

Discussion

The overarching goal of this study was to examine emotion socialization in an urban Indian context from the perspective of multiple caregivers. One aim was to examine the cultural sources of information on child rearing, inspect the emotion socialization goals and practices of the caregivers (mother and secondary caregivers), and to understand the construct of child competence. Another aim was to examine the temperament and children's expression. Gender differences were examined across the variables of the study.

This chapter provides an interpretative perspective on the subject by integrating findings with relevant literature. The chapter is organized in five themes: 1) emotion socialization goals: moving beyond dichotomy, 2) sources of socialization: continuity and discontinuity, 3) caregivers' emotion socialization practices, 4) construct of child competence, and 5) gender in emotion socialization.

Emotion Socialization Goals: Moving beyond Dichotomy

Cultural models of independence, interdependence (Markus & Kitayama, 1991) or autonomy-relatedness (Kagistcibasi, 2007) guide the socialization goals of the parents which are reflected in parental ethnotheories (Keller et al., 2006). For example, parents living in cultures defined as individualistic (e.g., Western), value independence and autonomy and instil these values in their children as they prepare their children to function as an effective individual. Whereas, parents living in collectivistic cultures (e.g., Asian) emphasis values of familism (e.g., respect for

elders and family honour) (Chao & Tseng, 2000; Rao, McHale, & Pearson, 2003) as they focus on preparing their child to be a part of family and extended kin network.

In the current study, both the caregivers (mother and secondary caregivers) indicated higher preference for relational goals over individualistic goals, which is not surprising given the cultural model of interdependence that is prominent in Asian contexts like India (Markus and Kitayama, 1991). This emphasis on relational goals over individualistic goals however does not signify that independence is not endorsed at all. Independence or autonomy may not be encouraged from parents but developmentally independence is encouraged and perhaps more so in contemporary context as it is needed to adapt to the globalizing world.

Such developmental autonomy has also been reported by Tuli and Chaudhary (2010) with urban middle-class mothers of Delhi. The researchers contended that the process of socialization is an act of balancing interdependence and autonomy in a domain specific approach to endorse individuality in what mothers consider as safe domain (e.g., choose to eat themselves). The researchers proposed the concept of “elective interdependence” to describe the agency that mothers manifest in electing to be independent or interdependent in their socialization goals and practices. This fluctuation between independent or interdependent is domain specific. Example, children’s autonomy in domains of food and respect of elders is less negotiable than sleeping patterns.

The findings have confirmed that the socialization process continues to center on relational socialization goals with some caregivers endorsing balanced goals. Balancing goals indicated a combination of relational and individualistic socialization goals. Sinha and Tripathi (1994) have also confirmed the co-existence of both autonomy and affiliation in the Indian context. Previous research across cultures and ethnic groups has supported the co-existence of both types of socialization goals of caregivers (Suzzio, 2007; Tamis-LeMonda, Wat, Hughes, Yoshikawa,

Kahana-Kalman, & Niwa, 2008; Raval, Raval & Deo, 2013). For example, Raval et al., (2013) reported that Indian mothers of adolescents endorsed both autonomous and relational goals.

Although caregivers' socialization goals are important, the results have revealed that caregivers' socialization goals had a weak relationship with emotion socialization strategies. The caregivers' emotion socialization strategies are discussed in detail in next section.

Sources of Learning Child Rearing: Continuity and Discontinuity

Besides the emotion socialization goals, different socialization sources contribute to parenting and socialization. Examining the cultural sources of child rearing is an important aspect to understand the socialization process. Given that family is the center of all social interactions in the Indian society, we expected caregivers to consider family as the most important source of learning child rearing. Indeed, the family emerged as the most significant socialization source for mothers and secondary caregivers. Further, mother's mother is the most important role model and key agent of parenting in the family. In the Indian context, women in the family (grandmother, mothers-in-law, and sister-in law) have shared responsibility of parenting, and hence automatically becomes a source of socialization. The results of the study reiterate that the role of the mother is upheld even in the web of multiple caregivers. At one end, it signifies the critical role of women in parenting and at the other end, it represents the stereotypical role of a women depicted in patriarchal Indian society.

The findings of the study also revealed the widening sources of child rearing of mother compared to secondary caregiver. Younger mothers in the current study 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 (in

press), which suggests that parenting is emerging as a conscious process with parents seeking information from both formal and non-formal sources. This shift from informal sources (e.g., family) to formal sources (e.g., media) of socialization reflects the changing sociocultural context and more demands on parents. This can be explained by Arnett's (1995) conception of broad and narrow socialization. Indian culture seems to represent a combination of broad and narrow socialization, wherein socialization is relatively broad through some sources and narrow through others. For example, being obliged to the in-group and the family clearly indicates narrow socialization. However, the economic development which expands the other more modern sources (e.g., Internet) of socialization are indicative of broad socialization.

Caregivers' own childhood experiences have also 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 perceive best for their children. The findings of Sachdeva and Misra (2008) indicated a similar trend that with urban educated young parents whose aspirations for children's educational achievements are enhanced and the parents prefer English medium school since it provides status in the current competitive context.

The contemporary urban Indian context which manifests the rapid socio-economic changes resulting into more women entering formal workforce also bring changes in the perceived roles of husband and fathers in parenting. The results of the study indicated that young mothers perceive their husbands as supportive, understanding and equal partners in parenting and feel proud of their husband being involved in child rearing, whereas secondary caregivers did not discuss about the role of husbands or fathers in parenting since they perceive parenting as a forte of women.

Overall, family remains the primary source of socialization of parenting with mothers extended their network of more formal sources of socialization such as Internet, books etc.

Caregivers' Emotion Socialization Practices

Besides the different sources of socialization, caregivers shared similarities and differences in their emotion socialization practices. Socially engaging emotions refer to the emotions centred on the themes of engaging with others (e.g., social harmony). Engaging emotions, particularly positive are expected to be derived from the interdependent self. In contrast, socially disengaging emotions refers to the emotions centred on the themes of independence (e.g., personal goals and desires) wherein the self is separated from others in a relationship. Disengaging emotions, particularly those that are positive are expected to be derived from affirming the independence of self (Kitayama, Mesquita & Karasawa, 2006).

Negative socially disengaging emotions: Anger and jealousy. Considering the emotion norms that discourage open display of the emotions of anger and jealousy within the context of highly socially cohesive mother-child relations (Kagitcibasi, 2007; Markus & Kitayama, 2010) prominent in the Indian context, we predicted that caregivers would teach their young children to control anger and jealousy since these emotions are a risk for cordial relations within close and extended social networks. Indeed, results revealed that caregivers endorsed guidance (problem solving responses) and explanation (training) of why emotional expression of anger and jealousy are inappropriate and emphasis is placed on teaching the child with reference to social norms, sharing and empathic understanding of others.

Problem solving responses are centered on teaching the child “*to share and play together.*” Caregivers often refer to other children (usually a friend of the child) also as sibling of the child to teach interrelatedness and to inculcate the feeling that activities and things are ‘collective phenomena’ and do not belong only to the child (Sharma, 2003, p.235). One of the caregivers

shared, “I will tell him to play together nicely. He/she is your brother/sister only. Yours is theirs and theirs is yours. Do share and play together.”

The emphasis on training for the social disengaging emotions such as anger has also been confirmed from previous studies with Gujarati mothers (Raval et al., 2012), Chinese mothers (Cheah & Rubin, 2004) as well as with mothers from Turkey and Romania (Corapci, Friedlmeier, Benga, & Susa, 2017). The social disengaging emotions of anger and jealousy are a risk for social and group harmony and hence teaching the child to accommodate to the situation to restore harmony in social relationships makes complete sense.

Negative socially engaging emotions: Fear and sadness. Since the negative social engaging emotions of fear and sadness do not risk the social harmony or negatively influence interpersonal relations, caregivers were expected to soothe the child.

Confirming previous cross-cultural research that revealed similar endorsement of emotion-focused response by US and Indian mothers (Raval et al., 2012) as well as by mothers of Turkey, Romania and US (Corapci et al., 2017), all the caregivers in the current study endorsed emotion focused responses more strongly than other responses for the emotion of sadness. Consistent findings have also been reported for Asian Indian immigrant and White American mothers (McCord, & Raval, 2016). Emotion focused responses comprising distraction (e.g., will get her out) and verbal comforting (e.g., will go to meet your friend personally once you are fine) to ease the distress of the child were reported. Interestingly, in the first case caregivers have the urge to avoid the feeling of sadness for the child, for example, “child is hurt so cannot go, but I can take him myself (laugh);” “I will take her anyhow...she should not be sad”.

Disciplinary responses were only elicited by mothers in fear situations. The possible reason for this may be that mother bears 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, the mother is under question and others tend to point a finger at her. Whereas secondary caregivers, (who in most cases were grandparents) spend more time playing with the child and hence are more indulgent and do not endorse training and discipline.

Negative socially engaging emotions: Shame. In an interdependent context like India, shame is interpreted as aligning self in relation to social norms and expectations. The emotion of shame is a way of conforming to social engagement- an important goal in collectivistic societies (Mesquita & Karasawa, 2004). Shame is seen as emotion of hope, and since the underlying motivation of the emotion is to repair relationship and to approach significant others (Mesquita & Karsawa, 2004), it was hypothesised that the emotion of shame will be encouraged by the caregivers to teach desirable behaviours.

Unlike the situations of fear and sadness (negative social disengaging) all the caregivers endorsed problem focused responses (solution oriented, guidance) in response to the shame eliciting situations. Problem focused responses primarily focused on explaining the child the appropriate way of doing the task, by giving specific instructions (guidance). A study with Nepali participants also confirmed teaching and nurturing children in situations eliciting shame (Cole et al., 2006).

Followed by the problem-solving responses, emotion focused responses to comfort the child were endorsed by all the caregivers. Mostly caregivers confirmed being relaxed, "it is okay if it happens" in situations of shame. The possible reason may be the young age of the child. Young children are idealized as 'innocent' while older children are possessing habits and agency (Sharma, 2003) and expected to behave accordingly. Infancy and childhood are time for indulgence (Kakar, 1981) and children are considered "divine and near perfect (Saraswathi & Ganpathy, 2002, p. 79-80). Misri (as cited in Kapadia, in press) suggests that the Indian child is conceptualized along three

axes. The first axis considers the child as a divine gift created through parents – human/divine axis; second the child is considered as a collective being in relation to family and community as well as a unique individual based on her or his karma – individual/collective axis; and third, the child enters the world with *gunas* which are altered through *sanskaras* that turn the child into a social being – the inalterable/transformative axis.

Positive emotions: Joy and empathy. Positive emotions (e.g., happiness, empathy) is important to deal with stress (Frederickson, as cited in Friedlmeier et al., 2011). However, literature on positive emotions is limited. One recent cross- cultural study comprising both negative and positive emotions is Corapci et al., (2017). Guided by the family model, the data revealed that in situations that elicit happiness, mothers from Turkey endorsed upregulation more than their counterparts from Romania and US; whereas mirroring was endorsed much more by US mothers than mothers from Romania and Turkey (Corapci et al., 2017). Since the emotion of empathy is other-directed (in relation to others) we hypothesized that caregivers would upregulate empathy more than joy (self-imposed happiness).

In response to the situation eliciting empathy (child consoling a friend), upregulation and mirroring were strongly endorsed by all the caregivers. Upregulation refers to caregivers' response to intensify child's happiness by verbal as well as nonverbal means, whereas, mirroring refers to echoing the positive emotional state of the child. Upregulation was endorsed to a great extent in response to situations eliciting empathy than situations eliciting joy (child is happy on receiving a gift). For the positive emotion of joy (happy on receiving toy), mirroring was strongly endorsed by all the caregivers. Caregivers' strategies are in sync with the collectivistic orientation where children are taught to please significant others (Paiva, 2008) and emotions are expressed in relation to others.

Caregivers: Similarities and Differences

Child rearing in India is a collective experience and is not limited to parents only. Parenting is extended to other members, for example, grandparents, aunts, uncles and siblings. The study included emotion socialization practices of both primary (mothers) and secondary caregivers. Joint family is an idealized norm in Indian culture; family structures especially in urban areas and metropolises, are undergoing rapid changes (Bhatia, 2006; Sharma, 2003). Despite, growing nuclear family arrangements, the family orientation remains predominantly interdependent.

The findings of the study indicate continuity in caregivers' socialization with few differences between mothers and secondary caregivers. For example, for the situation eliciting fear, secondary caregivers endorsed more emotion focused responses to soothe the child, whereas mothers endorsed more training than secondary caregivers. Also, for the social engaging (e.g., sad, fear) and disengaging emotions (e.g., anger, jealousy), secondary caregivers did not endorse emotion dismissive at all, while mothers use it to a lesser extent than other strategies. This can be explained because mother is the center of child-rearing and is held responsible for training the child, while, other caregivers, particularly grandparents (who are majority in the present study) are more indulgent.

Further, for child competence, mothers mentioned more characteristics for competent child for both positive and negative qualities than secondary caregivers. These differences in ideas between mothers and secondary caregivers may be because of higher education of mothers and more sources of information available. Sharma (2003) in his research confirmed that parenting ideas between generations differ partly due to value of education as a source of economic wellbeing. Additionally, mothers were observed to be more expressive across the interviews than secondary caregivers. It seems that these interviews were a catharsis session for mothers and they could share

all their anxieties related to child rearing and their helplessness in adopting a way to deal with their child. For example, mothers shared while they want to adopt a certain way (e.g., compassionate yet strict parenting) to teach children but since they are working out of home and the child was with in-laws for most of the time, it became difficult for mothers to negotiate on adopting certain parenting styles and practices of their choice. This is also one of the reasons that the study included a smaller number of secondary caregivers. Once mothers shared all their frustration in differences of opinion in child rearing with their mothers-in-law (who in most cases were secondary caregivers), they did not want the researcher to meet them. Employed mothers, particularly shared this tension and inability to guide or socialize the child the way they would desire as when mothers are away from home, grandparents take care of the children. This instance of support and yet tension is reflected is suggestive that very close relationships in the Indian context may not necessarily be 'close' (Uberoi, as cited in Tuli & Chaudhary, 2010). Though the families may be close in relatedness, they may not necessarily be close or affectionate in interpersonal relations. In contrast in a study of South Asian immigrants (e.g. India, Pakistan and Bangladesh) parents lament the absence of extended family members. Immigrant parents in the study acknowledge that in a new sociocultural reality, it is not feasible to get an entire family for child rearing and a two-parent model is unusual and stressful for them. Parents find child rearing difficult since the responsibility of the child care is on parents only unlike in the country of origin where child-rearing included extended family members (e.g. cousins, grandparents, uncle and aunty). Mothers reported the absence of extended members as a considerable loss (Pavia, 2008).

Construct of Child Competence

Masten and Coatsworth (1995) defined competence as “a pattern of effective performance in the environment, evaluated from the perspective of development in ecological and cultural context” (p. 724). This pattern of effective performance is expected to vary in cultures. Hess, Kasigawa, Azuma, Price, and Dickson (1980) contends that cultures vary in terms of adults’ expectation on competence at given age, skills and proficiency that they want children to attain. In this study, caregivers shared that “at this age children are good only” and “you do not expect much from them.” This view is consistent with the idea that in India childhood is delayed and parenting in early years is indulgent (Kakar, 1981). In a cross-cultural study with Japanese, English and Indian mothers, Joshi and Maclean (1997) reported that Indian mothers expected child competence at a later age (3.26 years) compared to English (2.82 years) and Japanese (2.55 years) mothers. Similar findings were also reported in a comparative study of Malay, Chinese and Indian parents of Malaysia. Indian parents in the study reported later age expectation for compliance, peer education and communication compared to Malay and Chinese caregivers (Salehuddin & Winskel, 2006). The later age expectations may be due to the conception of childhood as period of indulgence (Saraswathi & Ganapathy, 2002) wherein children are not pushed to do things from early ages.

Competence domains: Positive and negative. Both positive and negative characteristics of competence were included in the interview, although the differences were not caregiver-specific, except in the physical domain. Mothers mentioned more positive characteristics for physical domains than negative, whereas secondary caregivers made similar references for both positive and negative. Positive characteristics for mothers mainly include activities, dancing, taking part in sports and nutrition (e.g., eats well, mother does not have to run after the child).

Qualitative insights indicated that caregivers do not focus on negative characteristics and sometimes had difficulty thinking of a child not doing well. One of the secondary caregivers expressed anger at the researcher for asking about the negative (not doing well) characteristic of a child. In the words of a caregiver, “Nobody is like that. Why do you have such perspective about child not doing well? Why are you asking negative thing? If we are doing good, then child is also doing good. Such thought never comes to me that this boy or girl is not doing well.”

Caregivers expressed that the child in this age (2-5 years) is innocent. Negative characteristics were not an expression of the child but rather the consequence of bad environment or fault of parents. This finding echoes with the popular Hindu view of children as “divine and near perfect” (Saraswathi and Ganpathy, 2002, pp. 79-80). Roland (1988) also noted that Indian child up to the age of 4 or 5 years is regarded as an innocent being whose actions are based in ignorance. Infancy and childhood are a time for indulgence and children are considered near perfect and divine (Saraswathi & Ganapathy, 2002). Thus, the negative qualities were not seen as an expression of the child but the consequence of bad influence from the environment. Likewise, in a study with Nepali participants (Cole et al., 2006), Brahman elders believed that caregivers and teachers are to be blamed for incompetent child, whereas Tamang (another community of Nepal) believed that caregivers can only guide a child but cannot control the child. Further, in this study the role of environment was also discussed as 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 behavior. Children are considered innocent and not been capable of making decision 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 (Chakkrath, 2005).

Competence domains. Caregivers showed systematic preferences of quality for certain domains. For instance, emotional skills and proper social demeanor were significantly more often mentioned as negative characteristics, whereas physical and cognitive were described more as positive characteristics than negative characteristics. These results do not confirm previous studies by Olson, Kashiwagi, & Crystal (2001) that reported more differences for negative than positive descriptions for Japanese compared to U.S. preschool children.

Qualitative insights indicated that caregivers emphasize most on social skills (e.g., communication, social sensitive) and proper demeanor skills (e.g., obedience and social learning). Parental ethnotheories have confirmed that caregivers place higher social value on being polite in India (Roland, 1988). Most caregivers emphasize that a competent child is one who is “obedient,” “polite” “listen” and “*sanskari*.” On enquiring about the meaning of “*sanskari*,” a caregiver responded, “one who socializes well, greet elders, obedient and listen.” Listening to parents, grandparents and friend in community is seen as desirable trait of a competent child. This emphasis on proper demeanor skills makes sense since the focus of Indian caregiving is on teaching compliance to children. This is asserted in parental ethno-theories that reported parental conception of competent child or “good child” as one who possesses values and “*sanskaras*” such as being respectful to parents and adults, being truthful, socially confirming, compassionate, tolerant and valuing others and endorsing social competence (Saraswathi & Ganapathy, 2002). Further, in another study by Shastri and Mendiratta (2006) on attributes that parents liked and disliked among their preschool children, parents preferred relatedness followed by personal characteristics, achievement, socially acceptable behavior and good habit as desirable traits in children. Children in India are constantly reminded to be polite and kind to others, norms of respect and deference are taught early to children and greeting other is taught as an important skill (Sharma, 2003).

Gender in Emotion Socialization

Quantitative findings of the study indicated gender differences only for social skills for a competent child. Both mothers and secondary caregivers mentioned more negative characteristics for boys and more positive characteristics for girls than boys. The possible reason for this may be a common view that girls are generally well behaved. On asking about the “not doing well” girl, a caregiver responded, “I do not know any girl who is not doing well..., girls are mostly not like that, only boys are like that, when I see around, girls are doing good only, only boys are like that. In my experience, it is like that, there is no such girl who is not doing well.”

Largely, findings did not indicate gender difference in other domains of the study. The possible reason for this may be the age of the child and gender differences might not yet be clearly observable in younger ages. Indeed, some mothers responded, "everything that's been mentioned for the girl is same for the boy as well". It is likely that gender stereotypes regarding children's competence at this age are implicit and not explicit.

Most other studies found no differences in gender (Cheah & Chirkov, 2008; Cole, et al., 2006; Durgel et al., 2013; Olson et al., 2001; Paguio, Skeen, & Robinson, 1989) in child competence. One exception was Rosenthal and Roerstrier's (2006) study that found gender differences in mothers' developmental goals regarding preschool age boys and girls by taking a closer look at mothers' interviews and adopting a qualitative approach across five communities within Israel. Qualitative insights from the current study indicated that there were incidences of caregivers' mentioning subtle gender notions. For example; while describing characteristics about the competent child, the caregiver reported “you know that typical characteristics of girls; she is decent, polite and likes to dress up nicely.” Yet another caregiver shared “being a boy, he is obviously angry most of the time.” In emotion socialization interviews on a situation eliciting shame

(a water bottle fell from child while the guest is present), a mother mentioned “she is a girl, ...should know the basic like how to serve water, how to hold the glass...” This is unlike previous findings with older Indian children where clear gender differences were evident for the emotions of anger and sadness (Raval & Martini, 2011).

The next chapter finally concludes the study with future research recommendation.