

Conclusions and Recommendations

The role of culture and caregivers in emotional socialization as well as children's emotion expression was the central theme of the present study. More specifically, it examined the emotion socialization of toddlers in an urban Indian context from the city of Vadodara, Gujarat using the Tripartite model of the impact of family on children's emotion regulation (Morris et al., 2007). The role of secondary caregivers in toddler's emotion socialization was examined to integrate multiple caregivers in the overall emotion socialization practices in the Indian cultural context.

Expanding the previous studies on emotion socialization in India that have primarily looked at mothers and school going children and adolescents and adults about negative emotions, this study focused on mothers and secondary caregivers of toddlers and addressed their emotion socialization practices not only for negative but also for positive emotions.

The findings of the current research contribute to the literature on emotion socialization with specific focus on the socialization goals, beliefs and practices in a complex culture. Caregivers' emotion socialization goals are indicative of relational goals. Going beyond comparing the two cultural socialization goals, we also detected the inclusion of balanced goals that guide caregivers' practices of emotion socialization. The balancing of relational and individualistic goals perhaps better equips the parents to adapt to the challenges of the rapidly globalizing context. These findings indicate crucial sociodemographic changes that the transitioning urban Indian society is experiencing. It is relevant to note that the broad cultural orientation of collectivism persists and continues to guide the caregivers' socialization goals and practices, with emphasis on familism, respecting others and following social norms. At the same time, the significant changes in family structures and parenting contexts are also creating space for negotiation of parental perspectives

towards individualism thereby incorporating glimpses of individualism in collectivism. For example, caregivers' socialization goals are to socialize children who will be emotionally tied to the family but at the same time be able to express his or her choices with an eye on group harmony.

Qualitative findings highlight the commonalities and differences in emotion socialization practices of caregivers. For example, both the caregivers rated higher relational socialization goals over individualistic goals. However, there were differences in using emotion socialization strategies in that secondary caregivers did not endorse emotion dismissive strategies across the emotions, whereas mother endorsed this strategy, though to a lesser extent. Overall, the results provide insights into culturally-valued ways of caregivers' responses to teach toddlers emotional self-regulation in an upper middle class urban Indian context.

The results of this study provide insights into cultural sources of information on child rearing. Family remains the most important source of information for both mothers and secondary caregivers. Mother's own mother is the most influential source of socialization practices. Other sources of socialization include husband, mother-in-law, religion, and women in neighborhood. Young mothers also seek information from external sources such as Internet and magazines, which is indicative of parenting emerging as a conscious process in the current context.

The current study revealed that caregivers share common beliefs regarding child's competence. Caregivers believed that children by nature are good. It is the environment or surrounding that can be negative. Both sets of caregivers emphasized social skills and mentioned more negative qualities for boys and more positive qualities for girls. While for the physical skills, mothers mentioned significantly more positive than negative characteristics, whereas secondary caregivers mentioned similarly for both positive and negative references. Understanding what traits are considered as competencies or in competencies for caregivers in an Indian cultural context

would help professionals and clinicians in addressing various developmental problems in a more culture-sensitive approach.

Contribution of the Study

First, unlike previous research that included only positive descriptions of child (doing well), both positive and negative descriptions (child doing well/not doing well) were included in the current study in order to maximize caregivers' competence views.

Second is the inclusion of the perspective of secondary caregivers. Since growing up in India is a collective phenomenon and multiple caregiving is a norm, the research included the perspectives of secondary caregivers. In departure from previous research, this study focused on toddlers in order to capture the onset of early cultural influences on emotion socialization. Negative emotions are often considered as a factor of emotion regulation and risk to socio-emotional competence. However, positive emotions are essential to protecting against stress and promoting health and competence (Frederickson, as cited in Friedlmeier et al., 2011). Hence, the inclusion of both negative and positive emotions was novel in the study.

The third significant contribution of the study was the adoption of multi-methods including questionnaires, interviews and lab observations to capture both verbal and nonverbal expression. The study adopted questionnaires, interviews and lab observations. Finally, the fourth contribution is that the study departed from the usual dichotomous comparison of cultural family models (independence, and relational), to also detect differences within the same cultural model to highlight balanced goals.

Recommendations

The results and limitations of this study can inspire numerous future research projects. India is a diverse country with people living in different socioeconomic conditions, religions and different languages. To better understand, intracultural variations and emotion socialization among Indian children and caregivers, further research can examine the effects of socio-economic class and geographical regions. This expansion of research would further unpack the within-culture variables following different religions and various regional and language groups that represent distinct subcultures. Specifically, the examination of caregivers' beliefs and socialization practices would provide useful information regarding variations in culturally shared beliefs concerning emotions.

Methodologically, the present study included multiple informants (mothers, children, and secondary caregivers). Further research needs to expand the caregiver's circles (e.g. neighbors, teachers). Multi methods, self-reports and observations of mother-child dyads in lab situations were used; further researches examining the mother and other caregivers' interactions in naturalistic situations and subtle nonverbal aspects need to be studied. Finally, emotion research should identify cultural preferences in the styles of inferring emotions, expressing emotions, and multiple emotional meanings associated with situations in the local cultures, and later expand cross-cultural comparisons.

Limitations

For the competence interview while asking caregivers to describe both positive and negative characteristics for both genders; caregivers sometimes could not recall a child and thus had to create an imaginary one. Although the current study is limited in that it did not test for differences in

characteristics of recalled vs. imaginary children, future research may consider the importance of recall in describing child competence. It is unclear what made caregivers to select the child. It could have been a child with whom they had the most contact (i.e., their own), an exemplar child, a child from a distinct memory, or another reason.

The study included multiple caregivers, both primary and secondary caregivers. However, the number of secondary caregivers was low which affects any concrete generalization about the differences between mothers and caregivers. Further research is suggested to include a varied and large sample of secondary caregivers in the study. Also, secondary caregivers comprised of grandparents and aunts, but no fathers. Fathers' increasing participation in the life of children has been reported in the urban Indian context (Roopnarine & Suppal, 2003). During data collection many fathers accompanied the mother and child, and few expressed interests in child rearing and research participation. However, fathers could not participate given their full-time jobs.

India is a heterogeneous country with interplay of community, religion, caste and class. The findings from the study are from an urban Indian context of Gujarat and cannot be generalized to other Indian regions. Further research may investigate within and across culture differences in the country. Despite these limitations, the study provides insight into the culturally-valued ways of emotion socialization goals and practices in the context of multiple caregiving.