INTRODUCTION
CHAPTER-I
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A crucial task in investigating Emotional and Behavioural problems in childhood is tracing the developmental path that children follow which lead them to such behaviours. This is relevant at each developmental stage of childhood. Behaviourally related problems receive close scrutiny at preschool years. Although, it is widely recognised that young children often express behaviour that is of concern to adults, it is only relatively recently that researchers have begun to examine the clinical significance of behaviour problems in children younger than six. (Campbell 1990).

The history of child psychology dates back to G. Stanley Hall (1893) who was the pioneer in introducing scientific research technique in child psychology. Subsequently, the first modern work came with the publication of "The mind of the child" by Preyer, W.(1888-1889). Around the same time, Alfred Binet laid the empirical foundation for modern Developmental Psychology through his tests of intelligence. Research in Developmental Psychology continued unabated in spite of different theoretical view points. Sigmund Freud's pioneering work on personality in the early decades of this century helped in understanding children. His concepts were further expanded by Horney, Anna Freud and others. In the last few decades there was an upsurge of interest in this rapidly expanding field.
A number of theorists have contributed to the understanding of normal and atypical or pathological behaviours which has helped in a better understanding of children. Anna Freud explained how normal development is dependent upon the maturation and constitution of the child. According to her, excessive imbalance along the developmental lines results in atypical behaviours. Symptoms may be indicators of distortions in personality growth. Mother-infant relationship is predominant at the early stage and the child development should be understood as a multi-dimensional dynamic process.

Klein (1958) discusses the central features of normal development and states that a division between the good and the bad object and between love and hate should take place in infancy. Failure to resolve these conflicts results in atypical development.

According to Learning theory, normal development is viewed as the acquisition of an appropriate response repertoire to environmental demands. Inappropriate behaviours or behavioural disturbance is best viewed as a form of faulty learned response. Maladaptive behaviours may be due to inappropriate reinforcement, punishments and so on during the conditioning process.
Erickson (1946, 1962) views normal development as a mastery of resolution of crisis across different stages. Problematic behaviour is because of imbalance of affective processes and failure to master the stages.

The Attachment theory has taken a prominent place in the conceptualizations of parent-child interactions and the impact of parent's behaviour on children's development (Ainsworth, 1978). A recent work by Greenberg (1990) has focussed on attachment theory among preschool children. Infants who experience warm and sensitive care at a time of their life when they are especially vulnerable, translate this into a sense of self efficacy and trust (Bowlby, 1968., Bretherton, 1985).

Bronfenbrenner (1975) points to the need to make our research more ecologically valid terms of studying the child in the surrounding where he/she actually lives and develops like family, daycare, peer group etc. Perhaps intervention should focus as much on the environment in which they live.

The preschool years between 2–6 years are considered by child psychologists to be one of the most important developmental periods since it is during this time that foundations for many complex behaviours are laid. The expression of emotional responses such as anger, love, joy etc., is usually intense and labile during preschool years.
These behaviours are a result of an interaction between the genetic constitutional functions and environmental factors. In the preschool age for the first time the child is expected to behave socially, relate to peers, interact with adults other than one's parents and are expected to conform to adult norms. While facing these challenges of developmental task some children progress normally and some show behavioural/emotional problems. The task therefore, is in examining which behaviour leads to psychopathology by understanding the normative behaviour and likewise understand what is normative by looking at psychopathology (Sroufe, Rutter, 1984., Garber, 1984., Cichetti, 1984).

Epidemiological studies in childhood psychopathology have been hampered by the lack of acceptable taxonomy of childhood disorders (Edelbrock, 1989). Prior to 1980, the Diagnostic and Statistical Manual (DSM) of American Psychiatric Association (APA) and the International Classification of Diseases (ICD) did not provide adequate taxonomy of childhood disorders on which to base research. It was fifteen years ago that the DSM-III (APA, 1980) provided a differentiated taxonomy of disorders evident in childhood and adolescence with explicit diagnostic criteria.

The ICD - International Classification of Diseases of the World Health Organization (WHO) is one of the most commonly used classificatory systems in clinical practice.
The earlier version of ICD-8 (WHO, 1965) included neurotic disorders of children under 'Behaviour Disorders of Childhood'. This was inadequate as greater differentiation in various psychopathological conditions were required. Therefore ICD-9 (WHO, 1978) an improvement over the previous system, was published. The disorders of emotions are grouped under a separate category, namely - Disturbances of emotions specific to childhood and adolescence. Less well differentiated emotional disorder characteristic of childhood period are given here. The sub categories included here are anxiety and fearfulness, misery and unhappiness, sensitivity changes, social-withdrawal, relationship problems and other mixed categories.

In the latest classificatory system, ICD-10 (WHO, 1992) Emotional and Behavioural Disorders are included under F90-F98. The sub categories listed under Emotional disorder include:

F93.0 : Separation anxiety disorder of childhood
F93.1 : Phobic anxiety disorder
F93.2 : Social anxiety disorder of childhood
F93.3 : Sibling rivalry disorder
F98.0 : Non organic Enuresis
F98.1 : Non organic Encopresis
F98.2 : Feeding disorder of infancy and childhood
F98.3 : Pica of infancy
F98.5 : Stuttering
F98.6 : Cluttering
F90 : Hyperkinetic disorders
F91 : Conduct disorders

The other important classificatory system widely used in research is the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM). The first edition of APA DSM-I was brought out in 1952. But the childhood psychopathological conditions did not find a place here. However, in the second revision of DSM (APA 1968), the category of behaviour disorders of childhood and adolescence was included. The sub-categories included run away reactions, unsocialized aggressive reactions, group delinquent reactions such as conduct disorder, withdrawal reactions and over anxious reactions as disorders of emotions. The DSM-III (APA, 1980) was an improvement over the earlier systems.

The latest revision DSM-III R (APA, 1987) provides a better classificatory systems for childhood disorders. The Emotional disorders seen among preschoolers are included under the following sections.

309.21 : Separation Anxiety Disorder
314.01 : Attention - deficit Hyperactivity Disorder
307.30 : Stereotypy/Habit disorder
307.60 : Functional Enuresis and
307.30 : Functional Encopresis
Understanding the problem behaviour in preschoolers pose several difficulties to researchers. The different types of intense emotional problems of these children include separation anxiety, temper tantrums, fears, aggression, sibling rivalry and so on. These problems to some extent are normative and reflects the developmental changes and pressures. A preschooler's problem may disappear once the child adapts to change. Earls (1987) concludes that we cannot assume temporal stability of behaviours across such a period of rapid growth and development.

Campbell (1990) points out features differentiating disorder from certain normal developmental phenomenon such as the presence of a constellation of symptoms that are evident in several settings like home, Nursery school etc., and the problem interfering with the child's day-to-day activities and interactions.

The last decade saw a sudden outpour of various diagnostic instruments, checklists and rating scales to measure child behaviours. Several structured standardized instruments are available to measure child behaviour. These can be effectively used in studies with children. In addition to diagnostic interviews, a number of checklists and rating scales are available for describing quantitatively the presence, severity and patterning of children's emotional and behavioural problems. Some of the well known available

Studies examining the prevalence of emotional/behavioural disorder in preschool children have defined the problem group based on cut off scores on a given checklist measure. The prevalence of such behaviour from mild to moderate degree varies from 3 percent to 30 percent (Cornell and Brolin, 1986, Earls, 1980, McGuire and Richman 1986, Richman et al., 1982 and Koot, 1993).

A number of longitudinal studies by Campbell and others have also empirically established the stability of the nature of these problems which may persist over several years.

Studies have also examined the different child related and family related correlates of behaviour problems. Studies have linked difficult inflexible temperament (Earls, 1980) and social incompetence (Oden and Asher, 1977) to behaviour problems. Similarly, the family related variables such as parent-child interaction (Baumrind, 1967, Zahn Waxler, 1977), mother-child interaction (Barron and Earls, 1984), mother's health and family stressors such as divorce, single parenting (Rutter, Richman et al., 1982) and economic adversity (Shaw and Vondra, 1994) are linked with emotional/behavioural problems.
It is clear that preschool behaviour problems are not a transient developmental phenomenon but are predictors of long term difficulties. This necessitates different intervention models for preschool children. However, very few researchers have concentrated on intervention aspects with preschoolers. The available models refer to a few studies on social skills training and behaviour modification techniques for control of undesirable behaviour and to increase prosocial behaviour. Few researchers have focussed on counselling for better parenthood. There is a need to begin intervention at an early age so that the deleterious effect of these problems can be avoided.

In this milieu, the present study aims to understand the prevalence of emotional/behavioural disorders of children between 3-6 years of age from urban and rural settings. The study also focusses on understanding the problems of these children in totality. Both the child related variables as well as the family related variables were explored to know the correlates of these problems. A social skills training for controlling the behavioural problems was also tried in the present study. These objectives were put forth to comprehensively understand the young child and his environment.