A Synopsis of

Emotion Socialization in Indian Context: Multiple Caregivers' Perspective

A thesis to be submitted for the award of the degree of

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Abstract

Emotion socialization refers to the behaviours or practices of the caregivers which influences the expression, regulation and behaviour related to emotions of children. The present study is part of a cross-national project, which aims to expand understanding of emotion socialization among young children in five cultures: India, United States, Turkey, Israel, and Romania. Caregivers (50 mothers and 11 secondary caregivers) of young children (19-34 months) participated in the study. Mixed method approach was adopted. Questionnaire and interview methods developed for the cross-national research, modified in an Indian context were used. Total 50 mother-child dyads were observed in a laboratory setting as per the protocols developed for the larger cross-cultural study. Data was analysed using quantitative and qualitative analysis techniques. Results of the study indicate similarities and differences in the emotion socialization practices of both the caregivers. Both the caregivers indicated higher preference for relational over individualistic socialization goals. Emotion socialization strategies differ between the caregivers; emotion dismissive and discipline were least endorsed strategies by secondary caregiver's whereas primary caregivers endorsed more training. For the sources of socialization, family remain the primary source of socialization for the caregivers with few mothers taking information from informal sources (e.g. media). Regarding the child competence; self-related skills, with emphasis on interrelatedness as strong connections to the family were valued followed by social skills with peers (sharing, helping). No gender difference in parental conception of child competence or emotion socialization practices was found. These findings on emotion socialization practices, socialization goals and understanding what traits are valuable for parents in the cultural context would help professionals and clinicians in addressing various developmental problems in a more culture-sensitive approach.

Introduction and Review of Literature

Socialization is a central concept in the study of human development and is defined as "an ongoing process of interaction through which children become functional members of a society" (Raj & Raval, 2013, p.2), being functional however is guided by the broader socio-cultural context. Perspectives on various domains of socialization are well-documented across cultures (e.g. Bugental & Grusec, 2006; Parke & Buriel, 2006). However, socialization of emotions particularly during toddlerhood in India is less studied.

Emotion Socialization Defined

Emotion socialization is defined as a "process of developing children's understanding, experience, expression, and regulation of emotions" (Saarni, 1985, as cited in Gupta, 2009). Emotion socialization aims at promoting emotional competence, including emotion regulation among children (Friedlmeier, Corapci, & Cole, 2011, p. 410) and is further associated to social competence, well-being and social and academic outcomes latter (Denham, Bassett, & Wyatt, 2007); that further needs to be understand in the given cultural context.

The Cultural Pathways of Emotion Socialization

Cultural pathways serve as developmental goals that organize social behaviour (Greenfield, Keller, Fulgini, & Maynard, 2003). Cultural pathways related to emotion socialization have largely been adhered to the cultural model of independence or interdependence as two distinct dimensions (Kitayama, Markus & Kurokawa, 2000). In the cultural context, Chan, Bowes & Wyner, (2011) presented two dimensions of emotional competence: (1) individualistic emotional competence aims to promote individual self and (2) relational emotional competence aims to promote interpersonal harmony. The detailed

account of both (individualistic and relational emotional competence) is presented in preceding section.

Cultural Pathways of Emotion Socialization in Western and European culture. The cultural model of Western societies like United States, Australia and Germany emphasize is on promoting autonomy and independence. The norms and practices in these societies comprised *individualistic emotion competence* wherein children's negative emotions are accepted and expression of such emotions is encouraged. Caregivers' with individualistic emotional competence emphasis on problem focused reactions (helping child solve his/her problem or coping with stressor), and expressive encouragement (of negative emotional states) (Friedlmeier, et al., 2011).

Cultural Pathways of Emotion Socialization in Asian cultures. The cultural model of Asian society's emphasis is on relatedness and interdependence**.** In this cultures, *relational emotion competence* is promoted and caregivers encourage knowledge of emotional display rules and expression of other-focused emotions is encouraged (Friedlmeier et al., 2011). Children in these cultures are taught to regulate ego-focused emotions (for example, anger) and promote to express other-focused emotions, for example, sympathy (Chan, Bowes & Wyner, 2011).

Cultural pathways of Emotion socialization beyond Dichotomized Dimensions: Co-existence of Cultural Pathways. Kagiticibasi (2007) has proposed the concept of 'emotional interdependence' which postulates that both individualistic and relational emotional competence can be endorsed to a different degree. Research evidences are supportive in this direction. Chan, Bowes and Wyner (2009) reported Hong Kong mothers display a balance between two dimensions (individualistic and relational) with more

endorsement of relational. Similar findings have been noted by Tuli and Chaudhary (2010) with Indian mothers.

Understanding Cultural Pathways of Emotion Socialization in India

Indian socialization practices and beliefs are centred on the dimensions of interdependence and families (Keller et. al, 2006), and focus is on teaching the child to express the emotion that maintain the social harmony. The Figure 1 presents cultural pathways of emotion socialization in Indian context.

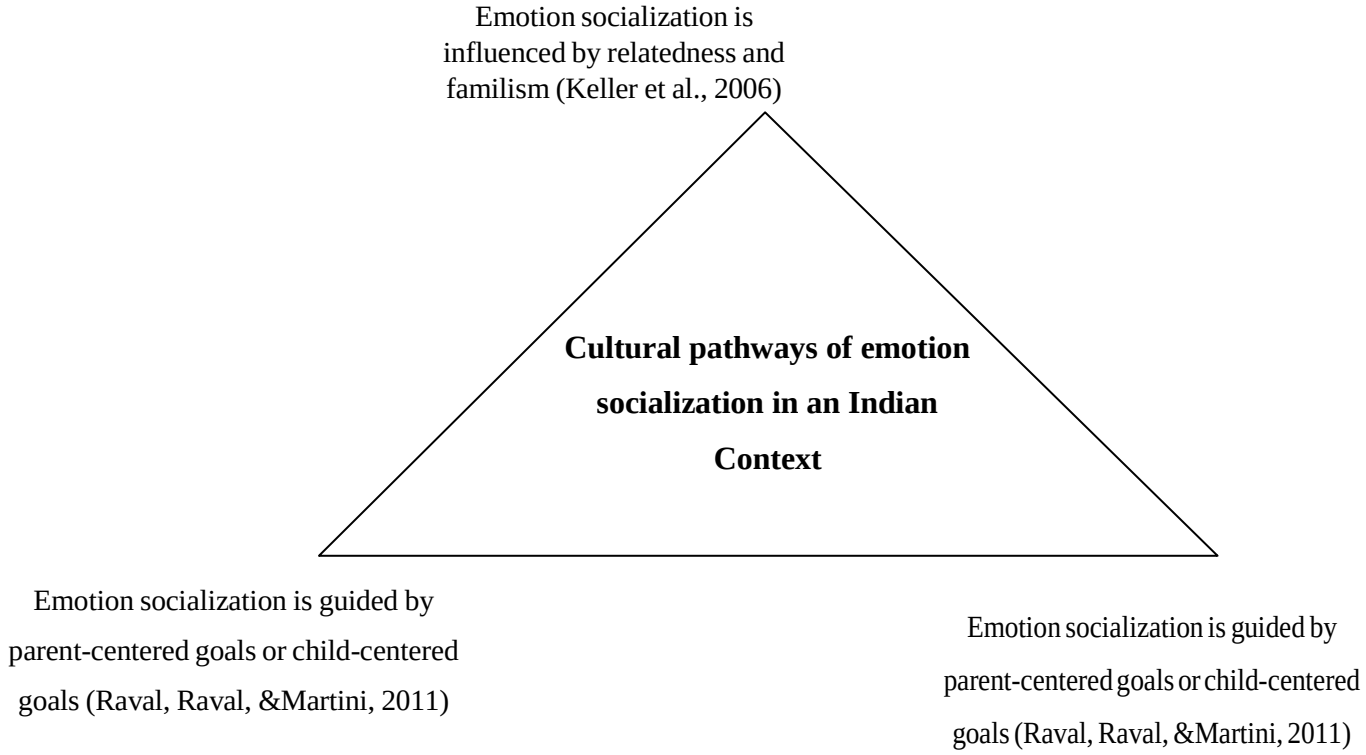

Figure 1: Cultural pathways of emotion socialization in India

Socialization, Care giving and Childhood in the Indian Context: A Glance

India is a country with large social, historical and cultural variations which led to variations in social evolution of the groups living in different parts of the country. India's language, religion, dance, food and customs differ from place to place within the country.

Parenting and Socialization. Parenting in India is seen as a sacred duty (*dharma)* of parents. The *dharma* of parents is to inculcate good *sanskaras* (good habits and manners) in their child such as social harmony and respect for interpersonal relationship in their children. Saraswathi and Ganapathy (2012) in a study on parental ethno-theories noted that parental conception of *sankari* child (good child) is one who possesses values and "sanskaras" such as being respectful to parents and adults, being truthful, compassionate, tolerant and valuing others, indicating clear emphasis on relational orientation.

One of the distinguishing features of socialization in collectivist societies like India is multiple-parenting. Multiple care-giving is a key component of Indian society; though mothers remain the primary caregivers with other female and male caregivers being involved in early socialization practices (Roopnarine & Suppal, 2003).

Childhood/Toddlers. In Indian context, infancy and childhood is seen as a time for indulgence (Saraswathi & Ganapathy, 2012) and the primary role of parents is *palna-posna* (Kakar, 1981), refer to nurturing and protecting the child. Children are considered near perfect, divine with a common use of a phrase "God resides in them" (Saraswathi & Ganapathy, 2012). Young children are seen not been capable of decision making and regulating their actions hence role of caregivers is vital in the development of children and later the individual's responsibility for regulating his or her own actions and emotions as growing across the lifespan (Chakrath, 2005),

Conceptual Framework for the Study

As discussed above, the cultural pathways (independence/interdependence) guide the emotion socialization goals and notion of emotional competence. Socialization goals represent culturally shared beliefs about qualities desirable in children that parents try to instil

through the process of socialization. Likewise the notions of emotion competence guide the parental practices. For example, Saraswathi and Ganapathy (2012) in a study on parental ethno-theories noted that parental conception of competent child or "good child" is one who possesses values and "sanskaras" such as being respectful to parents and adults, being truthful, compassionate, tolerant and valuing others. In addition, children's characteristics such as gender and temperament also influence the way socialization goals and notion of emotion competence is shaped. Thereby, socialization goals and child's characteristics influence the emotion related caregivers' practices. Caregivers' (parents, grandparents, uncles and aunts) are mediators of cultural knowledge and norms. They convey the cultural beliefs, and socially appropriate expressions to children that influence the children's expressions of emotions. On the one hand, young children learn emotion regulation based on the parents' vicarious emotion regulations and develop different expectations of proper behaviour. Children observe and learn from caregiver's emotional reaction. On the other hand parents' emotion socialization practices follow the expected requirements of the cultural settings learned as a result of their own experiences. Thereby cultural beliefs, caregiver's practices and children's expression are interrelated processes and they contribute to emotional competence.

Cultural beliefs, values, parental socialization practices and children's expression of emotions are interrelated processes influences child's emotions. Caregivers are mediators of cultural knowledge and norms. The Indian socialization practices are centred on the dimensions of interdependence and familism (Keller et Al., 2006), thereby socialization goals are to nurture the children who are emotionally attached to the parents and extended family members (Kapadia, 2013). Saraswathi and Ganapathy (2012) in a study on parental ethno-theories noted that parental conception of "good child" is one who possesses values and

"*sanskaras*" such as being respectful to parents and adult, being truthful, compassionate tolerant and valuing others thereby rather conforming to interdependent orientation than to self-maximization, which is a characteristic feature of Western culture Thereby the ideals of good child influence the parental practices of emotion socialization, emotion regulation and emotion expression Raval and Martini, 2009 indicated that in Indian culture, parental beliefs are evaluative of their children's emotions and influence the behaviour of children . Thereby child's experiences and expression of emotions are shaped by significant people during the early years and children learn how others evaluate them and modify their expressions and behavior accordingly. However, for the young children (0-2 years) caregivers regulate the emotion expression and the modifications.

Considering the fact that multiple child care is a characteristic feature of Indian families, the present study includes the perspectives of a varied range of caregivers such as grandparents, aunts, uncles, sibling that young children interact with in daily life. These adult members of the family are also seen as the main source of beliefs and practices of socialization followed by mass media that influence the parental socialization practices. Figure 2 schematically present the conceptualization of the present study.

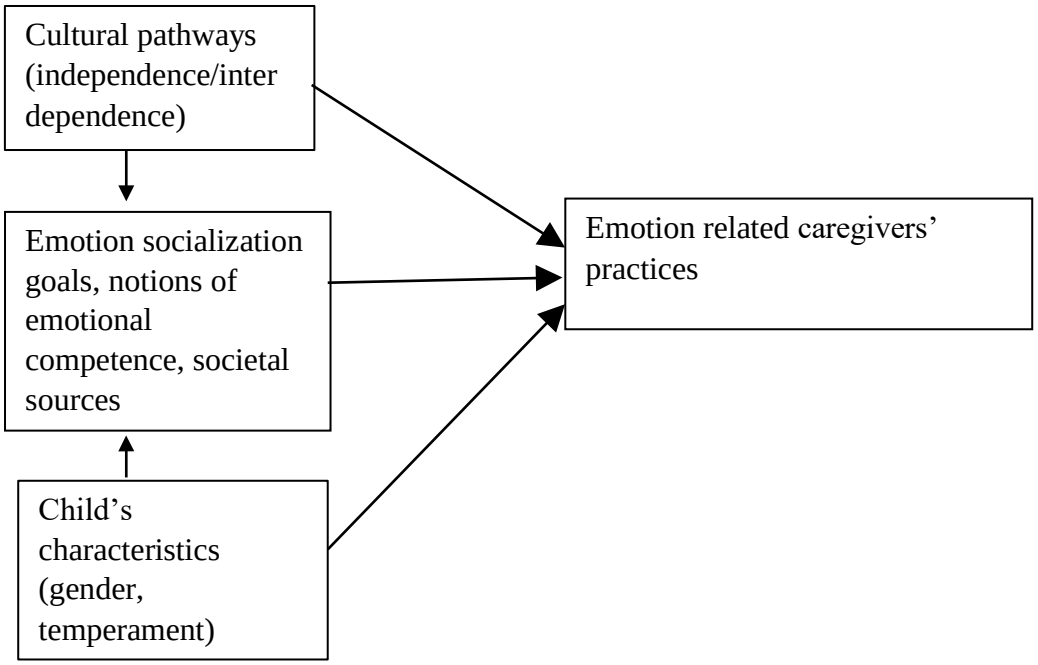

Figure 2: Conceptual model of the study

Significance of the Study

- Emotion socialization is an important determinant of emotional and social competence. While several studies have explored the socialization processes; studies on emotion socialization practices and their implications for young children's development of emotion regulation abilities in Indian context need to be explored.
- The study will consider the perspectives of multiple caregivers in the socialization of emotions
- Identifying variety of relevant sources will allow exploring the agents and institutions largely involved in this process.
- It would generate a culturally informed framework of emotion socialization in the Indian context.
- As part of collaborative multinational effort, the study would expand cross-cultural understanding of emotion socialization.

Research Questions

- What are the emotion socialization goals of the caregivers?
- What are the practices or strategies of emotion socialization used by caregivers?
- What are the different societal sources that influence emotion socialization practices of caregivers? (Cultural sources of socialization)
- What is the caregiver's perception of child competence? (Idea of who is a competent child)
- How does gender influence emotion socialization goals and practices?

Research Objectives

- Unravel the emotion socialization goals of the caregivers
- Understand caregivers' practices or strategies of emotion socialization
- Explore the societal sources (family members, neighbours, community, religious group) that influence the emotion socialization practices
- Understand the caregiver's perception of child competence
- Explore the link between child's gender and emotion socialization

Methodology

Research Approach

Mixed methods approach where researcher combines both quantitative and qualitative research techniques, methods, approaches, and concepts was adopted. The purpose of mixed methods is to draw the strengths and reduce the weaknesses of each of the methods in a single research (Johnson & Onwuegbuzie, 2004).

The current study employed mixed methods as it allows exploring the specific socialization behaviour widespread in a culture and deeper understanding of the beliefs associated with that behavior (Yoshikawa, Weisner, Kalil & Way, 2008). Therefore, a combination of quantitative as well as qualitative methods was employed to gather and analyse the data.

Research Design

Research design provides overview of the research context, sample and sampling technique.

Research Context. The study was conducted in the city of Vadodara formerly known as Baroda, a district of Gujarat situated in a North-Western state of India. The city is known as the "*Sanskar Nagari'* (the cultural capital of Gujarat) because of its rich cultural heritage ("About Vadodara," 2015). By and large, people of Vadodara are family oriented, value relations and share common beliefs. Children in the family are encouraged to maintain family relations and respect elders (Kapadia, 2009).

Sample. Sample of the study comprised of mothers, younger children and other significant caregivers viz. father, grandparents, uncle, and aunts. The other significant caregivers were selected based on mother's report.

Sample Size. Total 111 participants took part in the study. Sample comprised of 50 young children (between 19 to 34 months), 50 mothers and 11 secondary caregivers.

Sampling Technique. Snowball purposive sampling was used to recruit sample in the study. For example, a mother participant was asked if she can refer to any other potential participant with the given criteria (mother with toddler 18 months to 34 months old).

Research Instruments

Multiple research tools were used for data collection: lab observation, interviews, and questionnaires. Description of the instruments used for data collection is provided in the following section.

Lab Observation. It consists of different activities evoking a child's emotional reaction such as anger, joy, disappointment, and contentment. The established tasks were used for the lab observations. For enjoyment and contentment (Lab-TAB (Goldsmith, Reilly, Lemery, Longley, & Prescott, 1993) was referred, in order to evoke disappointment, disappointed gift paradigm (Cole, Zahn-Waxler, & Smith, 1996) was applied. For anger and frustration, delay of gratification task (Warren & Stifter, 2008) was used. Different activities such as preference task, rouge task, puzzle task (disappointment), enjoyment task (happy), contentment task (joy) and delay of gratification task (frustration) were involved in lab observation. However, for the purpose of this dissertation, only delay of gratification is analysed. Below is the description of the task.

Delay of gratification task (frustration). A packet of gems (colourful sweet balls) was presented to a child, and mother was presented with a pen and questionnaire. Gems was kept on the table and the child was instructed that he/she can take the gems if wants but not immediately. He/she can get that once the mother is done with the paperwork. The child was made to wait for 4 minutes.

Questionnaires. Below are the details of questionnaires used for the study.

Socio-demographic questionnaire. Socio-demographic questionnaire developed by the project team was used. It consists of family demographics such age of the child, number of family members, family structure, parent's education and parents working status.

Early childhood behavior questionnaire (ECBQ). The Early Childhood Behavior Questionnaire-Very Short Form (ECBQ, Putnam & Rothbart, 2006) was used. It has 36 items

about toddlers' *negative affectivity* (expression of discomfort, fear, sadness, frustration, soothability), *surgency/extraversion* (impulsivity, activity level, high-intensity pleasure, sociability), and *effortful control* (inhibitory control, attention shifting, focusing, low-intensity pleasure). Items were rated on a 7-point Likert scale (*1= Never* to *7 = Always*).

Socialization goals. The tool developed by Chan, Bowes, & Wyver (2009) was used to measure caregivers' goals related to emotional competence (individualistic/relational). The tool has 20 items; ten items assess individualistic emotional competence (IEC) and the other, relational emotional competence (REC). Mothers were asked to indicate how important each item is for them on a 6-point Likert-type scale, from 1 (very unimportant) to 6 (very important).

Emotion regulation checklist. The checklist developed by (Shields & Cicchetti, 1997) was used to assess parents' perceptions of the child's emotionality and regulation of emotions. The tool has 24-items including two subscales: the negativity/liability and the emotion regulation subscales. Caregivers reflected on how often their child expressed the given emotion on a four-point scale ranging from 1 (never) to 4 (almost always).

Self-construal scale. The Self-Construal Scale by Singelis (1994) was adapted to measure caregiver's construal of self (independent and interdependent). The tool has thirty items on seven point scale ranging from 1 (not at all agree) to 7 (strongly agree).

Interviews. Three set of interviews namely emotion socialization interview, child competence and socialization sources were used**.**

Emotion socialization interview. A semi-structured interview schedule was applied using vignettes in which child experiences an emotion. There were two vignettes per anger, sadness, fear, joy, and jealousy and one vignette for shame. Fear and sadness vignettes were adapted for toddlers from the Coping with Children's Negative Emotions Scale (CCNES;

Fabes, Poulin, Eisenberg, & Madden-Derdich, 2002). Anger and joy themes were constructed by (Friedlmeier, principal investigator of the research project). Theme for shame was conducted by the researcher of the dissertation.

The criteria of child competence interview (CCI). Interview developed by Durbow et al., 2001 were employed to understand the caregiver's perception of child competence. The questions for competent and non-competent child were counter-balance across the participants. The caregivers were asked to think or imagine about the child between 2 to 5 years of age who is doing good and not doing good.

Socialization sources. Semi-structured interview schedule developed by the project team was used to explore the important cultural sources that influence caregiver's socialization practices such as learning how to react to the child's emotion, source of information on child rearing and importance of own experiences as child for child-rearing practices in present context.

Process of Data Collection

Data collection process is presented in Figure 3.

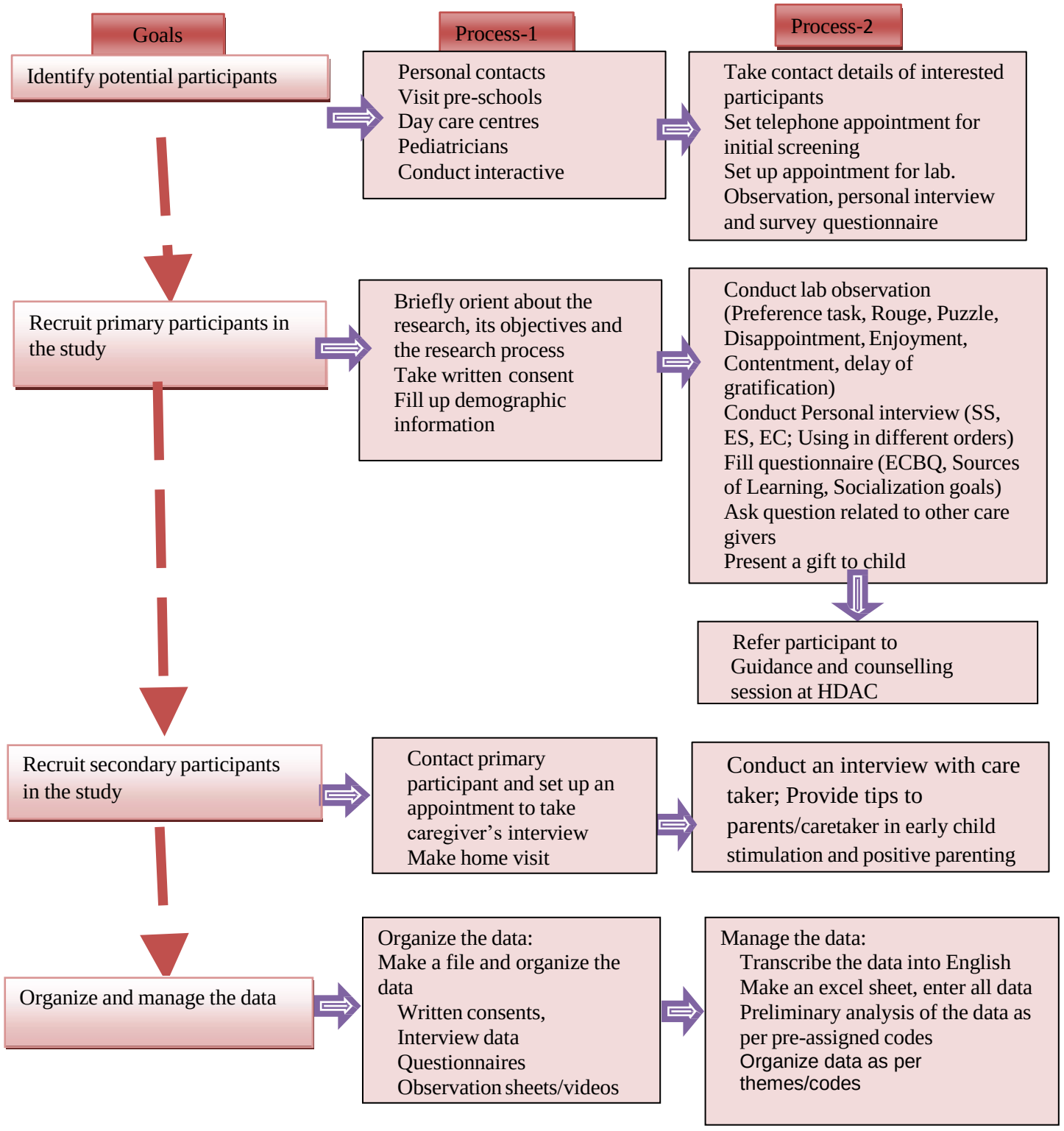

Figure 3. Data collection process

Analytic Framework

The quantitative data was entered into the SPSS file and ANOVA was applied; for qualitative data (audios) were transcribed, and translated. Thematic content analysis was used. Qualitative data was transformed into quantitative to apply ANOVA. Coding mechanism is described as follow.

Coding of open-ended interviews.

Emotion socialization interview. For the coding, recurrent themes of responses to negative emotions were identified in interview transcripts, which were mapped on categories based on previous research with Western (Denham, Bassett, & Wyatt, 2007; Fabes et al., 2002) and non-Western samples (Chan et al., 2009; Raval et al., 2011). A coding system was generated for the larger study that involved eight major response categories to negative emotion-eliciting situations: emotion-focused, problem-focused, training, emotion-dismissive, disciplinary, expressive encouragement, maternal distress, and giving in. In response to happiness-eliciting situations, five major response categories were generated: mirroring, upregulation, problem-focused responses, minimizing, and witnessing.

Sources of socialization. Coding of the interviews involves three steps: first, coding was done by individual questions (e.g. who is your most important role model?), second, overall text coding (word by word coding) to identify all the institutions as sources of information for parenting (e.g. media, family, and peer) third, larger themes like role of instinct or childhood experiences pulled out in third reading and code.

The criteria of child competence interview (CCI). Based on work by previous studies (e.g. Cheah & Chirkov, 2008; Durgel, Vijver & Yagmurlu, 2013; Olson, Kashiwagi & Crystal, 2001) and guided by the transcriptions, 17 topics were sorted into seven domains: (1) *Social skills* (prosocial behavior/antisocial, social sensitivity, social initiative/cooperation,

communication), (2) *emotional skills* (hedonic tone, emotion regulation), and two forms of *self-related skills,* namely (3) *autonomy* (independence, self-control) and (4) *interrelatedness* (family orientation, self-accountability). (5) *Proper social demeanor* (obedience, social learning), (6) *cognitive skills* (curiosity/exploration, intellectual ability, verbal skills), (7) *Physical skills* (physical health, activity).

Coding of lab videos. For the coding of delay of gratification task, coding framewrok designed for larger study was adopted. The presence or absence of each code was rated in 5-second epochs with multiple codes allowed in a given epoch. Six composite scores were created beside *distraction* (1) two forms of warmth- *physical warmth* (2) and a *verbal warmth* (3) positive emotional reaction and verbal comfort (reassurance), and three forms of control were computed: *task-oriented control* (4) refers to removing the cookie and refraining the child to reach the cookie in order to prevent that the child is not following the required waiting task. *Positive control* (5) comprises rule statements – either positive or negative – that aim to give instructions to the child how to control him/herself and reasoning supports these claims and form of control. In contrast, negative emotional expression by the mother and/or punitive forms of behavior are qualified as *negative control* (6).

Ethical Considerations

- Participation was voluntary and written consent was taken.
- Participants were also informed that they can refuse to answer any question, and were free to withdraw from the interview at any time.
- Participants were informed about the time required, mother and child were required to participate in a 45 minute session of lab observation and that will be recorded.

Results

This chapter presents a detailed analysis of the research results through descriptive, inferential analysis and thematic analysis. Statistical package for social sciences (SPSS), was used to analyse descriptive and inferential statistics. The main findings of the study are organised in sub-sections below:

Demographic Profile

Table 1 provide comprehensive demographic information of participating children, their mothers and families.

Table 1: ***Demographic Characteristics of Participant Mothers and Children***

	Gender of children		Family structure			Mothers' Education				Mothers' Work Status		
	Boys	Girls	Joint*	Nuclear**	Modified joint***	Secondary school/ vocational education	Graduation (BA/BSc etc.)	Post-graduation (MA/MSc etc.)	Doctoral (PhD)	Full time	Part time	Not working
f	28	22	33	14	3	8	24	17	1	11	10	29
%	56	44	66	28	6	16	48	34	2	22	20	58

** Joint Family is where generations of families stay under one roof.*

***Nuclear family consistent of parents and children, staying independently.*

****Modified joint family where family members stay separate but nearby and family members spare significant amount of time together*

Emotion Socialization Goals and Practices:

Socialization Goals. Both the caregivers exhibit higher preference for relational goals, Wilk's Λ = .92, F (1, 59) = 4.82, p = .49, η^2 = .29. In accord with our hypothesis both the caregivers emphasize relational goals more followed by balanced goals particularly by primary caregivers.

Effects of Goal Preference and Type of Caregiver on Strategy Endorsements

ANOVA results testing the impact of goal preference on strategies (Please see table 2) indicates no effects – and no significant effect for caregivers but secondary caregivers sometimes do not endorse a strategy at all that is discussed in detail in preceding section.

Table 2: ***Impact of Caregivers' Goal Preferences on Emotion Socialization Strategies***

Emotions	F-values Strategies	F-values Strategies*Goal	F-values Strategies*Caregiver
Anger	6.54***	.574	.792
Jealousy	19.95***	.266	1.73
Sadness	12.95***	.488	.185
Fear	34.05***	.479	1.33
Shame	47.72***	.603	.354
Joy	5.83*	.620	.916
Empathy	34.75***	.574	.864

* p < .05; ** p <.01; *** p < .001

Caregivers' Emotion Socialization Practices. Caregivers' responses across two vignettes per emotion for fear, anger, sadness and joy were added. Proportion scores were

then derived for each category (i.e., sum of response codes in each category divided by the total number of responses) per emotion. All ANOVAS for both negative and positive emotions are detailed below. ANOVAs were computed separately for each emotion.

Caregiver's responses to negative social disengaging emotions: anger and jealousy. 2 (caregivers) x 2 (emotion) x 5 (response) mixed ANOVA were computed with caregivers as between-subject factor and emotion valence and response category as within-subjects factors.

Problem focused responses were highly endorsed by mothers (*M*= 40.75, *SD* =24.90) and secondary caregivers (*M*=40.90, *SD*= 45.10) in anger eliciting situations. Similarly, in response to jealousy eliciting vignettes, problem focused response were endorsed at similar rates by mothers (*M*= 40.40, *SD* = 39.67) and secondary caregivers (*M*= 43.93, *SD* = 41.68). However, training responses were highly endorsed by mothers (*M*= 45.73, *SD* = 42.38) and is not very relevant for secondary caregivers (*M*= 25.75, *SD* = 40. 38) whereas emotion dismissive is more endorsed by secondary caregivers (*M*= 22.72, *SD* = 34.37) than mothers (*M*= 8.40, *SD* = 18.85).

Caregiver's responses to negative social engaging emotions: fear, sadness and shame. In response to fear situations, emotion focused responses were highly endorsed by both mothers (*M*=68.66, *SD* = 27.1) and secondary caregivers (*M*= 87.87, *SD* = 15. 07). Caregivers endorse verbal and affectionate comforting (e.g., hug the child, taking in lap) and distraction (divert the attention of the child to something else) to ease the fear more than other responses. In the words of a mother, "*First of all, I will take him in my lap, I will not let him see the injection, and even I do not see (laughs). Generally, I do not let the children get injection."* Other responses did not differ much except that secondary caregivers did not endorse discipline response at all.

In situation of sadness too, emotion focused responses were endorsed significantly more than other responses similarly across mothers and secondary caregivers (*M*= 59.0, *SD* = 39.87; *M*= 45.45, *SD* = 52.22) respectively.

In Responses to shame eliciting vignettes, problem focused responses were highly endorsed by mothers (*M*= 53. 58, *SD* = 25.69) and secondary caregivers (*M*= 39.39, *SD* = 28.40) respectively, followed by endorsement of emotion focused strategies. Emotion focuses responses were the second relevant strategy endorsed, secondary caregivers (*M*= 34.84, *SD* = 23.5) endorsed emotion focused responses more than mothers (*M*= 26. 00, *SD* = 22.69). In response to shame, training is the least endorsed strategy by both the caregivers; importantly secondary caregivers did not endorsed training responses at all.

Caregivers' responses to positive self and other-focused emotions: joy and empathy.

For the joy eliciting emotions**,** Mirroring that refers to resonating with child's positive emotion state both verbal and non-verbal was highly endorsed by both mothers (*M*= 44.16, *SD* = 29.41)and secondary caregivers (*M*= 54.54, *SD* = 40.02).Up regulation, which refers to escalating child's happiness by verbal or non-verbal gestures was more endorsed by mothers (*M*= 22.83, *SD* = 25.41) than secondary caregivers (*M*= 6.81, *SD* = 16.16).

Similar to the joy situation, mirroring was endorsed at similar rates by both mothers (*M*= 40.00, *SD* = 37.34) and secondary caregivers (*M*= 40.90, *SD* = 43.69) in response to empathy. Example of an excerpt of empathy eliciting situation (i.e., child is empathizing with the friend who is crying), crying. "*When the child cries, Vriti consoles her/him and give her good toys, when he cries. She gives her favorite toys as well and when he stops crying then she takes them back."* Up regulation was endorsed more by mothers (*M*= 41.66, *SD* = 36.92) than

secondary caregivers (*M*= 31.81, *SD* = 40.45). Emotion dismissive responses were least endorsed by mothers and not at all reported by secondary caregivers.

In response to both other and self-focused positive emotions, caregivers validate the positive emotions of the child. However, they validate and up-regulate other-focused emotion (empathy) more than self-focused emotion (joy) confirming the larger cultural goal of relativities.

Delay of Gratification.

Age of child and affect. A Pearson product moment correlation coefficient was computed to know the relationship between age of child and affect (sad and happy). There was no correlation between age of child and sad affect, r (46) =.11, p = .445, or happy affect, r (46) = .10, p = .497.

Gender of Child and Affects. A Pearson product moment correlation coefficient was computed to know the relationship between age of child and affect (sad and happy). There was no correlation between gender of child and sad affect, r (46) = .03, p = .850, as well as happy affect, r (46) = -.09, p = .539.

Mothers Education Levels and Different Strategies. One way ANOVA was conducted to compare the effect of mothers' education on the use of different strategies. An analysis of variance showed that effect of mothers education level was significant for physical warmth, F (5, 42) = 2.59, p = .040], rule negative, F (5, 42) = 2.730, p = .032, positive verbal statements, F (5, 42) = 4.87, p = .001, and minimizing, F (5, 42) = 33.78, p < .001].

Mothers' Job Status and Use of Different Strategies. One way ANOVA was conducted to compare the effect of mothers' job status on the use of different strategies.

Analysis of variance showed that job status has significant influence for physical warmth, *F* (2, 42) = 3.29, *p* = .046, and give in, *F* (5, 42) = 3.37, *p* = .043. Please refer to table 6.

A post hoc analyses using the Turkey HSD for significance indicated that the job status has influence on use of two strategies, physical comfort and give in. Physical comfort strategies were endorsed by working mothers (*M* = 2.90, *SD*=1.17, *p*= .044) more than non-working mothers (*M* =1.95 *SD* =.96), while give in strategy was indicated by non-working mother (*M* = 5.21, *SD* = 2.11) than by working mothers *(M = -5.50, SD =2.56).*

Socialization Sources of Parenting

The key themes that emerged for the socialization sources are: 1) institutions as sources of socialization, 2) role models of parenting, 3) childhood experiences of caregivers as sources of socialization and 4) contemporary urban context as source of socialization. Figure 8 presents sources of socialization and table 7 indicates the frequency and percentages.

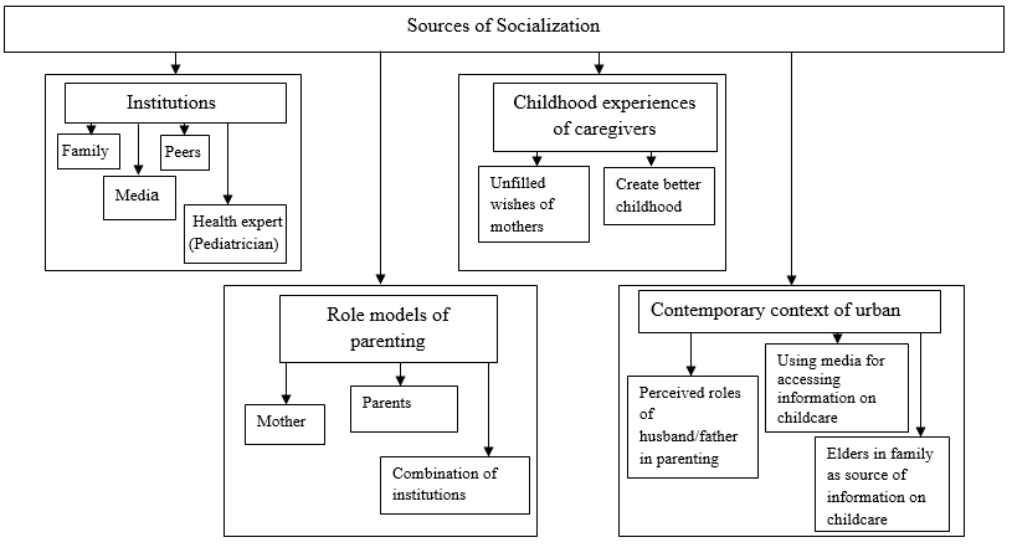

Figure 4: Sources of socialization

The family emerged as the most significant socialization source for mothers and secondary caregivers. The findings are not surprising given the collectivist nature of Indian society; confirming that socialization in Indian families is shaped along the pan Indian characteristics as collectivist orientation, families and desire to be in-group (Panda & Gupta, 2004).

Though family remains the primary source of parental learning; younger mothers widened their socialization sources from family to other sources like media such as internet, magazines, and health professionals. The same is reflected in the extensive review of parenting in India by Kapadia (2013), which suggests that parenting is emerging as a conscious process with parents seeking information from formal sources. This shift from informal sources (e.g. family) to formal sources (e.g., media) of socialization reflects the changing social-cultural context and more demands on parents.

Contemporary urban Indian context which reflects the rapid socio-economic changes resulting into more women entering into workforce also bring changes in the perceived roles of husband and fathers in parenting. The results of the study indicates that young mother perceive their husbands as supportive, understanding and equal partners in parenting whereas secondary caregivers did not discuss about the role of husbands/fathers in parenting since they perceive parenting is a forte of women.

Table 3: ***Important Socialization Sources of Parenting***

No. of institutions, caregivers has discussed						Important socialization sources							Important role models				
Primary Caregivers	1	2	3	4	5	Family	Media	Health	Combination	Peer	Personal experience	Others	None	Family	Media	Combination	Others
Frequency	17	18	12	2	1	35	4	3	8	NA	NA	NA	2	42	2	3	1
Percentage	34	36	24	4	2	70	8	6	16				4	84	4	6	2
Secondary Caregivers																	
Frequency	4	4	1	2	-	4	1	1	2	1	1	1	1	6	2	-	1
Percentage	8	8	2	4	-	8	2	2	4	2	2	2	2	12	4		2

Notes: Data represents PC and SC's responses to questions. Frequency data and parentheses represent percentage data

Child Competence

Child competence is defined as a child who is doing good. The results of this section is further presented in sub sections.

Most Common Emotion. As expected children who were "not doing well" were significantly characterized as being more sad (75%) $X2 = 11.12$, $p > .001$), and angry (86%) than happy (28%), X2 = 34.01, $p > .01$.

Overall Skills Preferences. First, we analyzed whether there was a difference in the overall number of characteristics between the caregivers. T-test showed a significant difference t (239) = 3.45, $p = .001$. Mothers ($M = 4.95$, $SD = 2.24$) described more about child competence characteristics than secondary caregivers ($M = 3.69$, $SD = 1.65$) for both positive and negative characteristics of child competence.

Further, an overall model of 2 (caregivers) x 2 (gender) x quality ANOVA with quality as a repeated measure was used. Out of seven domains, the only significant effects involving Caregiver x Quality in physical domain; and Quality x Gender interaction effect in social domains.

The physical domain showed a significant main effect of Quality F (1,187) = 3.97$p < .05$. There was a significant caregiver x quality interaction effect, mothers mention significantly more positive ($M = 16.63$, $SD = 28.34$) than negative characteristics ($M = 6.16$, $SD = 21.99$), whereas secondary caregivers mention them similarly for both positive ($M = 7.01$, $SD = 21.20$) and negative characteristics ($M = 10.91$, $SD = 28.96$). Physical development comprised of references to Nutrition and Activity.

For the social skills, the interaction quality x gender was significant F (1, 187) = 5.05 $p <$ .05, with both the caregivers mentioned more negative characteristics for boys (M=34.41,

SD=41.04) than girls (*M*=26.14, *SD* =37.79) and more positive for girls (*M*=23.01, *SD*=30.54) than boys (*M* =19.73, *SD* =28.85).

Overall, caregivers emphasized the Social Domain (*M*=27.55, *SD*=25.52) followed by cognitive domain (*M*=13.49, *SD*=19.11). Self-related domain was least (*M*= 5.39, *SD*=12.292) discussed.

Summary of Results

Caregivers emphasize relational goals more with some caregivers aiming for a balance in goals.

Family emerged as the most important source of socialization.

Secondary caregivers endorse less dismissive and more emotion focused responses than primary caregivers across the emotions.

There is no correlation between age and gender of child and affect.

Mothers' education levels and job status has a significant influence on select regulation strategies (e.g., physical warmth and give in).

Discussion

This section presents a discussion of the results by integrating findings of the study with relevant literature.

Socialization goals: Beyond Dichotomy

Most caregivers emphasize relational goals with some caregivers emphasizing on balanced goals particularly mothers; this may be on account of higher education and more mothers entering into workforce. Keller (2006) also reflected that the relatedness in urban educated families is changing as well confirming the conceptual consistency across the dimensions of families, socialization goals, and parenting ethno theories.

Caregivers largely emphasized relational goals; however it does not signify that independence is not endorsed. Independence/autonomy is not encouraged from parents but developmentally independence is encouraged and perhaps more in contemporary context as it is needed to adapt to the globalizing world. The similar findings have also been confirmed with Gujarati mothers by (Keller, Lamm, Abels, Yovsi, Borke, Jensen, Papaligoura, Holub, Lo, Tomiyama, Su, Wang, & Chaudhary (2006).

Caregivers' Emotion Socialization Strategies

Problem focused responses and training responses dominate for anger and jealousy. The emotions of anger and jealousy are negative socially disengaging & is risk for social/group harmony. From the view point of relational competence model, relevant in Indian context, emotions are expressed in relation to others i.e. emotions that do not disrupt or hurt others and children are trained not to express those emotions. Whereas, for the socially engaging negative emotions (fear and sadness), caregivers endorse emotion focused responses that are comforting responses to alleviate the distress. Similar findings were reported by Raval and Raval (2011, 2012).

Caregivers' Perception of Child Competence

Findings of the study highlighted that social skills were crucial indicators of child competence. In the Indian context, 'good child' is characterized as happy, playful, and obedient, eat well and sleep well. Characteristics such as irritating, hitting others, stubborn, demanding are not expected and terms as characteristic of "not good" children." In a study on parental ethno-theories, Saraswathi and Ganapathy (2012) noted that parental conception of "good child" is one who possesses values and "sanskaras" such as being respectful to parents and adult, being truthful, compassionate tolerant and valuing others thereby rather conforming to interdependent orientation than to self-maximization, which is a characteristic

feature of Western culture Thereby the ideals of good child influence the parental practices of emotion socialization, emotion regulation and emotion expression.

Gender Difference in Emotion Socialization

Gender differences were not obvious (except in the social competent domain); the possible reason may be the age of the children. But there were incidences of caregivers' mentioning subtle gender notions. For example, while describing characteristics of different gender of child doing/not doing well, caregivers' shared typical characteristics of girls such as "decent, polite and likes to dress up nicely." With regard to boys, caregivers mentioned aspects such as, "being a boy, he is obviously angry most of the time."

Conclusion

Research suggests that mothers' regulatory behaviors are guided by their socialization goals and beliefs that are embedded within their cultural context (Halberstadt & Lozada, 2011; Keller, Voelker, & Yovsi, 2004). With few exceptions (Feldman et al., 2006) little is known and no scientific study to the knowledge of researcher in Indian context about caregiving practices in cultural context to support toddlers' emerging regulatory abilities.

The present study provided insights into the caegivers' emotions regulatory behaviors that are guided by their socialization goals and beliefs. The findings of the study confirmed that caregivers emphasize relational goals more followed by balanced goals particularly by primary caregivers and some preference for individualistic goals; this may be on account of higher education and more and more mothers entering into workforce. This validates findings of the research with Gujarati mothers conducted by Raval in 2013.

The study also expands the previous research by examining caregivers' (mother and secondary caregivers) responses to both positive and negative emotions eliciting hypothetical

vignettes. Overall, results provide insights into culturally valued responses of caregivers to teach emotion self-regulation to children. Qualitative nature of the responses indicate that caregivers tend to focus more on the situation (e.g., making a mistake, hitting a friend) than on the child's emotion (embarrassment, sadness). Caregivers' emotion socialization practices aimed at promoting relational emotional competence that emphasizes interpersonal harmony. Accordingly, children are taught to regulate negative social disengaging emotions (e.g., anger) but to express other-focused emotions (e.g., empathy), and the learning of appropriate emotion display rules is more important than understanding emotion. Findings of the study indicate that for negative social disengaging emotions such as anger and jealousy, caregivers endorsed more problem focused and training responses, explaining to the child of why behaviour is not appropriate whereas for negative social engaging emotions such as fear, sadness and shame, caregivers tend to endorse more emotion focused responses such as comforting child either verbally (e.g. you will be fine) or behavioural (e.g. taking the child into lap, hug the child, hold the hand of the child). A study by Raval, Martini and Raval (2009) which explored the methods and reasons for emotional expression and control in children (6 to 8 years) with also confirmed that children were less likely to express anger and sadness through verbal communication than physical pain. These emotions may be experienced but not expressed since it interferes with group harmony.

Further, emotion dismissive and discipline are least endorsed strategies by secondary caregivers, shame is exceptional. Whereas training is more endorsed by primary caregivers than secondary caregivers. The possible reason for same may be that mothers bear the primary responsibility for child rearing and she is to be blamed particularly for negative outcomes, (for example, if the child does not behave or perform well. Mother is at question and would be pointed out by others saying look what your child has done) whereas secondary

caregivers spend more time playing with the child and hence more indulgent and does not endorse training and discipline.

The family emerged as the most significant socialization source for mothers and secondary caregivers. The finding is not surprising given the collectivist nature of Indian society; confirming that socialization in Indian families is shaped along the pan Indian characteristics as collectivist orientation, families and desire to be in-group (Panda & Gupta, 2004). However, younger mothers widened their socialization sources from family to other sources like media such as internet, magazines, and health professionals. The same is reflected in the extensive review of parenting in India by Kapadia (2013), which suggests that parenting is emerging as a conscious process with parents seeking information from formal sources. This shift from informal sources (e.g. family) to formal sources (e.g. media) of socialization reflects the changing social-cultural context and more demands on parents.

Regarding the child competence, caregivers (primary and secondary) elaborated many reasons why children show a certain characteristic (family environment as central factor for child development), especially when describing negative characteristics. They mentioned such reasons like an excuse by explaining that it is the fault of the environment not of the child. Example: “I think that child is more with drivers and maids and all because mother is working away from home, mother-in-law’s service and all is also taken care of by maid. So, child throws more tantrums, more stubborn. Does not know how to spend time so he does what all helpers do, he stays with them, you know whole day he insists on moving out because he develops a habit by moving out with them and he becomes abusive like he gets more angry, more abusive” (IN 48). Since in Indian context, child is considered innocent – so negative qualities were not an expression of the child but the consequence of bad influence from the environment. Therefore, future research may consider also inquiring about the

reasons behind negative qualities in order to understand whether the issue of competence is due to the environment rather than the child himself or herself.

Overall, our results provide insight into the culturally-valued ways of caregiver's responses to teach toddlers a universal task of emotional self-regulation.

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