intensity in their reactions. Mothers showed more of ascendancy and suppression of aggression. The mother-child
interaction was low and the overall family interaction was found to be inadequate.

The parents of first born children were not concerned about toilet training. The mothers tend to show social dysfunction and more of somatic symptoms. A better family interaction was noticed.

The findings of the present study, that the last born children and the only child are more prone to behaviour problems finds support by the studies of Hetherington (1979) and Fergusson et al (1990). Similarly, the finding that the IQ of middle born being less compared to the first born is supported by the findings of Belmont and Marolla (1973) and Zajonc and Markins (1975). It is generally reported that the last born children are more prone to adverse effects. As more members are added to the family, the quality of parental care gets diluted. The first born, and the only child are likely to experience more individual contacts with parents, especially in the early preschool years. Parents have more time to devote, the child parent interaction is intense and the stimulations are high. It follows that if the family size increases, each child will have less parental time spent in interaction. This may result in the negative maternal attitudes, poor positive interaction and behavioural problems.
The only child on the other hand, no doubt gets an adequate attention from parents but this has its own implications as found in the present study. The presence of greater eating, sleeping problems and attention seeking behaviours demands constant attention from parents. This calls for the optimal level of interaction with children during the critical preschool years.

D. IMPACT OF SOCIAL SKILLS TRAINING

Evidences indicate that children who suffer behavior problems are likely to be rejected or neglected by peers and at risk for later maladjustment or emotional problems. This has prompted the development of interventions designed to improve children's social skills and peer adjustment thereby controlling behaviour problems. Research on the skills training programme, many of which have been termed 'Coaching' reveals that some have been successful in increasing peer acceptance and controlling behaviour problems (Oden and Asher 1977).

Of late, a number of studies on preschool children with behavioural problems report on children being treated by the social skills training. Its importance in the preschool period is because, as reported by Howes (1988), individual differences in peer social competence begin to stabilize during infancy and, that by preschool age, clear distinctions can be drawn between children's social competence (Connolly
and Doyle, 1984) and peer acceptance (Hower, 1988). Thus, problematic preschool children do benefit from social skills training. Perhaps, a more compelling reason to begin intervention early is that many social interaction and problematic behaviour of children persist into elementary school and thus may place them at a risk (Waldrop and Halverson, 1975; Ladd and Price, 1987).

Recent evidences also suggest that emotional problems affect the quality of children's peer interaction in preschool, predicts later school adjustments—thereby making it difficult for children to learn certain social skills. Early interventions therefore help children learn to develop important social skills which facilitate social development. Efforts to teach preschool children prosocial behaviours (Yarrow and Scott, 1977) to foster interaction (O’Connors 1969) and to refrain from aggression (Asher, 1977) have met with success.

Keeping in line with these researches, the present study aimed at trying a social skills training approach to reduce behavioural problems of a few emotionally disturbed children. The findings of the intervention revealed that the experimental group which received the skills training improved significantly. A significant reduction was noticed in the behavioural problems such as separation anxiety, fears, sibling rivalry, hyperactivity, negative mood,
attention seeking and aggression. On the social competence scale, these children showed increased interest-participation and cooperation-compliance in the post assessment. The social behaviours improved with a reduced score on hostility, insulting others and interference with others and so on.

The control group of children who were not involved in SST showed no change in their behaviour. The emotional/behaviour problems continued to persist. Similarly, there was no change in the social behaviour. Certain behaviours, such as, moaning and complaining had increased. On the social competence dimensions there was no significant change in the pre and post assessment except that anger-defiance had increased. On the whole, the study confirms the earlier reports that early social skills training is useful in reducing emotional/behavioural problems. The study conforms with the earlier reports of similar results by O'Connors (1969); Yarrow, Scott and Waxler (1973); Oden and Asher (1977); Eisenberg, Cameron (1981); Biesman and Furman (1984); Mize and Ladd (1990) and others.

These and in particular the present study revealed that teaching appropriate skills which children lack, increases their prosocial behaviours. The ratings for the questionnaire was by respective teachers who were unaware of
the intervention programmes. The experimental group of children started using the skills in the classroom situation effectively. But the skills such as 'questioning' and 'empathy' were not found to be very effective. A similar result was obtained by Mize and Ladd (1990) and they proposed that these two skills are difficult for preschoolers. Some of the skills such as group participation skills, relaxation exercises, alternative ways of behaviours and 'VENT' were found to be very effective during play session.

Individual differences in the gain were also noticed. One child was more expressive of the gain. He was also found to be teaching some skills that he picked up quickly to others. Children were given an opportunity to talk about their feelings to the adults who attended to them and listened to them (which is normally not seen in any kindergarten). Reinforcing appropriate behaviour at proper time and group support might have also contributed for the change. Thus, the new social knowledge which was lacking in them earlier might have brought about behavioural change. At present, it is difficult to comment on the precise mechanism that contribute to change. This is only an exploratory study wherein an attempt was made for intervention with a package of social skills that proved beneficial for preschoolers. It would be worth while for future researchers in this field to take up a few and specific skills and try with emotionally disturbed children. In the present study, only pre and post
assessments of behaviours were compared. It is advised to measure and assess problem behaviours across the course of treatment and also take note of other factors such as the influence of the researcher during intervention, reinforcements available and so on, instead of simply relying on pre and post measures of behavioural change. By documenting the processes of change across the entire course of intervention, researchers may uncover the precise mechanisms responsible for the effectiveness of social skills training and thereby develop effective training procedures.

However, studies of this kind are not common in the Indian scenario. The present study shows that social skills training is an useful technique of treatment for problematic preschoolers. At this juncture, it is worth mentioning Bronfenbrenner's (1979) views on children. The learning and development in children was explained with the use of three propositions.

Proposition-1: A primary developmental context in which the child can observe and engage in ongoing patterns with persons who possess knowledge not yet acquired by the child. Here, in addition to the child's immediate family, the nursery school environment consisting of the teachers, peers and significant others, provides an environment to learn. In the present intervention, peer group and the researcher provided the context in which skills not yet acquired by the child were observed.
proposition - 2: A secondary developmental context in which the child is given opportunity to engage in activities that he has learnt in the primary context. The child was taught and was encouraged to learn new social skills through group play and was constantly reinforced and encouraged to use the new skills.

proposition - 3: The developmental potential of a setting depends on the extent to which the setting supports the activities of the child. Here, the setting is the nursery school environment and if the teachers are trained to use social skills and teach them to children, it will help children minimize their behavioural problems as evident in this study.

Limitations of the study:

1. The data obtained was largely based on maternal responses. It is possible that her bias would have entered ratings from one inventory to another. Eg., the higher ratings given by her on Emotional/Behavioural Problem Inventory will elevate her ratings on Temperament Measurement Schedule also. Further, since it was difficult to get uniformly fathers' ratings on PARI, only the mothers' perspective of the situation is available. It is possible that we would have obtained a different response and a varied interpretation with the use of father's ratings. However, in a number of
studies on preschool children maternal ratings are advocated as she is fully aware of her child's behaviour.

2. Clinical sample of Emotional / Behaviour Disorders was not studied. This was not considered in the present study because very few percentage of children are taken to the clinical set up at the preschool level for behavioural problem.

3. Follow up of the experimental group children trained on social skills after a few months was not done in the present study due to time constraints.