South Asian Parents' Constructions of Praising Their Children

Article *in* Clinical Child Psychology and Psychiatry · May 2008

DOI: 10.1177/1359104507088342 · Source: PubMed

1 author:

Nupur dhingra Paiva
Ambedkar University Delhi
10 PUBLICATIONS **33** CITATIONS

SEE PROFILE

South Asian Parents' Constructions of Praising Their Children

NUPUR DHINGRA PAIVA
Community Child & Adolescent Mental Health Team, London, UK

ABSTRACT

While praise is considered an important element in moulding children's behaviour and is central to parent-training advice in the UK today, the literature from nonwestern cultures suggests that some communities do not view praise as positive. There is currently a dearth of systematic knowledge about how minority ethnic parents in Britain view praise. This qualitative study used thematic analysis to explore the childrearing beliefs of immigrant parents from South Asian backgrounds living in inner-city London, with a focus on their constructions of praising their preschool children. The emerging themes suggest that participants see young children's behaviour as instinctual and view instruction as the main parenting strategy required. Demonstrations of physical warmth and tangible rewards were widely used. While verbal praise was used to encourage compliance, these parents advised caution, saying that praising children risked the development of psychological attributes that were culturally judged as dysfunctional. There was relatively little emphasis on the individual child's ability but more on its effect on others in the hierarchy. These themes have some fundamental implications for the practice of clinical psychology in multicultural communities.

KEYWORDS

childrearing, cultural competence, parent training, praise

ACKNOWLEDGEMENTS: I want to thank Dr John Cape, Ms Gill Markless, Dr Hilton Davis and Dr Begum Maitra for their support to this research project and for the crucial roles they played in its different stages.

NUPUR DHINGRA PAIVA works as a Chartered Clinical Psychologist in a community-based Child & Adolescent Mental Health Team and is currently part of the Tavistock and Portman NHS Trust. Her current interests include studying the appropriateness of using western therapy models with nonwestern populations.

CONTACT: Nupur Dhingra Paiva, Community Child & Adolescent Mental Health Team, 1A Children's Centre, 1A Rosebery Avenue, London EC1R 4SR, UK. [E-mail: nupurdp@gmail.com]

Clinical Child Psychology and Psychiatry Copyright © 2008 SAGE Publications
Vol 13(2): 191–207. DOI: 10.1177/1359104507088342 www.sagepublications.com

IN COMMUNITY-BASED CLINICAL child psychology services in the UK, especially when based in Children's Centres (DfES, 2003), much of the work is to field concerns about children's tantrums, disobedience and aggression. Research indicates that early intervention is critical in managing conduct problems in children and emphasizes the role of parent–child interaction (Barlow & Underdown, 2005; Gross et al., 2003), especially the use of parenting programmes (Moran, Ghate, & van der Merwe, 2004). This includes helping parents to listen to children, play with them, praise them and occasionally, ignore inappropriate behaviour. Praise is described as verbal approval of a particular action and its liberal use is advised (Webster-Stratton, 1992; Webster-Stratton & Reid, 2003) since praising children from an early age is considered to be basic to helping them develop confidence or resilience, through the enhancement of the parent–child relationship.

At the level of social and health policy, Moran et al. (2004) advise that these programmes work better when combined with policies addressing broader contextual issues and directing intervention at focal points, for example, the interface between the child and family or the cultural system (Zeanah, 2000). However, the focal point of the cultural system is one that has been largely ignored by parent-training research (Stewart & Bond, 2002). This article considers one tenet of parent-training advice from a South Asian cultural perspective. The question was inspired after struggling with clinical dilemmas in an inner-city London area,[1] which highlighted the dearth of research on the use of parent training with South Asian UK communities. The dilemma deepens when we note that some of these communities do not have a direct translation for the word *praise* and not all South Asian groups see direct praise in a positive light.

Parents studied in India have been reported as being concerned that praising their children directly will give them a 'big head' or bring bad luck/evil eye upon the child (Seymour, 1983). However, the evidence from the UK-based South Asian communities is anecdotal. Despite topical relevance, much of the accessible research reviewed for the background study was found to be focused on the broader question of how parents from different cultural backgrounds (e.g. Tulviste, 2004; Wu et al., 2002) and socio-economic status (Horn, Cheng, & Joseph, 2004; Seymour, 1983) discipline their children (Arnold, O'Leary, Wolff, & Acker, 1993; Sallah, 2006). There is little accessible information on the positive interactions between parents and children in ethnic minority communities which serve to strengthen relationships.

A brief review of relevant literature

In this section I trace the difficulties in attempting to apply western parent-training ideas to a nonwestern population. I argue that the use of praise is part of a wider cultural context followed by a description of the emotional context of childrearing in South Asian communities and how the use of a specific parent-training programme is problematic when applied to this ethnic group.

Is parent training applicable across cultures?

There is a historical trend of underutilization of formal services within certain ethnic groups. Moran et al. (2004) say that content and delivery method may be unacceptable to some cultural groups. Focusing on parent training, Short and Johnston (1994) identify the main barriers to participation as issues of language, fear of stigmatization and lack of culture-compatible programming, including differences in childrearing practices and values. To the discerning reader, this list implies that there is little about current parent-training programmes that is acceptable to nonwestern communities. While it is not surprising that the content of these training programmes reflects the concerns of

the indigenous culture, the lack of research may also reflect the attitude of mental health and social care professionals, suggesting an unwillingness to consider that useful knowledge may be available within the multicultural population in the UK (Maitra, 2006).

Often, immigrants do not take on the culture of their adopted nation but hold on to their cultural beliefs and practices with greater resolve, especially when faced with alien 'expert' knowledge. Maitra (2006) writes that there is currently a cultural bias in the western welfare state that sees children's potential best developed by professionals and not their own parents. The knowledge base upon which these professionals are trained is considered to be the scientific, rational and empirically discovered 'truth' and is applied with an attitude that one size should fit all. However, it does not fit all since the needs of immigrant minority communities are currently not being met in mental health services (Malek & Joughin, 2004).

South Asian, African and African Caribbean groups in the UK have expressed concern over the lack of cultural compatibility of parenting interventions. They suggested that White British society had reduced the power differential between generations by undermining parental authority (Joseph Rowntree Foundation, 1997). There is specific concern about interventions designed for western White society, with the childrearing values of independence, autonomy and assertiveness, being applied to ethnic minorities. This highlights many contentious issues when a parenting intervention is considered with any ethnic minority community because it brings up the question of what is the right way to parent and why. Shweder, Balle-Jensen, and Goldstein (1995, p. 27) write that parenting/childrearing practices 'reflect a social and moral order' for a particular culture. As a result, adaptation to new practices affects deeper cultural foundations. Such thinking may help us to understand why some minority communities are labelled 'hard-to-reach' or resistant to treatment.

Praise as part of a social order

I want to argue that translation of a concept is not simply a matter of language but also one of connotation; that praising children is part of a larger ethnotheory of childhood (Greenfield, Keller, Fuligni, & Maynard, 2003) and is therefore as a practice not easily modified. Shweder et al. (1998) write that the moral principle underlying praise is that of developing individual potential and they call it the 'ethic of autonomy' where the emphasis is on becoming an independent and autonomous decision maker from an early age. Children are 'objectified, made to feel special, praised, encouraged and complemented' (p. 402). They are socialized to have distinct preferences and have a capacity for making choices. This is often reflected in everyday practices, which are designed to make the child into a person who sees him/herself as being in control or as a source of choices. Most markers of development too are determined by the level of autonomous activity a child is capable of – rolling over, sitting up, walking or eating, but the emphasis is on being able to do this *on their own*.

In contrast, Shweder et al. (1998, p. 885) also write about an 'ethic of community' which highlights a view of self where one is seen as being in a particular role, in relation to others and where this role or station in life is intrinsic to one's identity (Hofstede, 1998). This leads to strong ties to extended family and a sense of family pride/shame to mould behaviour (Sue, 1998). For example, respectful behaviour towards elders in the family and community is expected; one's definition of life success is not understood in individual terms but as a matter of enhancing family pride. For individuals of South Asian descent, the concept of self is positioned within the family system where the relationship between parents and child is vertical, with power and status determined

hierarchically. It is also linked to the hierarchical system of castes which determines an individual's position in society (Bhattacharya & Schoppelrey, 2004; Dreze & Sen, 1995; Srinivas, 1962) which is set at birth and traditionally cannot be changed. However, one's socioeconomic class can, and education is regarded as a critical means for a family to overcome social inequalities.

It is therefore not surprising that writings on South Asian family structures state that in childrearing these parents tend to rely on the inculcation of shame and guilt, reminding children of family obligations and the importance of bringing credit to the family. Educational achievement is encouraged and any difficulties with conduct or mental health are considered sources of great shame for the entire family (Ahmed & Lemkau, 2000).

The childrearing context of South Asian cultures

Seymour (1983) interprets her observations of childcare in the eastern Indian town of Bhuwaneshwar as impersonal. She admits that from a western middle-class point of view, infancy and early childhood were handled in a 'somewhat perfunctory manner' (p. 276). She reports that positive reinforcement was rarely used and 'control consisted largely of ordering children to do or not do something. Such orders were supplemented by teasing, threatening, scolding, evaluating negatively and forcibly moving a child. However, she adds that children received a great deal of spontaneous physical affect (acts that were not contingent upon the child's behaviour), including being held and nursed on demand for at least 2 years and often longer. Children slept in physical contact with other members of the family throughout childhood and often into adolescence. Expressions of spontaneous positive affects and tolerance of a child's negative expressions increased as the household size increased and became more non nuclear. Seymour concluded that children received 'nonindividuated regard', described by Kakar (1981, p. 80) as the 'prolonged infancy', which was 'probably conducive to creating a sense of familial interdependence critical to the survival of extended families' (Seymour, 1983, p. 275).

Crucially, for the purpose of this article, Seymour (1983) asserts that 'except for the more educated elite in India who may tend to verbalize their affection for children and who are less concerned with taboos that prohibit focusing special attention on young children' (p. 274) more study was needed on the expression of affect. She points out that LeVine (1977) and Hitchcock (1979) have underlined the way priority is given to physical contact in childcare among some cultures, but not recognized by western observers.

Roland (1988), writing from a psychoanalytic perspective, notes that in conscious social attitudes, the Indian child up to the age of 4 or 5 is regarded as an innocent and pure being, whose actions are based in ignorance. Therefore, the child is not yet ready to be trained as a member of the social community (Sakala, 1977). Mothers often distract young children from any unwanted behaviour through gratification. However, when limits are reached, mothers convey this through a change in mood and the child will frequently desist in order to have her in a better mood. This leads to the development of a sensitivity to others' moods and becomes the 'bedrock for later sensitivity to nonverbal communication' (Roland, 1988, p. 263) and criticism from others. This becomes relevant since shaming, scolding and physical punishment are common forms of control by parental figures for later childhood years (Roland, 1988; Sallah, 2006). Roland specifies that whereas bad behaviour is immediately met with shame and punishment, good behaviour is only confirmed with subtle, nonverbal expressions: 'Overt praise is assiduously avoided' (Anandalakshmi, 1978, 1981).

Praise in parent-training programmes

There are a number of well established, manualized programmes for training parents that are currently in use (Bor, Sanders, & Markie-Dadds, 2002; Steele, 2000; Tremblay, Pagani-Kurtz, Masse, Vitaro, & Pihl, 1995; Webster-Stratton, 1992, 1994, 1996). For the purpose of this article, the focus will be on the 'Incredible Years' (Webster-Stratton, 1992, 1994, 1996) programme because of its widespread use in UK inner-city settings.

This parent-training programme has its roots in social learning theory and is based on the hypothesis that many overt disturbances of conduct and mild forms of aggression in children reflect parental difficulty in reinforcing socially appropriate behaviour (Kazdin, 1995). Because parents are the most powerful and potentially malleable influence on a young child's social development, intervention with parents would be the first step in the strategy for producing behaviour change. Praise is considered to be one of the central forms of positive reinforcement in this model. 'Effective praise' is underlined as a strategy to control children's behaviour; teach them emotional self-regulation; help them develop a positive self-image; and provide the motivation they need to stay with a difficult task (Webster-Stratton, 1992). Given that the goal of childrearing in South Asian communities is to create 'communities' and not 'individuals', Webster-Stratton's premise that praise can be liberally used, is problematic.

Parenting or parent-training programmes have been found to be highly effective in improving conduct and behavioural problems in children and adolescents (Barlow, Parsons, & Stewart-Brown, 2001; Dreze et al., 2004; Forehand & Kotchick, 2002). A review of the effectiveness of parent training (Moran et al., 2004) outlines that programmes typically do *not* work with families with very high levels of preexisting background difficulties and children whose behavioural problems are more severe. Cultural differences and difficulties in translating the concepts to nonwestern populations are not mentioned as a concern. It is suggested that the Incredible Years programme is readily usable with speakers of other languages through the use of interpreters (Webster-Stratton, 2005).

The preexisting background difficulties referred to include high marital distress or single-parent status, increased maternal depression, lower social class, high level negative life stressors and family histories of alcoholism, drug abuse and spouse abuse – difficulties common in inner-city UK environments among precisely those families who are seen in Child Mental Health Services (CAMHS). For the South Asian immigrant families attending CAMHS, these background difficulties may be exacerbated by low literacy, discrimination or marginalization and multiple losses through migration. These negative experiences accumulate to erode parental confidence and opportunities for positive interactions leading to cumulative disempowerment (Paiva, 2005).

Method

The aim of the study was to explore South Asian immigrant parents' constructions of praising their children and focus on the positive interactions they used to shape preschool children's behaviour. A qualitative research design was considered to be most suitable to explore the experiences and actions of people in terms of experienced subjective meanings (Michell, 2004; Parker, 2004).

Participants for the study were recruited through local parent–toddler play groups or by their attendance at a well-baby clinic at the local Primary Care Trust health centre. Parents were included if they had a child between the ages of 2 years and 5 years; had not attended a parent-training programme; were of South Asian origin (India, Pakistan and Bangladesh are represented in the local area) and spoke either Hindi, Urdu or

English (all interviews were carried out by the author). Parents were excluded if they had an identified mental health problem or children with special needs or long-standing medical conditions, since the likelihood of exposure to parent-training ideas would be higher. For ethical reasons, I ensured that parents were clear about the voluntary nature of the process. Their consent to participate and allow the use of anonymized information was recorded.

The demographic characteristics of the participants who were interviewed are presented in Table 1. Fictitious names have been given to participants to counteract the impersonality of anonymized data. The 11 mothers and 2 fathers recruited were aged between 25 to 38 years. They had lived in the UK from between 3 and 32 years, and their educational levels ranged from primary school to postgraduate qualifications. All spoke some English. However, participants' varied tremendously in fluency, sometimes used words idiosyncratically, and frequently interpolated words/expressions in other languages.

Data collection and analysis

Thirteen individual, semistructured, face-to-face, audiotaped interviews were completed with 11 mothers and 2 fathers (nonclinical, voluntary, community participants) who had never attended a parent-training programme. Each interview lasted approximately 30 minutes. The interviews were analysed using Thematic Analysis (Joffe & Yardley, 2004) because of the exploratory nature of the study. As a result, the analysis remains at the level of thematic description and does not attempt to move into the area of integrated explanatory research or produce a grounded theory (Sandelowski & Barroso, 2003).

Thematic analysis began by coding raw data for reduction (Attride-Striling, 2001; Donovan-Hall, 2004). The codes were then amended as more transcripts were analysed and new ideas emerged. After analysing nine transcripts, most issues were found to recur

Table 1. Demographic characteristics of the participants interviewed in this study

	Parent	*Educational level*	*Age when arrived in the UK (years)*	*Time spent in the UK (years)*	*Children's ages (years & months)*	*Mother tongue*	*Interview conducted in*
1	Saif (Male)	Postgraduate	17	20	4	Urdu	Urdu
2	Mamta	Class 10 (matriculate)[a]	32	6	4	Urdu	Urdu
3	Richa	Class 10 (matriculate)	16	6	4 4 months	Sylheti	English
4	Payal	A levels	4	21	2	Sylheti	English
5	Sameena	Primary school	17	14	13, 8, 5	Sylheti	Urdu
6	Razna	Class 10 (matriculate)	17	8	8, 6, 4, 2	Sylheti	English
7	Mehbuba	Class 10 (matriculate)	16	10	7, 4, 18 months	Sylheti	English
8	Shefali	GCSE	infant	32	15, 11, 7, 4	Sylheti	English
9	Tashnuba	Class 12	16	9	9, 6, 2	Sylheti	English
10	Ambika	Postgraduate	31	3	2	Hindi	Hindi
11	Pankaj (Male)	Postgraduate	30	4	2	Hindi	English
12	Snigdha	Class 9	16	9	8, 6, 5	Sylheti	English
13	Jeena	Primary school	18	16	4	Sylheti	English

Note. All names have been changed. [a] Matriculate is the examination roughly equivalent to the GCSE, taken at age 15–16 years.

and helped to identify data saturation (Glaser & Strauss, 1967; Guest, Bunce, & Johnson, 2006). Themes were abstracted by identifying underlying patterns from the text falling under each code. These themes were then refined to make them specific and discrete. These formed the basic themes which were 'statement(s) of belief anchored around a central notion' (Attride-Stirling, 2001, p. 388). 'For a basic theme to make sense beyond its immediate meaning it needs to be read within the context of other basic themes' (Attride-Stirling, 2001, p. 389). For this purpose, basic themes were grouped together to cluster around a topic and illustrate the main underpinning idea. These are presented as 'higher-order themes' (Table 2).

Table 2. Table of themes

Higher-order themes	*Basic themes*
The nature of children and how they learn	Young children are ignorant, instinctual, unsocialised Young children need to be instructed/socialised Young children cannot be forced Young children need to be gratified
Collective beliefs about the goal of childrearing	'Good' children fulfil parental expectations 'Good' children are a credit to the mother, family, community The well socialised person fulfils their duty to care for family members (parents, in-laws, elders, children, extended family)
The form of 'Praise' in context of the collective goal of childrearing	*Expressing approval* Parental pleasure is communicated through physical affection or tangible rewards Verbal expressions of approval signify parental pleasure, rather than reflect child's individual nature/attributes and reinforce compliance ('you are good, I am happy') Physical demonstrations are preferred over verbal means to communicate affection
	Expressing disapproval Induction of guilt is an effective means of achieving compliance Facial expression of disapproval is effective in achieving compliance Withdrawal of affection is effective in achieving compliance Deference to the authority of family elders is central Limits on behaviour are expressed in value terms e.g. 'this is not good' Threat of physical punishment reinforces parental authority
	Potential risks of praise Overindulgence of a child's wishes may also have negative consequences Direct verbal praise may have negative consequences e.g. by making them 'proud'
Impact of the extended family on achieving the childrearing goal	Extended family members provide essential cultural models for children. They provide assistance to parents and reinforce generational authority Nuclear family structures interrupt intergenerational patterns of parenting and undermine traditional methods of limit-setting for children British laws prohibiting physical punishment have a significant impact on childrearing strategies Parenting strategies are changed by education which increases access to British culture/institutions e.g. children's schools, television, parent meetings Families thought to be 'educated' have different expectations of their children

Results

The nature of children and how they learn

Many participants believed that the behaviour of young children (below the age of 5) was instinctual. Mamta, mother of a 4-year-old, said of her daughter (speaking in a mixture of English and Urdu),

> In my view children are 'natural' (in accordance with natural laws) . . . this is because their responses are natural. We expect that they should do this, they should do that, but they behave naturally. For them it is a natural phenomenon. For example, a child if hungry, will keep asking for food again and again.

Mamta explained that while children needed to be socialized they could not be forced –

> (*Translated*) When they do something good then definitely we feel very happy. Especially after she has been persistently stubborn, and then when she obeys (us), you think, 'Thank God!' (laughter) . . . and it means that they are responding.

The premise here was that children were unknowing and did not know better; in making demands, children were only following their natural instincts and that the parent needed to be patient. The suggestion was that young children's unreasonable demands should be dealt with using distraction as the child would only gradually learn self-control. Compliance with parental instructions, as around feeding and bedtime, was considered evidence of the child's responsiveness and socialization. Until then, parents suggested that young children needed to be treated with indulgence and immediate gratification. Jeena, the mother of a 4-year-old girl, said in broken English, 'Always children want something, you have to do, give them you know. You can't say, "no I can't give you"'. She explained that children were dependent on their parents and could only turn to them to have their demands fulfilled.

Collective beliefs about the goal of childrearing

When viewed as a cluster, these themes suggest that the young South Asian child is socialized to place a lot of importance on others' sentiments and on pleasing significant adults. The model of instruction applied by parents may best be described as relational. The principle underlying the methods emphasizes connectedness between family members, or at the very least, between mother and child. Ambika explains that parents always have expectations from their children and take pride in their success:

> (*Translated*) With us this is how it is. Parents considered their pride in such things, whether their child is coming first in class. What happens is that it gets you a good name in society that your child is coming first, doing well at studies. That is what parents are like (laughs).

The sources of self-worth appear to be located outside of the individual and the sense of self-worth comes from fulfilling expectations of important others. Tashnuba spoke of shame if her children did not fulfil her expectations:

> And negative thing you know, if they no good then I feel shame. Yes! I think their education is important to me and their behave is important to me. Some children are good education but no behave with mum, no respect. Sometime you know I tell them, if naughty children then maybe police come in and arrest them. If you are good never police coming and everybody say you are good and our country people say you are good – your grandma and your nani and my uncle brother, everybody say you are good and they think this one is important that they behave.

The form of 'praise' in context of the collective goal of childrearing

While the principal assumption was that young children could not be forced, there was the suggestion that they needed to be gradually nudged or cajoled towards compliance. The model of instruction emphasized the reciprocal nature of feelings of significant others around the child, especially those of the mother. Positive parental feelings that convey approval would function as positive reinforcement and negative ones, it was believed, would make the child stop undesirable behaviour.

Parents described how they would communicate these feelings

Expressions of approval Almost all mothers spontaneously said that they hugged and kissed their preschool children as a way of communicating approval. They also used other tangible rewards – commonly based on tactile satisfactions – favourite foods, toys, objects of interest to the child, and trips outdoors.

Parents responded to the question, 'When your child listens to (obeys) you what do you do?' in these ways:

> *Mehbuba*: I give them big hug or I give them kiss sometime . . . [I say] you are so good you make me happy today.
>
> *Ambika*: (*Translated*) I show him love, give him kisses! Say 'good boy', give him encouragement.

Verbal approval emphasized the mother's emotions and rarely, if ever, referred to a child's individual achievement or ability. It emphasized the mother's approval or joy at the child's obedience/compliance and was rewarded with the label 'good':

> *Mehbuba*: Oh, I say that 'I am so happy because you do this and that. You do very good this and that's why I am so happy', I said.
>
> *Sameena*: (*Translated*) I give him kisses, seat him in my lap. Say, 'son you obeyed me' and I look very happy. That my child is listening to me.

When asked whether they praised their children, most parents needed the word 'praise' translated into their mother tongue, even when they had chosen to be interviewed in English. Once translated, most of the mothers said they did praise their children but added that young children did not understand verbal praise. These mothers viewed 'praise' as a general positive response, congruent with the belief that young children did not understand verbal praise and need to be shown approval in other ways. The emphasis on physical affection and rewards reinforced bodily connectedness, prioritizing it over symbolic, language-based communications for this age group. Some parents noted that verbal praise needed to be used with caution. Ambika, mother of a 2-year-old boy, spoke of potential difficulties verbal praise may lead to (in Hindi):

> (*Translated*): Right now he is small so he does not understand. So in front of him, it does not matter. But when he is a little bigger then I will praise him less in his presence or he will get spoilt. He will feel 'I am a good child' or . . . for example, if I praised him in someone's presence, that I should [continue] praising him, that he's a good boy, this . . . that . . . In one way it is good that the child understands that 'Yes, I did something good' but looking at it another way, pride [sic] will enter into him. 'I am good, so even if I do something wrong mummy and papa will praise me'. That will be wrong. So it has to be kept within limits. (Pause) Not praise too much, not scold too much.

She was clear that 'pride', that is, the child's erroneous belief that he was 'good' whether or not his actions warranted this view, was not to be encouraged as it would spoil his developing character. Asked how, with these concerns in mind, she would show approval to her child when he behaved as she wished him to, Ambika replied,

> *(Translated)* By acceding to his words (wishes). He wants this, or now he wants to go there, he wants to see this, wants to do this, do that (he says), 'I want this' . . . by giving him all these things.

She explained that this was the treatment she received from her parents.

Expressing disapproval When they were unhappy with their child's behaviour mothers reported that they used a number of methods to prompt the child to comply – facial expressions, guilt and threats to withdraw affection were mentioned.

Mothers often demonstrated hurt through their facial expressions. They believed that children could tell the mother's mood by looking at the expression on their face. The mother of this 4-year-old said,

> Most of the times I turn away, I say I will not speak to her because she is not listening. She do something messy or anything, I little bit angry with her. She knows how to make me happy. She quickly say sorry and hug and say, 'I love you mum. Sorry, I never do again'.

Parents suggested that they frequently encouraged feelings of guilt in the child for failing to fulfil their reciprocal expectations. One mother of a 4-year-old boy said that he often forgot what she wanted him to do. She would tell him, 'Because you don't listen to me, I don't listen to you! Because all of time I doing, do something for you, but sometimes you [must] do for me'.

Sameena, mother of a 5-year-old, said,

> (*Translated*) With the younger one . . . [I say], 'Okay, you sit here, I'm leaving . . . You don't listen to me then alright, you stay here, do what you want. I'm going to leave here'. Then he wants my attention so he comes to me. I don't say anything, then he gives me a hug. My older daughter tells him, 'Go say sorry to mummy. Why do you do such things? You don't listen to mummy. Go and say sorry to her'. [He says] 'Mummy sorry, mummy sorry'. [I say] 'Never mind never mind' . . . it becomes alright.

Parents also often threatened to withdraw affection. Richa said,

> Er . . . I shouting sometime, 'You have to do', 'Then I'm no your friend, any more'. Like that. (*Interviewer*: 'Does that work?') Yeah. Works. Because she likes to being friend, that is why I say, 'Ok, you're not doing then I'm not friend your'. Then she's thinking, then she's doing.

The impact of extended family on childrearing goal

This was an important theme suggesting losses and gains experienced by parents as they adapted their ideals and their models of parenting, to a new socio-cultural reality. Parents acknowledged that it was no longer possible to get an entire family to parent a child but to make do with a two-parent model. Many mothers experienced this absence of the extended family as a significant loss. They continued to see the two parent model of childrearing as unusual and stressful, pointing out that it required the parental couple to be almost infallible:

> *Mamta*: (*Translated*): One difference for me is that there (in the country of origin) because of the extended family, grandparents, cousins, uncle, aunt, they're always around the same house. Then what happens is that parents have less pressure on them. And you know, lots of people looking after. Here, what happens is that that system, that thing isn't there . . . Here you have to keep the child with love because they're only going to see one father and one mother. There we have grandmum, grandfather. There if you get tired you can say, 'Go, spend some time at your grandmother's house'.

Sameena added,

> *(Translated)*: It feels different because here it is just me and my husband. It feels difficult because there is no one other than the mother and father to bring up children. There is no one else, to help, to explain and no one to help the mother.

Discussion

This exploratory study with a small group of South Asian parents in Britain suggests that they construed the nature of young children as being instinctual (see Saraswathi & Ganapathy, 2002) as opposed to 'intentional' (Keller, 2003). While viewing children as instinctual has some parallels in western psychology (Freud, 1905), this difference in basic premises affects the models of childrearing and socialization. Maldonado-Durán, Moro, and McLaughlin Barclay (n.d.) suggest that seeing a young child as innocent, a divine gift and in need of care is common among many Western African, Balinese and Native American groups. They describe that, similar to the parents in this study, these groups used a *relational* model to socialize children into culturally desirable roles and responses, where being respectful, obedient, and a part of society was culturally desirable: 'Parents place more value on being socially intelligent than on being cognitively good at solving problems, knowing things or using complex words or language' (Maldonado-Duran et al., n.d.). Consistent with previous writings (Dwivedi, 2002), this study highlights the importance of indirect communications for South Asian communities, especially nonverbal communications for conveying negative mood and physical (bodily) satisfactions or tangible rewards for inculcating desirable behaviours in young children. This is not unusual for nonwestern cultures, with Latino communities also describing liberal use of physical affection to convey positive emotions to young children (Gross et al., 2003).

In this context, it is relevant that participants perceived verbal praise, when it exceeded brief expressions of satisfaction at the child's compliance with parental expectation, as potentially problematic because it was seen to deflect from a child's realization of the impact of his actions on others. Parents in this study did not mention envy or the 'evil eye' as reasons for avoiding praise of children (as suggested by Anandalakshmi, 1978; Seymour, 1983). However, they did express concern that direct verbal praise may make the child 'proud', in turn undermining the goal of children being attuned to others' feelings.[2] Given the cultural value placed on connectedness, personal pride may risk self-centredness, and a deviation from community and parental expectations. Similar ideals of familial harmony and interdependence are reported among Turkish communities and urban Latino communities (Garcia-Preto, 2005; Gonzalez-Ramos, Zayas, & Cohen, 1998). These communities are also more likely to use guilt and shame as ways of increasing compliance from members.

The 'Incredible Years' programme (Webster-Stratton, 1992; Webster-Stratton & Reid, 2003) suggests that praise be specific and focus on the child's actions; that self-esteem is

built on this evidence of abilities and achievements. While this advice is in direct contrast to what is suggested by the parents in this study, it is not unusual. Individuals in some nonwestern cultures are socialized into feeling greater self-worth when individual needs are sacrificed in favour of another's (Maitra, 2006). Markus and Kitayama (1991) also suggest that the behaviour of individuals in communal cultures is more strongly influenced by the network of external expectations than by an internalization of values. These subtleties of how verbal praise is phrased is crucial since these parents emphasize the impact of the child's action on *others* in the social hierarchy, not the development of an internal capacity in isolation. This has some resonance in systemic family therapy where members of a system are seen as elements in a circuit where 'every member influences the others and is in turn influenced by them' (Hayes, 1991) – a view some clinicians find South Asian communities prefer (see Messent, 1992). These communities may therefore be uncertain about adopting the value placed by modern western cultures on prioritising individual needs (Banhatti, Dwivedi, & Maitra, 2006). The erosion of family networks that traditionally reinforce the external cues (Markus & Kitayama, 1991) leave immigrant communities feeling bereft, needing to gradually adapt to local norms and to develop new ways of gaining their child's compliance.

My position as an immigrant South Asian clinician and researcher led me to explore this subject using the cultural terms of the community itself. As a 'culturally engaged' (Gergen, Lock, Gulerce, & Misra, 1996) professional, it is necessary to be aware of the western cultural bias in social psychological theory in terms of its ideals and basic premises. The social constructionist view and shared cultural origins encouraged an appreciation of the embedded meanings of parenting strategies and childrearing goals rather than a simple acceptance that these strategies signify a *lack* (in terms of western ideals of autonomy, independence and the capacity to make choices). This standpoint influenced the procedures used to enhance credibility of the study and form the strength of the study.[3]

The social constructionist approach sees the researcher not as a discoverer but part of the process of the creation of knowledge (Maso, 2003). This study is therefore an artificially 'paused' version of these parents' views on praising their children, as viewed by the particular researcher in collaboration with the participants. Consequently, this study has epistemological and methodological limitations – triangulation of data (Creswell & Miller, 2000) such as a focus group or observations was omitted. In its present form, the study's credibility comes from its conceptual background and member checks. Cross-linguistic aspects of the study could be critiqued on the basis of translations into English which potentially change the meaning of people's communications. English was not the mother tongue of any of the participants and many ideas may not have been shared due to difficulties in describing subtle emotional nuances in an acquired language.

Religious backgrounds of Islam and Hinduism do influence ideas of childrearing (see Kakar, 1981), especially of the values (*sanskaras*) to be inculcated in children. However, the likelihood is that there are greater similarities between religious groups from the South Asian region, for example, seeing children as being of the Divine and a belief in subordination to hierarchy, when compared to indigenous western groups.

The absence of any mention of notions of envy/'evil eye' may be due to genuine irrelevance of the idea, the absence of a focused question or the belief being masked due to participants' uncertainty about the acceptability of these ideas – especially given the possibility that the researcher's profession and speech contributed towards a perception of her as representing (in part) the beliefs of the dominant (western) culture.

The methodological stance of this study feeds into implications for clinical practice by emphasizing openness and curiosity, and by encouraging a role for family/community in

interventions. First, the overarching suggestion is that clinicians take a stance of greater humility rather than that of an expert on all matters, including cultural. We need to learn from families by asking about parenting beliefs, expectations and practices (DoH, 2004; Forehand & Kotchick, 1996, 2002) – something that parent-training research has not sufficiently considered yet. More specifically, the meaning of words needs to be clarified when planning parenting interventions with ethnic minority families, even when they communicate in English. Mere translations of words do not ensure understanding of the particular networks of cultural meanings underlying concepts. Second, if parents view direct verbal praise as potentially leading to negative consequences, exhortations to use verbal praise liberally will not be acceptable. Instead it would be important to explore the preferred methods of expressing positive attention held by the family and cultural community. Third, the findings of this study suggest that available extended family members may be included usefully in parenting programmes in roles of coinstructors, models and providers of positive attention (Akhtar, 1994; Loshak, 2003; Matos, Torres, Santiago, Jurado, & Rodriquez, 2006). Given that many parents mourned the loss of extended family networks, it may be helpful to structure interventions involving links to community groups, where the 'group' may help connect to family, religious or ethnic community.

Notes

1. Indians are concentrated largely in London, Leicester, Wolverhampton and Slough. Pakistanis are concentrated in London, Slough, Luton, West Midlands, Manchester and Bradford. Bangladeshis are concentrated in Tower Hamlets, Camden, Luton, Oldham and the West Midlands. Thirty-eight per cent of the Bangladeshi population is under 16 years. South Asian communities are the largest growing in the UK (from http://www.ipa.co.uk/diversity/communities_overview.html)
2. Meyer (1992) and Muller and Dweck (1998) also offer some support for this paradoxical effect of praise and suggest less parental emphasis on the child's supposed ability.
3. How to 'persuade . . . audiences that the research findings of an inquiry are worth paying attention to' (Lincoln & Guba, 1985, p. 290).

References

Ahmed, S.M., & Lemkau, J.P. (2000). Cultural issues in the primary care of South Asians. *Journal of Immigrant Health*, *2*, 89.

Akhtar, S. (1994, April). *A third individuation: Migration, identity and the psychoanalytic process.* Keynote address to the American Psychological Association, Washington, DC.

Anandalakshmi (1978). *Socialization for competence*. New Delhi: Indian Council for Social Science Research

Anandalakshmi (1981, September). *Living in families: A holographic image of the Indian*. Unpublished paper presented at the A.C.L.S/S.S.R.C Workshop on Life Courses and Family Relationships in Alternative Psychologies of South Asia, Chicago.

Arnold, D.S., O'Leary, S.G., Wolff, L.S., & Acker, M.M. (1993). The Parenting Scale: A measure of dysfunctional parenting in discipline situations. *Psychological Assessment*, *5*, 137–144.

Attride-Stirling, J. (2001). Thematic networks: An analytic tool for qualitative research. *Qualitative Research*, *1*, 385–40.

Banhatti, R., Dwivedi, K., & Maitra, B. (2006). Childhood: an Indian perspective. In S. Timimi & B. Maitra (Eds.), *Critical voices in child and adolescent mental health* (pp. 75–96). London: Free Association.

Barlow, J., Parsons, J., & Stewart-Brown, S. (2001). Systematic review of the effectiveness of group based parenting programmes for infants and toddlers. *Child Care and Health Development*. Retrieved from http://www.publichealth.ox.ac.uk/units/hsru/copy_of_reports/parenting2

Barlow, J., & Underdown, A. (2005). Promoting the social and emotional health of children: Where to now? *The Journal of the Royal Society for the Promotion of Health*, *125*, 64.

Bhattacharya, G., & Schoppelrey, S.L. (2004). Preimmigration beliefs of life success, postimmigration experiences and acculturative stress: South Asian immigrants in the United States. *Journal of Immigrant Health*, *6*, 83–92.

Bor, W., Sanders, M., & Markie-Dadds, C. (2002). The effects of the Triple P-Positive Parenting Program on preschool children with co-occurring disruptive behavior and attentional/hyperactive difficulties. *Journal of Abnormal Child Psychology*, *30*, 571–587.

Creswell, J.W., & Miller, D.L. (2000). Determining validity in qualitative inquiry. *Theory into Practice*, *39*, 124–131.

Department for Education and Skills. (DfES). (2003). *Every child matters*. London: Author.

Department of Health. (DoH). (2004). *National service framework for children, young people and maternity services*. London: Author.

Donovan-Hall, M. (2004). *Content and thematic analysis for qualitative projects*. Unpublished presentation, University of Southampton.

Dreze, J., Frew, F., Davenport, C., Barlow, J., Stewart-Brown, S., Sandercock, J. et al. (2004). *The effectiveness and cost-effectiveness of parent training/education programmes for the treatment of conduct disorders including Oppositional Defiant Disorder in children*. Birmingham: West Midlands Health Technology Assessment Collaboration, University of Birmingham.

Dreze, J., & Sen, A. (1995). *India: Economic development and social opportunity*. New Delhi: Oxford University Press.

Dwivedi, K.N. (Ed.). (2002). *Meeting the needs of ethnic minority children*. London: Jessica Kingsley.

Forehand, R.L., & Kotchick, B.A. (1996). Cultural diversity: A wake-up call for parent training. *Behavior Therapy*, *27*, 187–206.

Forehand, R.L., & Kotchick, B.A. (2002). Behavioral parent training: Current challenges and potential solutions. *Journal of Child and Family Studies*, *11*, 377–384.

Freud, S. (1905). *Three essays on the theory of sexuality*. London: Hogarth.

Garcia-Preto, N. (2005). Puerto Rican families. In M. McGoldrick, J. Giordano, & N. Garcia-Preto (Eds.), *Ethnicity and family therapy*. New York: Guilford Press.

Gergen, K.J., Lock, A., Gulerce, A., & Misra, G. (1996). Psychological science in cultural context. *American Psychologist*, *51*, 496–503.

Glaser, B., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* Chicago: Aldine De Gruyter.

Gonzalez-Ramos, G., Zayas, L.H., & Cohen, E.V. (1998). Child-rearing values of low income, urban Puerto Rican mothers of preschool children. *Professional psychology: Research and Practice, 29*, 377–382

Greenfield, P.M., Keller, H., Fuligni, A., & Maynard, A. (2003). Cultural pathways through universal development. *Annual Review of Psychology*, *54*, 461–490.

Gross, D., Fogg, L., Webster-Stratton, C., et al. (2003). Parent training with families of toddlers in day care in low-income urban communities. *Journal of Consulting and Clinical Psychology*, *71*, 261–278.

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, *18*, 59–82.

Hayes, H. (1991). A re-introduction to family therapy: Clarification of three schools. *Australia & New Zealand Journal of Family Therapy*, *12*, 27–43.

Hitchcock, J.L. (1979). *The holding of infants in a polymatric society: Evaluation of a*

measure of caretaker involvement. Unpublished manuscript. Department of Psychology and Social Relations, Harvard University.
Hofstede, G. (1998). I, we and they. In J.N. Martin et al. (Eds.), *Readings in cultural contexts*. Mountain View, CA: Mayfield.
Horn, I.B., Cheng, T.L.. & Joseph, J. (2004). Discipline in the African American community: The impact of socioeconomic status on beliefs and practices. *Paediatrics*, *113*, 1236.
Joffe, H., & Yardley, L. (2004). Content and thematic analysis. In D.F. Marks & L. Yardley (Eds.), *Research methods for clinical and health psychology*. London: SAGE.
Joseph Rowntree Foundation. (1997). *Black families' survival strategies: ways of coping in UK society. Findings, Social Policy Research 135*. York: Author.
Kakar, S. (1981). *The inner world*. New Delhi: Oxford University Press.
Kazdin, A.E. (1995). *Conduct disorder in childhood and adolescence*. Thousand Oaks, CA: SAGE.
Keller, H. (Ed.). (2003). *Handbook of research in the young child*. Bern. Hans Huber Verlag. [Originally published in German]
LeVine, R.A. (1977). Child rearing as cultural adaptation. In P.H. Leiderman, S.R. Tulkin, & A. Rosenfeld (Eds.), *Culture and infancy: Variations in the human experience* (pp. 15–27). New York: Academic Press.
Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: SAGE.
Loshak, R. (2003). Working with Bangladeshi young women. *Psychoanalytic Psychotherapy*, *17*, 52–67.
Maitra, B. (2006). Culture and the mental health of children: the 'cutting edge' of expertise. In S. Timimi & B. Maitra (Eds.), *Critical voices in child and adolescent mental health* (pp. 48–74). London: Free Association.
Maldonado-Durán, M., Moro, M.-R., & McLaughlin Barclay, G. (n.d). *Discipline in early childhood*. Retrieved from http://www.kaimh.org/discipline.htm
Malek, M., & Joughin, C. (2004). *Mental health services for minority ethnic children and adolescents.* London: Jessica Kingsley.
Markus, K.R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, motivation and emotion. *Psychological Review*, *98*, 224–253.
Maso, I. (2003). Necessary subjectivity: Exploiting researchers' motives, passions and prejudices in pursuit of answering true questions. In L. Finlay & B. Gough (Eds.), *Reflexivity: A practical guide for researchers in health and social sciences*. Oxford: Blackwell.
Matos, M., Torres, R., Santiago, R., Jurado, M., & Rodriquez, I. (2006). Adaptation of parent–child interaction therapy for Puerto Rican families: A preliminary study. *Family Process*, *45*, 205–222.
Messent, P. (1992). Working with Bangladeshi families in the East End of London. *Journal of Family Therapy*, *14*, 287–304.
Meyer, W.U. (1992). Paradoxical effects of praise and criticism on perceived ability. In W. Stroebe & M. Hewstone (Eds.), *European review of social psychology* (pp. 259–283). Chichester: Wiley.
Michell, J. (2004). The place of qualitative research in psychology. *Qualitative Research in Psychology*, *1*, 307–319.
Moran, P., Ghate, D., & van der Merwe, A. (2004). *What works in parenting support? A review of the international evidence*. London: Policy Research Bureau.
Muller, C.M., & Dweck, C.S. (1998). Praise for intelligence can undermine children's motivation and performance. *Journal of Personality and Social Psychology*, *75*, 33–52.
Paiva, N.D. (2005, September). *I am from here: The unclear boundaries for young Bangladeshis growing up in London*. Paper presented at the First European Conference on Child and Adolescent Mental Health in Educational Settings, Paris.

Parker, I. (2004). Criteria for qualitative research in psychology. *Qualitative Research in Psychology*, *1*, 95–106.
Roland, A. (1988). *In search of self in India and Japan: Toward a cross-cultural psychology*. NJ: Princeton University Press.
Sakala, C. (1977). *A preliminary investigation of Hindu concepts of the child with special reference to rank*. Unpublished paper.
Sallah, M. (2006, June). *Black children and discipline: Where does child discipline stop and child abuse start?* Paper presented at a conference on Supporting Black and Minority Ethnic Parents, London.
Sandelowski, M., & Barroso, J. (2003). Classifying the findings in qualitative studies. *Qualitative Health Research*, *13*, 905.
Saraswathi, T.S., & Ganapathy, H. (2002). Indian parents' ethnotheories as reflections of the Hindu scheme of child and human development. In H. Keller, Y.H. Poortinga, & A. Schölmerich (Eds.), *Between culture and biology* (pp. 79–88). Cambridge: Cambridge University Press.
Seymour, S. (1983). Household structure and status and expressions of affect in India. *Ethos*, *11*, 263–277.
Short, K., & Johnston, C. (1994). Ethnocultural parent education in Canada: current status and directions. *Canadian Journal of Community Mental Health*, *13*, 43–54.
Shweder, R.A., Balle-Jensen, L., & Goldstein, W. (1995). Who sleeps by whom revisited: A method for extracting the moral goods implicit in practices. In J. Goodnow, P. Miller, & F. Kessel (Eds.), *Cultural practices as contexts for development* (pp. 21–39). San Francisco, CA: Jossey Bass.
Shweder, R.A., Goodnow, J., et al. (1998). The cultural psychology of development. One mind, many mentalities. In W. Damon (Ed.), *Handbook of child psychology: Theoretical models of human development* (pp. 865–937). New York: Wiley.
Srinivas, M.N. (1962). *Caste in modern India and other essays*. Mumbai: Media.
Steele, M. (2000). *Strengthening families, strengthening communities: An inclusive parent programme*. London: REU.
Stenbacka, C. (2001). Qualitative research requires quality concepts of its own. *Management Decision*, *39*, 551–555.
Stewart, S.M., & Bond, M.H. (2002). A critical look at parenting research from the mainstream: Problems uncovered while adapting Western research to non-Western cultures. *The British Journal of Developmental Psychology*, *20*, 379.
Sue, D. (1998). The interplay of socio-cultural factors on the psychological development of Asians in America. In D.R. Atkinson et al. (Eds.), *Counselling American minorities: a cross-cultural perspective*. Boston, MA: McGraw-Hill.
Tremblay, R.E., Pagani-Kurtz, L., Masse, L.C., Vitaro, F., & Pihl, R. O. (1995). A bimodal preventive intervention for disruptive kindergarten boys: Its impact through mid-adolescence. *Journal of Consulting and Clinical Psychology*, *63*, 560–568.
Tulviste, T. (2004). Sociocultural variation in mother's control over children's behaviour. *Ethos*, *32*, 34.
Webster-Stratton, C. (1992). *The incredible years: A troubleshooting guide for parents of children aged 3–8.* Toronto: Umbrella Press.
Webster-Stratton, C. (1994). Advancing videotape parent-training: A comparison study. *Journal of Consulting and Clinical Psychology*, *62*, 583–593.
Webster-Stratton, C. (1996). Early intervention with videotape modelling: Programs for families of children with oppositional defiant disorder or conduct disorder. In E.S. Hibbs & P.S. Jensen (Eds.), *Psychosocial treatments for child and adolescent disorders: Empirically based strategies for clinical practice* (pp. 435–474). Washington, DC: American Psychological Association.

Webster-Stratton, C. (2005). *Tips for working with interpreters and multi-cultural families*. Retrieved from www.incredibleyears.com

Webster-Stratton, C., & Reid, M.J. (2003). The Incredible Years parents, teachers and children training series: A multifaceted treatment approach for young children with conduct problems. In A.E. Kazdin & J.R. Weisz (Eds.), *Evidence-based psychotherapies for children and adolescents* (pp. 224–240). London: Guildford Press.

Wu, P., Robinson, C.C., Yang, C., Hart, C.H., Olsen, S.F., Porter, C.L., et al. (2002). Similarities and differences in mothers' parenting of preschoolers in China and the United States. *International Journal of Behavioral Development*, *26*, 481–491.

Zeanah, C.H., Jr. (2000). *Handbook of infant mental health.* New York: Guilford.