Methodology

This chapter presents the detailed methodology used for the study. The chapter begins with the intent of the research followed by the data collection methods, research design, study site, sample, sampling technique, description of data collection procedure, challenges of data collection, ethical considerations during research and analytical framework. The aim of this research was to explore the practices of emotion socialization in an urban Indian context.

Mixed Methods Approach: An Overview

Mixed methods approach is an approach wherein the researcher mixes/combines both quantitative and qualitative research techniques, methods, approaches, and concepts. The purpose of mixed methods is to draw upon the strengths and reduce the weaknesses of each of the methods in a single research (Johnson & Onwuegbuzie, 2004). Mixed methods are advantageous to capture the best of both, quantitative and qualitative approach (Creswell, 2003) and overcome the limitations of each method.

The current study employed mixed methods as it allowed exploring the specific socialization behavior widespread in a culture and deeper understanding of the beliefs associated with that behavior (Yoshikawa, Weisner, Kalil, & Way, 2008). To explore universal and culture-specific aspects of emotion socialization, multi-methods comprising structured observations and self-report (e.g., interviews and questionnaires) are better suited (Friedlmeier et. al., 2011).

Therefore, quantitative methods were employed to explore the caregiver's socialization goals, child's temperament and emotion regulation, and qualitative methods were used to further explore the caregivers' socialization behaviors, sources of learning child rearing behavior and ideas of child competence.

Research Design

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 people of Gujarat are called *Gujaratis.* The official language of Gujarat is Gujarati, but Hindi, Marathi and English are also widely used in Vadodara.

Sample. A total of 111 participants took part in the study. The sample included 50 young children (between 19 to 34 months), 50 mothers and 11 secondary caregivers (four paternal grandmothers, three maternal grandmothers, three grandfathers and one aunt). The participants were purposefully selected for the study. The selection of participants was based on selection criteria set by the research team: a) age of the child, 2) income group (middle to upper middle class). Snowball sampling was used for recruitment. For example, a mother participant was asked if she can refer to any other potential participant with the specific criteria (mother with toddler 18 months to 34 months years old). The researcher also reached out to play schools through mothers to identify potential participants.

Process of Data Collection

The data collection process is presented in Figure 3. Data collection had four goals namely 1) identifying potential participants for the study 2) recruiting primary caregivers (e.g., mothers and young children), 3) recruiting secondary caregivers (e.g., grandfather, grandmother, sister-in-law, uncle, aunty) and 4) organizing data.

Identifying potential participants. In order to identify potential participants for the study, personal contacts were made and visit to preschools and day care centers were also carried out. Initial contact was made with the head in these schools/institutions and a detailed explanation was given about the importance and objectives of the study. With the permission of the head of the institution, an interactive session was scheduled for parents on parenting and about the importance of the study. Flyers were also distributed to daycares and mother-toddler playgroups, play group centers and in the clinics of pediatricians. Thereafter, contact details of the interested participants were taken, and a telephonic appointment was scheduled for initial screening (e.g., date of birth of the child, education of the mothers, their willingness to participate in lab observation). Appointment for lab observation was then scheduled followed by administering personal interview according to convenience of the participants and timings of the lab.

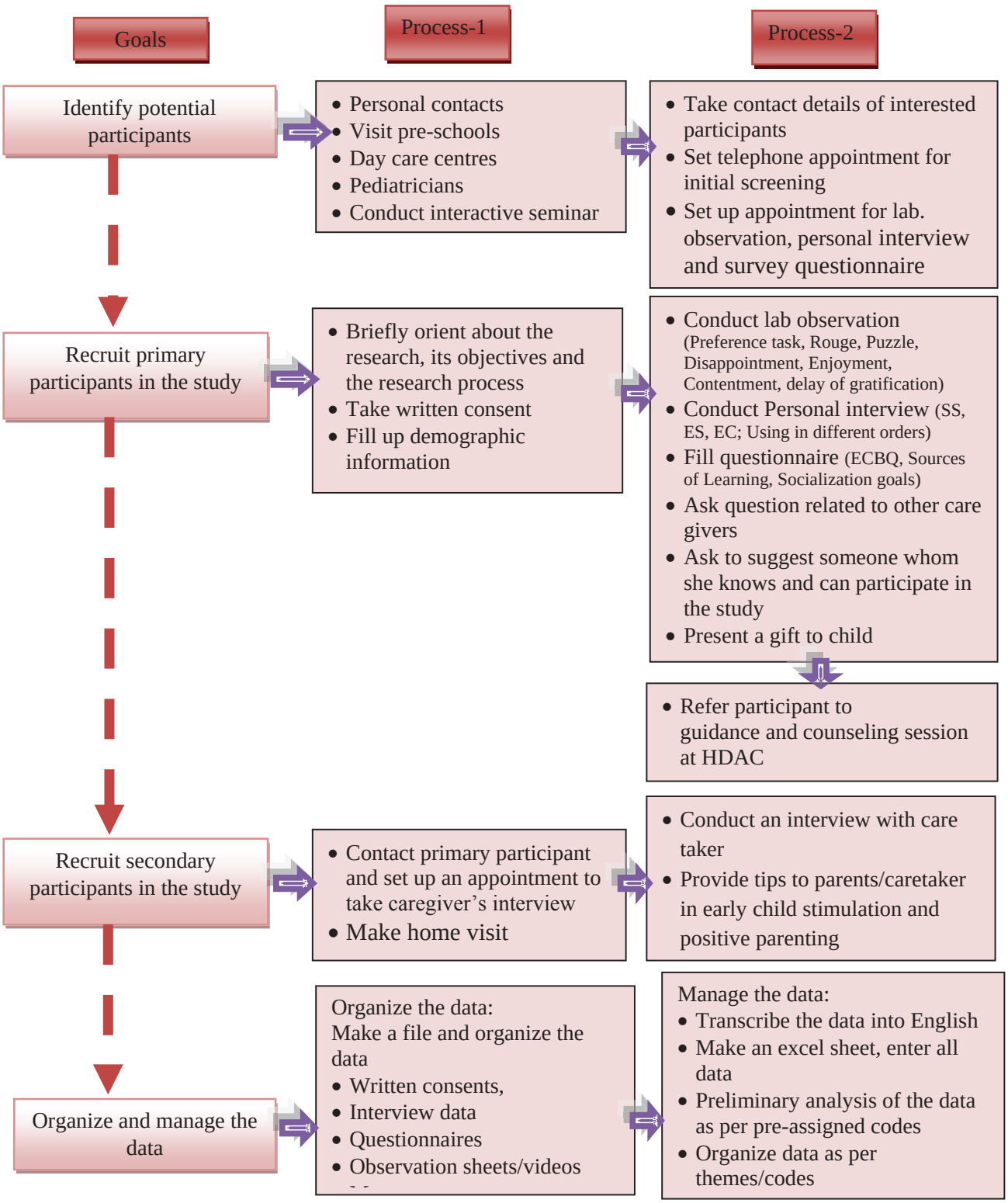

Figure 3. Data collection process.

Recruiting primary participants in the study. After participants showed willingness to participate in the study, an appointment was scheduled with the mothers (primary caregivers) and they were invited to the laboratory in *Chetan Balwadi*, Department of Human Development and Family Studies, along with their child participant. Mothers were oriented about the research objectives and the research process. Written consent was taken from the participant mothers for their own and their child's participation in the study. It was then followed by completing the demographic information form and two survey questionnaires, self-construal scale and emotion regulation checklist. Meanwhile, the child could play, and rapport was built with the child. Once, the child became comfortable, lab observation was conducted which included various activities namely preference task, rouge task, puzzle, enjoyment, contentment and delay task to evoke child's emotions. It was then followed by conducting personal interviews including emotion socialization, socialization sources and criteria of child competence with mothers. Further, the mother filled the questionnaires, namely early childhood questionnaire, socialization goals, emotion regulation checklist and self-construal scale. This sequence of administering the survey questionnaires was followed to avoid burdening the mother with five questionnaires at once. Thereafter, she was asked about the other significant caregiver involved in child rearing. She was also asked to suggest other potential participants for the study. In the end, the child was presented with a gift and the mother was briefed about the guidance and counseling session at *Unnayan*-HDAC (Human Development Assessment Center, UGC-CAS II, Department of Human Development and Family Studies). Mothers ensured that she can contact the department in case she needed any inputs in child guidance. Depending on the interest of the mother, she

was referred to HDAC or there was a discussion about parenting and behavior of the child with the researcher, followed by handing over a pamphlet specially prepared for them.

Recruitment of secondary participants in the study. Telephonic contact was made to primary participants in order to set up an appointment for a home visit to interact with a significant caregiver. Secondary caregivers were explained about the importance and purpose of the study. Interviews and questionnaires used with mothers were also administered to the secondary caregivers at their home according to their convenient time. Questions related to parenting or child rearing were discussed. In few cases, secondary caregiver also gave reference of other prospective participants.

Organizing and managing the data. After completing data collection, data were organized in separate files with written consents, interview data, questionnaires, observation sheets/videos and memos. Audio files were saved in separate folders with IDs of the participants and video files were transferred and saved with IDs of the participants.

Ethical Considerations

Ethical considerations are the foremost concern of a researcher. The researcher's intention was to promote a trustful relationship with all participants to produce precise, rich information without any negative impact on the participants. Prior to the interviews, a statement of ethical concerns was read to each of the interviews requiring their signatures to verify their participation in the study. The protocol of ethics assured that participation in the study was voluntary and their names or identities would not be revealed in any case. Participants were

informed that the intent of the study was to collect the cultural views and practices of child development and there are no right or wrong views or practices, but that the researcher is interested in normal perceptions. 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, that is, mothers and children were required to participate in a 45 minutes session of lab observation. Approximately 60 minutes were to be expected in completing the questionnaires and interviews. The research was conducted after approval of the PhD Committee of the Department of Human Development and Family Studies at The Maharaja Sayajirao University of Baroda was received.

Research Instruments

Questionnaires, interviews and laboratory interviews were used for data collection. The measures selected were those used by the collaborative partners so as to allow cross-cultural comparisons. Necessary adaptations were made to suit the Indian cultural context (e.g., in delay of gratification activity, instead of cupcakes, we used gems, that is, small colorful sweets with which Indian children are familiar). The description of the instruments used for data collection is provided in the following section. See Table 2 for research objectives and instruments.

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 (Appendix C).

Table 2

Research Questions, Research Objectives and Measures

Research Questions	Research Objectives	Measures
What are the emotion socialization goals of the caregivers? (reflection of cultural goals/beliefs)	Unravel the emotion socialization goals of the caregivers	Rating Scale: Socialization Goals
What is the caregiver's perception of child competence? (Idea of who is a competent child)	Understand the caregiver's perception of child competence	Interview: The Criteria of Child Competence Interview (CCI)
What are the different societal sources that influence emotion socialization practices of caregivers? (Cultural sources of socialization)	Explore the societal sources (family members, neighbors, community, religious group) that inform caregivers' socialization beliefs/goals.	Interview: Socialization Sources
What are the practices or strategies of emotion socialization used by caregivers? (Emotion socialization practices)	Understand caregivers' practices or strategies of emotion socialization	Emotion Socialization Interview; Emotion Regulation Checklist and mother-child dyads
How does caregiver's socialization goals inform their practices?	Examine the link between caregivers' socialization goals and practices	Interview: Emotion Socialization; Socialization Goals
How does gender influence emotion socialization goals and practices?	Explore the link between gender and emotion socialization	Across measures

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). Examples: I do my own things regardless of what others think, I should take into consideration my parent's advice when making education/career plans. Cronbach alphas for Interdependence and Independence were .67 and .69 respectively (Appendix D).

Socialization goals. The tool developed by Chan et al., (2009) was used to measure caregivers' goals related to emotional competence (individualistic/relational). The questionnaire has 20 items, ten items assess individualistic emotional competence (IEC) and ten items assesses relational emotional competence (REC). Caregivers 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)**.** Examples: how important are the following goals for caregivers; my child can control his/her anger and disappointment so as not to make others unhappy (relational), my child can express negative feelings in relation to others (individualistic). Cronbach alpha for the subscale ranged .54 for IEC and .58 for REC (Appendix E).

Emotion regulation checklist. The Emotion Regulation Checklist developed by Shields and Cicchetti (1997) was used to assess parents' perceptions of the child's emotionality and regulation, including emotional understanding, empathy, and dysregulation of both positive and negative emotions. The tool has 24-items including two subscales: the negativity/liability and the emotion regulation subscales. The liability/negativity subscale is comprised of items representing a lack of flexibility, mood liability, and dysregulated negative affect. The emotion regulation subscale includes items describing situational appropriate affective displays, empathy, and

emotional self-awareness. Caregivers reflected on how often their child expressed the given emotion or behave when certain situations occurred and rate on a four-point scale ranging from 1 (never) to 4 (almost always). Examples: gets over quickly when unhappy or upset (mood liability), when tried to get others to play, shows negative emotions (anger, fear, frustration. Cronbach alpha for liability was .61 and for emotion regulation .54 (Appendix F).

Early childhood behavior questionnaire (ECBQ). The Early Childhood Behavior Questionnaire-Very Short Form (ECBQ, Putnam, Gartstein & Rothbart, 2006) was used. The ECBQ is an instrument with strong psychometric properties and measures temperament of children ages 18-36 months. The standard version has 201 items rated on a 7-point Likert scale (from *1 =never* to *7 = always*). ECBQ-Very Short Form has 36 items which includes three subscales. The negative affectivity subscale consists of 12 items assessing the frequency of child's experience and expression of discomfort, fear, sadness, frustration, and soothability. The surgency/extraversion subscale consists of 12 items tapping on child's impulsivity, activity level, high-intensity pleasure, sociability, and positive anticipation. The effortful control subscale consists of rest of 12 items and measures child's inhibitory control, attention shifting, focusing, and low-intensity pleasure to regulate behaviors and emotions. Examples: when a familiar child comes to your place, how often does your child seek out the company of the child? While playing outdoors, how often did your child choose to take chances for the fun and excitement of it? Cronbach alphas for the subscales were - negative affect .77, surgency .53 and .65 for effortful control (Appendix G).

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

Emotion socialization interview. A semi-structured interview was applied using vignettes in which child experiences an emotion (e.g., sadness, anger, enjoyment or embarrassment). A total of eleven vignettes that specified the emotion-eliciting situation and young children's emotion were presented to caregivers who were asked to remember or imagine each situation with their specific child who is participating in the study and report how they would respond to each situation. There were two vignettes per anger, sadness, fear, joy, and jealousy and one vignette for shame. Themes included where a young child was throwing toys around and a disagreement with a friend (anger), getting an injection and separation from mother (fear), missing a birthday party and making a mistake in a group game (sadness), getting a desired gift and waiting for a favorite friend's visit (joy), praising another child for securing good marks (jealous), water bottle fell from the child's hands while guests were home (shame). Fear and sadness vignettes were adapted from the Coping with Children's Negative Emotions Scale (CCNES; Fabes, et al., 2002). Anger and joy themes were constructed by Friedlmeier (principal investigator of the research project). Theme for shame was constructed by the research candidate of the dissertation (Appendix H).

Coding of emotion socialization interview. The code book was developed by the project team. 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; Gottman, Katz, & Hooven, 1997; Hoffman, 1988) and non-Western samples (Chan et al., 2009; Raval, Raval, Salvina, Wilson, & Writer, 2012). A coding system was generated that involved eight major response categories to negative emotion-eliciting situations: emotion-focused, problem-focused, training, emotion-

was coded in each interval. If more than one emotion category was observed, each emotion was coded as present with the accompanying intensity level. During intervals in which the toddler's face was out of the camera angle and vocalizations suggestive of anger, sadness, or happiness, emotion was not present, emotion was rated as non-codable.

Interrater reliabilities. The researcher was trained, and the goal was to get reliable agreement of 80% with the research assistant in the US. For toddler's emotions, researcher was trained on pilot tapes until acceptable reliability was achieved with a master coder. The Cohen's kappa's were .63 for anger, .43 for sadness, and .57 for happiness.

Challenges Faced during Data Collection

Data collection, particularly identifying and inviting participant mothers with their children to the lab was challenging. Following are the challenges and reflections on lab observations.

Mothers hesitant to participate in lab observations. Mothers were hesitant to participate in lab observations. When initial contact was established (mostly through telephonic conversation), the first question that the mother posed was, "Is it necessary to come over there?" Subsequently they mentioned that they are willing to participate in the research if the researcher can come to their place. The possible reasons for this may be the protection of the child, inconvenience of commuting with a young child, and misconception in interpreting the word "lab" as a pathological testing lab where blood is taken for some physiological tests.

Cultural tendency of not saying NO. In the Indian culture, people usually do not say a direct "no" since it is considered rude. In the first instance when participants were contacted and asked for their potential participation in the research, they agreed to participate. However, many times after scheduling the appointment for lab observations the mothers did not turn up and avoided attending calls from the researcher.

In few cases, during the first contact parents showed excitement to participate and shared that they are willing to participate since it is good for their child. However, during subsequent follow up, they were likely to make excuses by saying that they had guests at home and so they cannot come. On yet another follows up, some said that they are travelling and in even later follow ups, they simply stopped attending the calls.

Difficulty dealing with child during lab observations. Dealing with the child during lab observation was challenging. A few children were cranky and did not want to enter into the laboratory. In such instances, the lab observation had to be cancelled on that day. In one case, the mother came with the child twice on different occasions, but child did not want to stay in lab. After a few attempts, the session had to be cancelled.

Sense of powerlessness in terms of deciding to participate in the study by women. In many cases, whether mother and child can participate in the lab observation was not directly agreed by the mother. She may have shown her interest to participate but often said that that she will ask or discuss with her husband and confirm the participation. In few cases, mothers handed over the telephone to the husband and asked him to talk and understand. The potential reason for the same may be the mothers' avoidance to take any potential risk of being blamed or considered

as “not a good mother” since in Indian culture usually the mother is blamed if some mishap occurs (e.g., child gets ill, hurt etc.) with the child. This can also be discussed in the light of gender hierarchy in Indian culture. For example, in one case, after discussing the research purpose with the mother and her potential interest, she immediately asks her husband present there for her participation; he seemed somewhat anxious and asked to make sure that the mother always remains with the child.

Researcher’s own anxieties and reflections. The researcher also had initial anxiety regarding lab observations since this was her first experience with this method. The researcher felt anxious before making the initial contact with the prospective participant; and often the anxiety was related to how to introduce self and her work, and fear of rejection from the mother to participate. Making contacts on individual basis often did not work out. However, making contact through familiar others (e.g., supervisor of play schools, head or principal of the school), elicited greater participation of the mothers. I was also hesitant to use the word “lab” initially to avoid the risk of mother’s non-participation and rather requested them to visit the department for the research wherein we can conduct a few activities with the child followed by interviews and questionnaires that the mother will need to fill.

I was also unsure about the child understanding Hindi, the language in which I am comfortable, since the native language was Gujarati. However, most of the children understood my instructions and the mothers also tend to repeat what I said. Other anxieties that I had to work through were related to the handling of camera and position of the camera (hidden from participants).

Uncertain events. The research process also had its share of unexpected events. For example, on one occasion, the University was declared close and hence I had to cancel the scheduled observations. Also, twice, there was no electricity after the participants arrived and consequently the scheduled observation could not take place and later the participants did not agree to visit the lab again. On some days, the camera person was unavailable at the last moment and the scheduled observation had to be cancelled. In a few cases, an alternative camera person had to be appointed.

The next chapter detailed out the findings of the study.