Results

This study aimed to unravel the emotion socialization of young toddlers in an urban Indian context. The findings of the study are organized into the following sections:

- Demographic profile
- Caregiver's self-construal
- Caregivers' socialization goals
- Toddler's emotion regulation
- Toddlers' temperament
- Caregivers' socialization sources of parenting
- Emotion socialization practices
- Emotion socialization goals and practices
- Emotion Socialization Practices of the Caregivers- Wait Task
- Caregivers' conception of child competence

Demographic Profile

Table 3 provides the demographic information of the participants.

Table 3

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 consists of parents and children

Modified joint family where family members stay in separate homes but spend significant amount of time together

Overall, the mothers were on average 29.80 years old (*SD* = 3.22). The toddlers were 26.64 months (*SD* = 4.35) and comprised 28 boys and 22 girls. Regarding education, 48 % of mothers were graduate, 34 % had completed post-graduation while 16 % either completed secondary school or vocational education. One participant had a doctorate degree. Most mothers (58 %) were homemakers. The non-homemakers were engaged in full time and part time employment (22 % and 20 % respectively). Most participants were from joint family (66 %) while others (28 %) were from nuclear family and 6 % were from modified joint family.

Toddlers' Temperament

A 2 (caregivers) x 2 (gender) ANOVA was computed to test the caregiver and gender difference in toddler's temperament. The subscale scores of the temperament measure (ECBQ) differ significantly between the caregivers, F (1, 57) = 6.70 p <.001 for the surgency. Mothers estimated positive affect significantly higher (M = 5.58; SD = .66) than secondary caregivers (M = 4.93; SD = .91) across both genders. For effortful control there was no main effect caregiver. However, marginal gender effect was noted, F (1, 57) = 3.21 p = .078. Girls (M = 5.42; SD = .69) were qualified higher for effortful control than boys (M = 4.62; SD = .92). No significant effects were noted for negative affect across genders and caregivers. The three subscales did not correlate with each other: r (48) = -.10 for effortful control and negativity r (48) = .04 for effortful control, surgency, and r (38) = .07 for negativity and surgency.

Toddlers' Emotion Regulation

A 2 (caregivers) x 2 (gender) ANOVA was computed for emotion regulation of toddlers. The subscale scores of the emotion regulation indicated significant gender effect, F (1, 57) = 7.30 p = .009 for emotion regulation; girls (M = 2.82; SD = .23) are valuated to be

better in emotion regulation than boys (M = 2. 64; SD = .30). No significant effects were noted for the subscale of liability. The two subscales did not correlate with each other, r (59) = -.06, p = .650.

Caregivers' Self-construal

Caregivers' scores on the Independence (M = 5.99; SD = .68) and Interdependence (M = 5. 24; SD = .67) dimensions did not differ significantly F (1, 57) = 2.64 p = .11. However, correlational analyses revealed significant positive correlation (r = -.26, p =.05) between the two dimensions of the scale.

Caregivers' Socialization Goals

Two-way ANOVA- 2 (goals) x 2 (caregivers) was computed in order to analyse the socialization goals of the caregivers. The subscale scores of relational goals differ significantly between the caregivers, F (1, 57) = 3.95 p <.005, mothers showed higher preference for relational goals (M = 5.18, SD = .41) than secondary caregivers (M = 4.86, SD = .69). No significant effects for the individualistic goals were noted. Further, correlational analyses indicated strong positive correlation (r = -.55, p = .01) between relational and individualistic goals.

Socialization Sources of Parenting

This section describes the socialization sources of child-rearing practices for both the caregivers, primary (e.g., mother) and secondary caregivers (e.g., grandparents, aunt, siblings). It begins with brief key themes followed by explaining the results that highlight the themes (e.g., important sources of socialization, role models of parents) that emerged from the data along with percentages/ frequencies. The section ends with a summary of the results.

The key themes that emerged from the data 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: continuity and change. The detailed findings are presented in the following section. The broad themes and sub themes of caregivers' sources of information are presented in Figure 4.

Institution as a source of socialization. The study aimed at understanding caregivers' sources of child rearing practices. These sources included various institutions such as family, media, and health which are further explained by agents. For example, parents as major agents for the family, internet, books, magazines as agents for media, and paediatricians as major agents for health. Primary caregivers indicated family, media, health, peer, work and religion as influencing institutions, while secondary caregivers emphasized family, health, academicians and other parents as influencing sources. Table 4 presents number of institutions that the caregivers discussed.

Table 4

Number of Institutions Discussed by Caregivers

No. of institutions	1	2	3	4	5
Primary caregivers	17 (34%)	18 (36%)	12 (24%)	2 (4%)	1 (2%)
Secondary caregivers	4 (36.4%)	4 (36.4%)	1 (9.1%)	2 (18.2%)	-

For both, mother and secondary caregivers, family remains the most important source of socialization. However, younger mothers widened their network and sought other sources outside the family since they wanted to be equipped in meeting with the child's needs of the day.

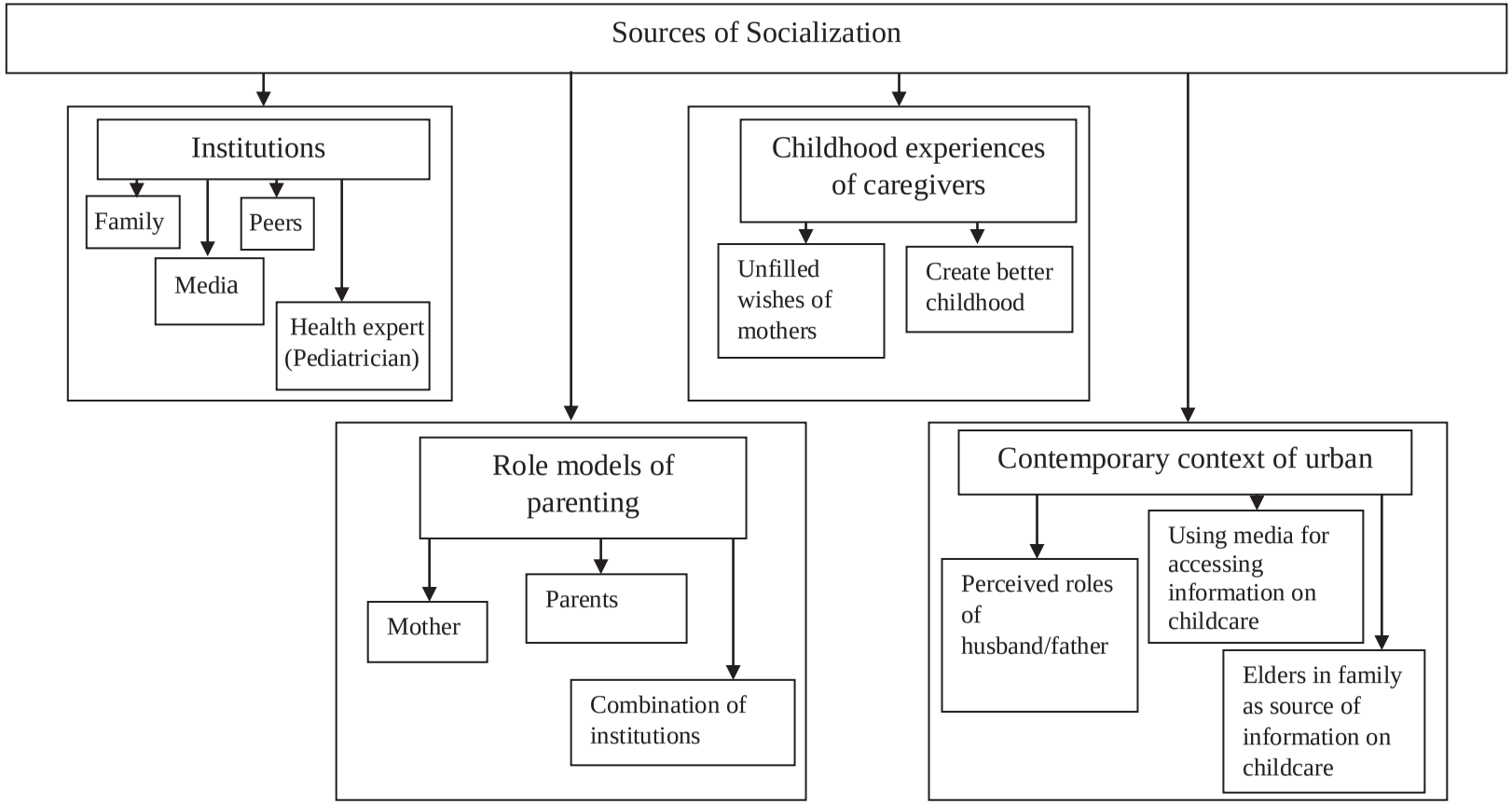

Figure 4. Sources of socialization.

Mothers thought that the other caregivers, particularly elderly caregivers do not know enough to meet today's needs given the competitive scenario. A mother shared:

> Ummm google. I take my mother's opinion but then baby centre [parenting portal]; you know there are varied options online. Like my mother would offer suggestions of her era; while I was a child. But google is full of information, people share opinions, so there are many options and then reading is also another option I look for (36).

Family: The focal source of socialization. Caregivers reported family, media and health as important sources of socialization (see Table 5). Though mothers have discussed more than one institution, family remained a common source of socialization. For both mothers (70 percent) and secondary caregivers (36.4 percent), family emerged as the most important source for parental socialization. Though socialization occurs through different agents (e.g., mother, newspapers, and internet) and institutions (e.g. media, family, peers) yet, family emerged as the focal context for socialization with mothers as the primary agents. In Indian context, family has been the dominant institution in the life of an individual and community (Mullatti, 1995) and remains the primary source of socialization for caregivers.

Table 5

Important Socialization Sources

Important socialization sources	Family	Media	Health	Combination	Peer	Personal experiences	Others
Primary caregivers	35 (70%)	4 (8%)	3 (6%)	8 (16%)	NA	NA	NA
Secondary caregivers	4 (36.4%)	1 (9.1%)	1 (9.1%)	2 (18.2%)	1 (9.1%)	1 (9.1%)	1 (9.1%)

Within the family, mothers' own mother emerged as the most important socialization source (28 %) since mothers consider them to be trustworthy, friendly, attached, and experienced and look upon them as someone who would always give appropriate advice and would share guidance on dealing with the child. In the words of a mother:

> Because I can ask anything to her in a friendly way and learn, means, she guides as a friend how you should treat the child and deal with him (15).

This pattern is followed by the combination of sources that includes combination of family agents. For example, other and mother-in law, mother-in-law and sister-in-law, indicative that parenting is largely the forte of women. Hence, socialization within the family is not only limited to parents, but also includes extended family members, particularly women members, such as grandmother, mother in-laws, and sister-in law.

Role models for parenting as a source of socialization. In the study, 84 % mothers and 54.6 % secondary caregivers considered the family as being their role models of parenting, reiterating family being the prime source of socialization. Table 6 provides detailed account of important institution as role models for the caregivers.

Table 6

Important Role models

Important role models	Family	Media	Combination	Others	None
Primary caregivers	42 (84%)	2 (4%)	3 (6%)	1 (2%)	2 (4%)
Secondary caregivers	6 (54.6%)	2 (18.2%)	-	1 (9.1%)	2 (18.2%)

Within the family, mothers' mother (40 percent) has emerged as the most important role models of parenting. This may account for the explanation by Sharma (2000) on mother-daughter relationship, defined by everyday interpersonal connection centres around the special affection that mothers share with their daughters due to unconscious identification with them. A mother shared:

> My mother... supportive…emotionally very supportive… if there is a failure, she supports. If success, then also she supports [however] she supports and encourage even more when [I] fail. I guess that is what children needs (30).

Along with mothers, parents and other family members (mother-in-law, father-in-law etc.) are also considered as important role models. Parents as role model facilitates learning, "how to and how not to" parent their children. One of the mothers expressed her views on same:

> I do not know. I do not remember about my mother. But I do not like my mother [because] when I had [fights] or any dispute with older siblings; my mother used to [point me] and say, "you must be at fault." [But] when there were fights with younger [sibling], mother used to say, "Older people should forgive." This duality I did not like. I hate these words (stern, angry tone) so, I won't apply this in my child rearing practice. But, at the same time, I will make my child understand the importance of study as my mother taught me the importance to study and I too want to [translate] the same [to my girl] Kavya... (42).

Childhood experiences of caregivers as a source of socialization. Caregivers' own childhood experiences emerged as a guiding force of parental socialization. While they adopt what they appreciate from their childhood, at the same time they put calculated efforts to create

"better childhood" as they wish the best for their children. In the study, more than half mothers (64%) and less than a quarter secondary caregiver (12%) considered their own childhood experiences as an important source that influences their child-rearing practices. While reflecting on their own childhood, caregivers were reliving their own childhood and wanted to fulfil their children's needs and wishes that they were unable to fulfil during their childhood due to circumstances or financial barriers. For example, a common wish expressed by the caregivers was a desire to educate their children in an English medium school. Following is an excerpt from a mother:

> We did not study in English medium; our school was Gujarati medium and I always thought that when I will have a child, whether boy or girl, I will get him/her admission in a good school. I will take care of everything at home but will let the child study well in good school. So, the problem I face in speaking English, she should not have (28).

Similar findings were echoed in the research conducted by Sachdeva and Misra (2005). Their findings suggested that in the urban context, educated young parents' aspirations for children's educational achievements have enhanced and parents prefer English medium school since it provides status in the current competitive context.

Personal experiences. For the secondary caregivers, particularly for grandparents, personal experiences are an important source of learning. In the Indian context, older siblings are supposed to "take care of" younger ones and especially the eldest girl play an important role in raising younger siblings (Mascolo & Bhatia, 2002). Though this role is not only confined to the siblings but also extended to siblings' children as well. The younger sister of mother (*massi*) or father's sister (*foi*/*bua*) plays an important role in child rearing of the nephew or niece, which is her preparation

for the future role of a mother. Hence, child rearing, in the Indian culture, comes naturally to women much before they become a mother. The following excerpt from an interview illustrates the grandmother's views:

> I have been taking care of kids since very young age. When I was young, I used to be with my sister and took care of her kids, so I never had problems in child rearing of my children. When I was in sixth grade, I used to take care of my sister's children and I did everything…feed them, get them to shower so I never had problem in child rearing of my children (47).

Contemporary urban context: Continuity and change. Caregivers discussed about changes in the times which have resulted in more conscious parenting in the urban context. Traditional and contemporary parenting was discussed, particularly in reference to easy availability of resources and demanding education system in the current scenario. The following excerpt echoes the same:

> Earlier, no one paid so much attention to the child, just admit the child in a school; but now though we admit the child in good school, we must pay attention; not only education but extracurricular activities as well. We studied in Gujarati medium; she is to be in English medium so from starting I had to learn words in English (5).

Despite rapid socio-economic changes that increase demands on parents and changing parental attitudes, cultural values (*sanskar*) continue to be encouraged. The following excerpt of a mother provides a picture of similarities and differences in her as well as her mother's parenting style:

> … I think there is a gap of generations that we are talking about. Certain things are just same; like *sanskaar,* respecting others, be polite, sharing and belonging to others. However, there is a difference on emotional ground. When we were kids, we were taught not to express emotions in presence of someone; we were taught to suppress but now it is different. We understand the emotions of the child and allow the expression and not to suppress; it is different now (23).

Besides family, Internet and books have emerged as an important source particularly for mothers. A mother expressed that internet is the easiest source of information wherein, "each person put their ideas, so you can read many people at a time." Another mother said, "...baby centre (a parenting website) [has] more varied opinion…my mother would give suggestion according to her time, when I was a child [and] I do not want a biased opinion…"

In the context of rapidly changing society, there exists a contrast in terms of knowledge and child care practices. Although for most of the mothers, family (e.g., mother, mother-in-law) was the primary source of learning for parenting. For few mothers, mothers and mother-in-law's knowledge does not fit with the changing demands and times. Hence, they seek the information from relatively younger mothers and/or other formal sources. One mother shared:

> She maybe my mother-in-law but her advice would be based on her time whereas, cousins and friends' advice would be of modern times how to deal with child now, how to manage your time, or how to work with your kid. So, in that ways, mother-in-law would not be the best person. Rather friends and cousins would be the best persons (22).

Perceived roles of husband/father in parenting. In the contemporary context, mothers (24 percent) discussed the role of husband; not as an important source of learning but as supportive, understanding and equal partner for parenting. Mothers shared a sense of pride when the husband shares the responsibility of child-rearing and does not act as "typical man." A typical man as explained by one mother is the one, "who makes you feel that you are a mother and it is all your responsibility." With changing socio-cultural norms, growing gender awareness and increasing number of women being involved in work, the traditional gender roles are undergoing transformation. Traditionally, the father's role of breadwinner, disciplinarian and transmitter of cultural values to children is well-documented with new domains of child care and nurturance (Sriram, 2011) and the same is indicative in the following excerpt of a mother:

> He is very caring and very understanding and a very helping person. He understands me well and Param [son] as well. At times, I get frustrated with work then he made me understand not to do that. If I am not able to do that, he will say that he will do that, you leave it. He cares for me and care very well for Param also and if there is some work, we do it on basis of mutual understanding. If there is some work related to Param and I have time then I will do that, if he has time, he will do that. He never says that I am husband, or I am male, so I will do not do that. Never. He helps in everything (25).

Another mother shared, "He never let me feel that I am a mother and [therefore] all the responsibility [of childcare] is mine…he knows that father also has to take care of each and everything [of child] ... if I am into some work, he will change the diaper."

To summarize, family as an institution has emerged as the most significant socialization source for mothers and secondary caregivers. It was noted that the mother is the most important source of socialization followed by parents and other extended family members. Though family remains the primary source of parental learning for both the caregivers, younger mothers widened their socialization sources and refer to other sources (e.g., internet) besides family. Within the family, mother was identified as the role model of parenting while childhood experiences of caregivers, particularly for the secondary caregivers were also an important source of socialization.

Caregivers' Emotion Socialization Practices

In order to assess the caregivers' responses to their children in situations that elicit varied emotions a semi- structured interview was conducted. Child's emotion in varied situations included negative socially disengaging emotions (e.g., anger and jealousy), negative socially engaging emotions (e.g., sadness, fear and shame), other focused positive emotion (e.g., empathy) and self-focused positive emotion (e.g., joy).

First, a 2 (caregivers) X 5 (strategy) X 8 (emotions) analysis was computed with strategy and emotions as two within factors. The 2-way interaction between emotion and strategy was significant, F (28, 1652) = 17.77, $p < .001$. In order to describe these interactions in more detail, separate ANOVAs were computed for each type of emotion. Degree of freedom was corrected using Greenhouse-Geisser estimates in cases of violated sphericity assumption.

The results are presented for each group of emotions: negative socially disengaging emotions (e.g., anger and jealousy), negative socially engaging emotions (e.g., sadness, fear and shame), other focused positive emotion (e.g., empathy) and self-focused positive emotion (e.g., joy).

Caregivers' responses to negative socially disengaging emotions: Anger and jealousy. A 2 (caregivers) x 5 (response) mixed ANOVA were computed for anger and jealousy with caregivers as between-subject factor and response category as within-subjects' factors.

Responses to anger eliciting vignettes. The main effect strategy was significant, F (4, 236) = 16.07 p <.001. No significant interaction was noted between caregiver and responses, F (4, 236) = .72, p = .582. Problem focused responses (guidance and prevention) were significantly endorsed more strongly by all the caregivers (M = 40.78, SD = 29.08). The other responses were endorsed at similar levels. The following excerpt from the caregiver highlights the problem-solving response of a caregiver.

> I will make him understand that this kind of behaviour is not acceptable, if it feels bad then solve it by talking or communicating, hitting is not a solution. So, basically will try to make him understand by talking...will understand his point of view as well but will teach him to express anger in other ways (36).

Response to jealousy eliciting vignettes. The main effect strategy was significant F (4, 236) = 11.59, p <.001. No significant interaction was noted between caregiver and responses, F (4, 236) = 1.45, p = .217. Problem focused (M = 41.08, SD =39.79) and training (M = 42.13, SD = 42.41) were endorsed stronger by all caregivers compared to the other strategies that were endorsed at similar levels (Table 7). In the situation of jealousy (i.e., child feels jealous while mother praises the sibling for scoring good marks), caregivers' strong endorsement of training (solution-oriented thinking or guidance to do better next time) is indicated in the following excerpt:

> …means jealousy is an acceptable emotion. It is there, means, will not make him understand that it is a bad emotion, but for that feeling will make him understand in other ways, someone does better than us, in life there would be always someone who is better than us then accept that and try to do better next time (14).

For the emotion of jealousy, along with problem focused responses, caregivers strongly endorsed training responses (social/moral norms and empathetic understanding of others) that emphasize the potential social consequences (e.g., others consider 'bad child'), teaching children about moral norms (e.g., it is not good to call others with bad names; we must feel good to see others doing good), and how child should accommodate to the situation and learn from it. The following excerpt echoes the same:

> this is a wrong; should not do (child); this is bad manners and will spoil your impressions and you will be considered a bad boy…Another mother further shared, "will make him understand what is good is good; there is nothing to be jealous about. He/she got praised because they performed well. You should learn from them; you also work hard, secure good marks and mummy (mother) will appreciate you next time (46).

Though not prominent, caregivers, particularly mothers also indicated using verbal and physical disciplinary techniques in situation of anger more than jealousy, a mother shared "if he does not share then I will scold him; this is not good. Children need scolding timely; all time love is not a good thing." Mother further shares that "all time love makes the child stubborn." In another instance of jealousy, a mother shared, "I will be little angry, because in child rearing, love is important, but anger is also necessary so when it is required, I will be angry." Expressing anger in

response to the child's anger, particularly when the child's anger is not justified has also been reported by previous research with urban middle Gujarati children (Raval & Martini, 2011).

Table 7

Comparison of Response Categories (proportions) to Negative Social Disengaging Emotions (anger and jealousy) by Caregivers

Emotions	Response Types	PC *M (SD)*	SC *M (SD)*	Effect	F (4, 236)	Eta2
Anger	Problem focused	40.75[a] (24.90)	40.90 [a] (45.10)	ST	8.62***	.381
	Emotion focused	9.08[b] (16.14)	16.81 [b] (11.67)	CG	36.48***	.382
	Training	19.91 [b] (18.69)	9.09 [b] (16.85)	S*C	.74	.50
	Emotion dismissi	14.25 [b] (17.25)	.000 [b] (.000)			
	Disciplinarian	12.33 [b] (17.43)	2.27 [b] (7.53)			
Jealousy	Problem focused	40.40 [a] (39.67)	43.93 [a] (41.68)	ST	40.89***	.683
	Emotion focused	1.80 [b] (8.96)	7 .57 [b] (17.26)	CG	.901	.015
	Training	45.73 [a] (42.38)	25.75 [a] (40.38)	S*C	1.9	.091
	Emotion dismissi	8.40 [b] (18.85)	22.72 [b] (34.37)			
	Disciplinarian	3.66 [b] (12.72)	.00 [b] (.00)			

**PC= Primary caregiver (mother); SC = Secondary caregivers; ST = Strategy; CG = Caregiver; S*C = Strategy and caregiver interaction*

Caregiver's responses to negative social engaging emotions: fear, shame and sadness. A 2 (caregivers) x 5 (responses) mixed ANOVA were computed for fear and shame with caregivers as between-subject factor and response category as within-subjects' factors. For sadness, 2 (caregivers) x 4 (response) mixed ANOVA were computed. See Table 8.

Responses to fear eliciting vignettes. The main effect strategy was significant, F (4, 236) = 125.79, p <.001. 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. A marginally significant interaction was noted between caregiver and responses, F (4, 236) = 2.67, p = .063). Emotion focused responses were significantly more endorsed by secondary caregivers (M = 87.88, SD = 15.75) than by mothers (M = 68.66, SD = 27.18). 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."

Emotion focused responses comprising distraction (e.g., diverting the attention of the child while mother is leaving) and physical comforting (e.g., taking the child in lap and sooth before giving the shot) were more strongly endorsed by secondary caregivers than mothers. On the other side, training and dismissive responses were more endorsed by the mothers than secondary caregivers in fearful situations. Training responses mostly in form of didactic conversation were combined with affectionate comforting and minimization of the situation. For example, a mother shared, "I will pick him, make him sit in my lap and will gently tell that child this (shot) is good for you and nothing will happen (to minimize the pain) and look, mother is with you so do not worry (verbal comforting)".

Like sadness electing situations, mothers do not want the child to face the fearful situations (e.g. separating with caregiver) and often shared themselves feeling upset about leaving the child and made all attempts that such situations do not occur only. For example, many mothers shared, *"*I also feel why I am going, I should not go only," "I will try my best that such situations do not arise only that I have to leave my child with someone else." Another caregiver shared, "honestly I try that such situations should not arise; I started feeling low, I feel sad that I have to leave, and I know he

will cry. I feel low. However, in another scenario of fear (e.g., getting the shot done), mothers reported feeling low and yet accept that it has to be done since it is important for health while in another situation mother has to leave the child for her own work.

Responses to shame eliciting vignettes. The main effect strategy was significant F (4, 236) = 34.08, p<.001. No significant interaction was noted between caregiver and responses, F (4, 236) = 1.51, p = .20. Problem focused responses were endorsed most by all the caregivers (M = 51. 04, SD = 26.53) followed by emotion focused responses (M = 27. 59, SD = 22.89). One of the caregivers shared,

> "I will tell her *bache* (child) you should hold it with both hands. Do not hold it with one hand, you should hold it with both hands. I myself will hold and teach her, that ways, I will make her understand (28).

All other strategies were not endorsed strongly (see Table 8). Mostly caregivers confirmed being relaxed, "it is okay if it happens, no problem, it happens, not a big deal" in situations of shame. The possible reason may be the age of the child. One of the caregivers shared:

> It is okay since she is young but if she is grown up, I would have scolded her. Because she is so young, so it is okay, I will console her so that she does not cry. She is young; hence it is okay. But if she is grown up, would have scolded, being grown up at least she should know how to carry a bottle well, if it felt in front of everyone, it does not look good... (24).

Table 8

Comparison of Response Categories (proportions) to Negative Social Engaging Emotions (fear, sadness and shame) by Caregivers

Emotions	Response Types	PC *M (SD)*	SC *M (SD)*	Effect	F (4, 236)	Eta2
Fear	Problem-focused	6.50 [b] (13.88)	6.81 [b] (11.67)	ST	65.88***	.825
	Emotion-focused	68.66 [a] (27.18)	87.87 [a] (15.07)	CG	5.17***	.081
	Training	7.91 [b] (15.82)	3.03 [b] (6.74)	S*C	1.15	.076
	Emotion Dismissive	4.50 [b] (15.44)	2.27 [b] (7.53)			
	Disciplinarian	1.50 [b] (7.84)	.00 [b] (.00)			
Sadness	Problem-focused	12.66 [b] (25.32)	18.88 [b] (40.45)	ST	25.93***	.577
	Emotion-focused	59.00[a] (39.87)	45.45[a] (52.422)	CG	1.22***	.020
	Training	21.66 [b] (29.78)	27.27[b] (41.00)	S*C	.38	.019
	Emotion Dismissive	3.66 [b] (16.24)	.00 [b] (.00)			
Shame	Problem-focused	53.58 [a] (25.69)	39.39 [a] (28.40)	ST	93.82 ***	.870
	Emotion-focused	26.00 [b] (22.69)	34.84 [b] (23.5)	CG	2.20***	.036
	Training	1.50 [b] (18.69)	.00 [b] (.00)	S*C	.65	.044
	Emotion Dismissive	11.83 [b] (18.21)	12.87[b] (23.08)			
	Disciplinarian	2.50 [b] (17.43)	1.51 [b] (5.02)			

**PC= Primary caregiver (mother); SC =Secondary caregivers; ST = Strategy; CG = Caregiver;*

*S*C = Strategy and caregiver interaction*

On further enquiring about the age at which mother expects the above behaviour of the child, mother responded "around 6 or 7 years; right now, she is young, but a 6-7years old girl should lift a bottle properly, it should not fall from her hands."

Response to sadness eliciting vignettes. The main effect strategy was significant, F (3, 177) = 13.03, p <.001. There was no significant interaction between caregiver and responses, F (3, 177) =.597, p = .548. Like the emotion of fear, caregivers endorsed emotion focused response, that is, comforting responses and distraction to alleviate sadness-eliciting situation (i.e., missing on friend's birthday party; child proceeds to make a mistake) was strongly endorsed strategy by both the caregivers (M = 56.55, SD = 42.19). For example, one caregiver said, "I won't let her feel that she is missing on something. I will throw a small party at home. She likes chocolates, ice creams and will make cake at home. She will be happy and won't miss anything."

Followed by emotion focused response, caregivers endorsed training responses, majorly didactic conversation. For example, caregivers explain to the child" since you are hurt, you cannot go." Sometimes caregivers use empathetic understanding of others to sooth the situation. For example, a caregiver tells the child:

> I will make her understand that you are hurt and won't be able to enjoy birthday party. Since you are hurt, your friend will also be upset seeing you hurt, and they will be busy taking care of you…it is better we do not go only (27).

None of the caregivers endorsed disciplinary responses in sadness eliciting situations.

Caregivers' responses to positive self and other-focused emotions: Joy and empathy. A 2 (caregivers) x 4 (response) mixed ANOVA were computed for joy and empathy with caregivers as between-subject factor and response category as within-subjects' factors.

Responses to joy eliciting vignettes. The main effect strategy was significant, F (3, 177) = 18.71 p <.001. No significant interaction was noted between caregiver and responses, F (3, 177) =1.53, p = .217. Mirroring that refers to resonating with child's positive emotion state both verbally (e.g., I would say she looks happy) and non-verbally (e.g., I would also smile when he smiles), was significantly more endorsed by all the caregivers (M = 46.03, SD = 31.46) than all other strategies (up regulation, problems solving and emotion dismissive). The latter were endorsed at similar levels (see Table 9).

***Response to empathy eliciting vignettes*.** The main effect strategy was significant (3, 177) = 12.59 p <.001. No significant interaction was noted between caregiver and responses, F (3, 177) =.186, p = .803. Mirroring (M = 40.16, SD = 38.17) and up regulation (M = 39. 89, SD = 37. 42) were significantly and strongly endorsed by all the caregivers. 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 and give her good toys when he cries. She gives her favourite toys as well and when he stops crying then she takes them back."

To summarize, in response to negative social disengaging emotions such as anger and jealousy, overall caregivers endorsed problem focused and training responses. Problem focused responses are directed towards solution-oriented thinking, and prevention. Since the emotions of anger (i.e., showing anger towards friend), jealousy (i.e., jealous of sibling while mother praises) were in relation to others, caregivers emphasize more on guiding the child with specific instructions. Whereas, for the negative socially engaging negative emotions particularly for fear and sadness, caregivers endorse emotion focused responses that are comforting responses to alleviate the distress. But for the emotion of shame (i.e., the bottle fell from child's hand while guest was at home),

caregivers endorsed problem focused and emotion focused responses. In response to both other and self-focused positive emotions, caregivers upregulate positive emotions of the child.

Table 9

Comparison of Response Categories (proportions) to Positive Emotions (joy and empathy) by Caregivers

Emotion	Response Types	PC *M* (*SD*)	SC *M* (*SD*)	Effect	F	Eta2
Joy	Problem-focused	17.83 [b] (22.85)	13.63 [b] (20.50)	ST	19.66***	.509
	Up regulation	22.83 [b] (25.41)	6.81 [b] (16.61)	CG	9.38***	.137
	Emotion Dismissive	9.00[b] (18.69)	.00 [b] .00)	S*C	1.24***	.062
	Mirroring	44.16 [a] (17.25)	54.54 [a] (40.02)			
Empathy	Problem-focused	10.33 [b] (22.30)	9.09 [b] (30.15)	ST	71.94***	.791
	Up regulation	41.66 [a] (36.92)	31.81[a] (40.45)	CG	1.94***	.031
	Emotion Dismissive	1.00 [b] (7.07)	.00 [b] (.00)	S*C	.21	.011
	Mirroring	40.00[a] (37.34)	40.90[a] (43.69)			

**PC= Primary caregiver (mother); SC =Secondary caregivers; ST = Strategy; CG = Caregiver; S*C = Strategy and caregiver interaction*

Emotion Socialization Goals and Practices

The section highlights the interaction between caregivers' socialization goals and practices. Socialization goals were assessed in terms of two broad goals, that is individualistic and relational. The third group (e.g., balanced goals) based on individual values and differences between the two scales (e.g., individualistic and relational) was created. Results indicated that caregivers emphasize relational goals more followed by balanced goals, particularly by mothers and some preference for individualistic goals.

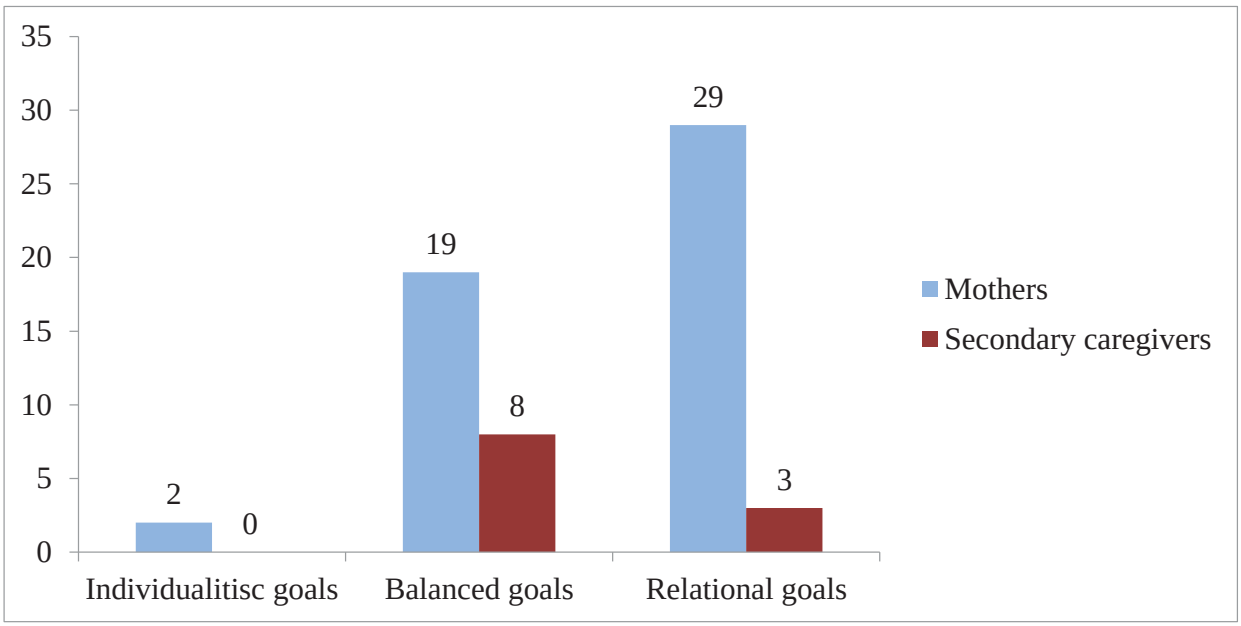

Figure 5. Caregivers' individualistic, relational and balanced goals.

Further, 2 (caregivers) x 3 (goals) x 5 (strategies) ANOVA to test the impact of goal preference on emotion socialization strategies was conducted. The analyses indicated significant main effects for each emotion. However, neither interaction effects with goal groups nor with caregiver were significant. In some cases, secondary caregivers did not endorse a strategy at all (Table 10). For example, disciplinary and training was not at all endorsed for the emotion of

jealousy and shame respectively. Further, dismissive was not endorsed by secondary caregivers for the emotion of anger, sadness, joy and empathy.

Table 10

Caregiver's Socialization Goals and 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

Emotion Socialization Practices of the Caregivers: Wait Task

For the analysis of mother-toddler dyads during the wait task, descriptive and correlational analyses were conducted between socio demographic variables, and children's emotion expression variables and maternal regulatory responses. Further, maternal regulatory responses on children's emotion expression were examined.

Relations of demographic characteristics and children's emotion variables. During the delay task, toddlers expressed anger (M = 15.5, SD = 16.72), positive affect (M = 5.43, SD = 6.18) and sadness (M = 2.72, SD = 3.49). Further, correlational analyses were conducted which revealed that child age was significantly and negatively correlated with anger frequency (r = -.35, p =.01). Child gender was not related to emotion frequency in the sample. Of the family demographics,

mother education and job status were not related to child' emotion variables, number of family members and family structure were unrelated to child emotion expression of anger, sadness and happiness. Overall, socio demographic variables were unrelated to children's emotion reactions (see Table 11).

Table 11

Correlations Between Socio-demographic Variables, Maternal Regulatory Responses and Child Emotion Regulation

		Gender of child	Age of child	Mothers' education	Mothers' job status	Number of family members	Family structure
Child							
Affect							
Happy	(avg)	-.142	.131	-.068	-.179	.026	.088
	(total)	.001	.100	-.080	-.002	.069	-.055
Sad	(avg)	-.018	.062	.105	.028	.177	.022
	(total)	.028	.113	.127	.117	-.270	.171
Angry	(avg)	. 266	-.281	.119	.021	-.087	-.022
	(total)	.179	-.359*	.067	-.066	-.157	.028
Mother strategy							
Distraction		.047	-.162	-.058	-.021	.107	.247
Physical Warmth		.033	-.018	-.116	.095	-.067	-.082
Verbal warmth		.001	.077	.326*	.021	-.306*	.084
Positive control		.037	-.072	.066	-.152	-.125	-.204
Task oriented control		.195	-.268	-.089	-.064	-.080	-.108
Negative control		.195	-.268	-.089	-.064	-.080	-.108

Relations of demographic characteristics and maternal regulation responses.

Descriptive analysis indicated mothers' regulation strategies were positive control (*M* = 9.70, *SD* = 7.83), distraction (*M* = 9.22, *SD* = 8.90), physical warmth (*M* = 3.97, *SD* = 4.99), verbal warmth (*M*

= 3.39, *SD* = 3.09), negative control (*M* = 1.18, *SD* = 2.79) and task-orient (*M* = 1.0, *SD* = 0). The relations between socio demographic variables and mothers' regulation responses were also nearly non-existent with one exception, namely verbal warmth: the higher education of mother (*r* = .32, *p* = .02) and lower number of family members (*r* = -.30, *p* = .03), the higher was verbal warmth. No significant correlations were found for other maternal strategies (see Table 11).

Relations of maternal socialization goals and practices. We computed the correlational analysis for mother's socialization goals (e.g., individualistic and relation) and practices (e.g., verbal warmth, task control) during wait task. There was a negative significant correlation (r = -.338, p < .05) between mothers' relational socialization goals and positive control. No other significant correlations were found between socializations and practices.

Maternal regulatory responses and children's emotion expression. First, we dichotomized each maternal response into low and high use of strategies based on median split. Second, a 2 (physical warmth) x 2 (distraction) x 2 (verbal warmth) x 2 (positive control) x 2 (task-orient) x 2 (negative control) ANOVA was computed for the effects of the responses on child's anger, sadness and positive affect. We restricted the effects to two-way interactions due to the limited sample size. The model was significant, *F* (1, 26) = 2.85, *p* = .001. The main effect verbal warmth was significant, *F* (1, 26) = 5.28, *p* = .031. Children of mothers who displayed high verbal warmth expressed more anger (*M* = 19.32, *SD* = 18.00) than children of mothers with low verbal warmth (*M* = 11.35, *SD* = 14.47. The main effect task-oriented control was significant, *F* (1, 26) =13.82, *p* =.001. Children of mothers with high task control expressed more anger (*M* = 26.95, *SD* = 17.39) than children whose mothers showed low task control (*M* = 5.80, *SD* = 7.66). However, this main effect was further qualified by a significant interaction effect between these two factors, *F* (1, 44) = 5.77, *p* = .021. Children's anger was more frequent for mothers with high task-control

compared to low task control, but this effect was especially strong for dyads in which mothers displayed high verbal warmth (high task-orient: *M* = 38.70, *SD* = 11.19, low task-orient: *M* = 7. 66, *SD* = 8.53) compared to low verbal warmth (high task-orient *M* = 18.00, *SD* = 16.80; low task-orient: *M* = 4.09, *SD* = 6.25). No significant effects were noted for the emotion of sadness.

For the positive affect, the main effect of verbal warmth was significant, *F* (1, 44) = 5. 83, *p* = .020. Children of mothers with high verbal warmth expressed more positive affect (*M* = 7.52, *SD* = 7.48) than children whose mothers showed low positive affect (*M* = 3.52, *SD* = 3.94).

Child Competence

Typical emotion of children. As expected, children who were "not doing well" were significantly characterized as being sad (75%) *X2* = 11.12, *p* >.001 and angry (86%) than happy (28%), X^2 = 34.01, *p* <.01. Whereas, children "doing well" were significantly characterized as being happier (72%), than sad (25%) and angry (14%).

Overall skills preference. First, we analysed 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 characteristics than secondary caregivers (*M* = 3.69, *SD* = 1.65) for both positive and negative criteria. Therefore, we calculated percentages to make comparisons between caregivers (primary and secondary) meaningful.

To test the differences in competence domains, 2 (caregivers) x 2 (gender) x 2 (quality) ANOVA with quality as a repeated measure were computed. To test consistency of the domain across the sub-codes, the same ANOVAs were also computed for each sub code. Besides several main effects, significant interactions only occurred for caregiver x quality in the physical domain,

and quality x gender in the social domains. In the subsequent section, detailed analysis of each of the seven domains is provided. See Table 12 for descriptive statistics for each competence domain.

Physical skills. Overall, the physical domain did not show a main effect for quality. However, it exhibited significant caregiver x quality interaction, F (1,187) = 3.97, p <.05. Mothers mentioned significantly more positive (M = 16.63, SD = 28.34) than negative characteristics (M = 6.16, SD = 21.99) whereas secondary caregivers mention similarly for both positive (M = 7.01, SD = 21.20) and negative (M = 10.91, SD = 28.96) references. Physical skills comprised nutrition and activity; no significant differences were noted in the subdomains.

Cognitive skills. Overall, cognitive domain rendered a main effect quality, F (1,187) = 13.06, p <.001. Both mother and secondary caregivers displayed more references for positive (M = 20.04, SD = 31.57) than negative (M = 6.39, SD = 20.96). Cognitive skills included three subdomains, namely, intellect, verbal skills and curiosity. The main effect quality was significant for intellect (positive: M = 15.00, SD = 26.96; negative M = 3.19, SD = 13.84), F (1,189) = 12.92, p <.001, but was not significant for curiosity and verbal skills. One of the mothers shared about the cognitive skills of the boy child, “he is very intelligent, grasp things quickly and is intelligent to create funny moments. He also handles things very nicely.”

Social skills. There was no main effect quality for social domain. Caregiver x gender interaction was significant, F (1, 187) = 5.05 p <.05, with both the caregivers mentioning 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). A caregiver shared about child not doing well for social skills, “He is very stubborn and rude; does not care who is there, an elder or young. He speaks very roughly to everyone…that ways he is not doing well.”

Table 12

Descriptive Statistics for Competence Domains

	Caregiver	Positive			Negative			F-tests
Physical	PC	Gender	M	SD	M	SD	Effect	F-value
		Boys	17.24	30.733	6.15	21.39	Quality	.829
		Girls	15.98	25.81	6.18	22.81	Caregiver	.489
	SC	Boys	10.22	26.65	14.44	31.41	Q * C	3.97
		Girls	3.57	13.36	7.14	26.72		
Cognitive	PC	Boys	20.17	32.10	5.41	18.66	Quality	13.06
		Girls	17.98	29.56	6.19	21.67	Caregiver	1.84
	SC	Boys	33.22	39.44	5.55	14.99	Q*C	.048
		Girls	16.60	29.99	14.28	30.56		
Social	PC	Boys	20.30	28.97	34.61	40.51	Quality	1.05
		Girls	21.66	29.55	28.69	39.34	Caregiver	.385
	SC	Boys	16.55	28.93	33.33	45.42	Q*C	1.49
		Girls	30.53	35.90	11.90	23.95		
Emotional	PC	Boys	6.89	16.86	20.99	34.62	Quality	6.59
		Girls	4.70	14.44	12.39	29.84	Caregiver	.006
	SC	Boys	11.11	29.99	10.00	28.03	Q*C	.113
		Girls	3.57	13.36	21.42	37.79		
Proper demeanor	PC	Boys	25.28	34.30	25.75	35.25	Quality	.078
		Girls	28.75	36.24	37.12	42.65	Caregiver	.475
	SC	Boys	23.33	30.07	30.00	41.88	Q*C	.335
		Girls	44.28	37.72	34.52	45.50		
Self-related Skills- Autonomy	PC	Boys	7.24	16.75	4.83	18.33	Quality	.067
		Girls	5.26	15.91	4.05	15.47	Caregiver	.204
	SC	Boys	5.55	14.99	4.44	17.21	Q*C	1.07
		Girls	.00	.00	7.14	18.15		
Self-related Skills- Interrelatedness	PC	Boys	2.85	13.35	2.24	11.09	Quality	1.88
		Girls	5.63	15.49	5.34	20.54	Caregiver	1.05
	SC	Boys	.00	.00	2.22	8.60	Q*C	.438
		Girls	1.42	5.34	2.23	10.71		

*PC refers to primary caregivers (mothers) and SC refers to secondary caregivers.

Social skills included four sub topics prosocial, initiative, sensitivity and communication. For communication, there was significant main effect quality, F (1, 189) = 8.54 p = .004, with more positive (M = 2.0, SD = 9.77) than negative (M = .14, SD = 1.4) references. No significant differences found for sub domains of prosocial, initiative and sensitivity.

Proper demeanour skills. Obedience and social learning comprised the proper demeanour skills. No significant interactions were noted in the proper demeanour skills.

Emotional skills. Emotion skills included hedonic tone and emotion regulation. Main effect quality was significant, F (1, 26) = 6.59 p = .004. Both the caregivers mentioned more negative (M = 16.64, SD = 32.57) than positive (M= 6.08, SD =17.05) references. This effect was mostly due to emotion regulation as there were no effects for hedonic tone but a significant main quality effect for emotion regulation, F (1, 26) = 6.59 p <.05; both caregivers mention more and similar reference for negative characteristics (M = 13.50, SD = 28.99).

Self-related skills-autonomy and interrelatedness. There was no significant interaction noted for both autonomy and interrelatedness. However, qualitative insights indicated caregivers' emphasis on autonomy. A mother in the current study shared her perception on competent child and appreciated developmental independence. In the words of mother:

> he is independent, he thinks before he speaks or react; then hmm…he knows himself in terms of his needs, what he wants to eat, when he wants to sleep, when he wants to study, he realizes by himself, so he is on his own. He does his things, I know after 2 years of age, children do their thing but often I observe may be because of mother or other children are dependent, whereas when I observe him, he is on his own, he will settle his bag on his own, though 5 years old do but you know, no supervision

> of mother is required, he will study own his own, he will say I want to play or whatever he himself knows what he wants to do and he has his no and yes. He is very clear about it (26).

Qualitative insights indicated that caregivers do not relate with child "not doing well" and cited many reasons why children might have negative characteristics. In words of a caregiver, "children are naturally good. It is the surrounding that spoil them." Another mother stated:

> I think that child is more with driver and maid … because mother… and... mother-in-law, [both] working…[thus] maid takes care of child. [As a result], child throws more tantrums, [and remain] more stubborn…[he] does not know how to spend time…he does what all helpers do… you know, whole day he insists on moving out as he has developed a habit of moving out with them…[Also] he has become abusive, [for example] he gets more angry and abusive (36).

Following excerpt from the mother confirms the same:

> I think for now (at this age) there is nothing of his (child's) own, it is all of parents… but the thing that is not right is that he is so much influenced with bollywood movies like hitting and fighting and opening the shirt probably like one of the heroes, immiitating all that. Fighting, taking out a gun and become a villain. Dialogues which are not viable for the kid (48).

Another caregiver shared,

> You know…he has feelings but somehow, I feel parents do not pay that much attention and keep on warning him, so his feelings are suppressed. If he is not toilet train or urinate in public place then it should be explained, once it is okay but to slap him and lock him for an entire day in bath room that I feel is too much (44).

The role of environment was also discussed as a positive influence which further confirms that at this age (2 to 5 years), caregivers are responsible for the child rather than the child being responsible for his/her behaviour. This point is very well reflected in the verbatim of one parent:

> Doing well in a way that the environment he has got at home, he is very punctual; also, he lives in a joint family, his parents and all. He respects. Then, when he gets up in the morning, he knows what all I need to do, like brushing, eating, after he gets up, his favourite thing is study then he will tell everything to everyone what all he knows. Then he greets his parents, then he will be little bore so need to divert him, but he does all because his parents trained him or the way a mother want (31).

Key Highlights of the Chapter

- Indian caregivers valued relational socialization goals more than individualistic goals with glimpses of balanced goals (between relational and individualistic goals) indicative of socio-demographic changes.
- Indian caregivers with emphasis on relational emotion goals endorse more training responses and less emotion encouragement i.e. they show lower preference for supportive strategies.
- Family remains the most significant institution of parent socialization. Additionally, formal sources (e.g., media) of socialization also emerged as an important source of socialization particularly for mother's indicative of the changing social-cultural context and availability of more sources to meet the new day parenting demands.
- Social competence domains dominate for competence indicative of caregivers' emphasis on relational emotional competence to promote interpersonal and group harmony.
- Gender difference in emotion socialization of caregivers is not obvious, given the young age. However, the qualitative responses highlight the subtle gender differences in caregivers' beliefs and practices.
- Primary and secondary caregivers share similarities and differences in their goals and practices. For example, toddler's temperament, mothers estimated positive affect higher than secondary caregivers. Further, for emotion socialization goals, mothers shower higher preference for relational goals than secondary caregivers.

In the next chapter, findings of the study are discussed with relevant literature.