"If the foundation for a people's mental health lies in the existence of humanising relationships, of collective ties within which and through which the personal humanity of each individual is acknowledged and in which no one's reality is denied, then, the building of a better and more just society, is not only an economic and political problem; it is also essentially a mental health problem"

Nacho Martin-Baro

CHAPTER VII
DISCUSSION & CONCLUSIONS

This chapter discusses the study findings across the two core themes that emerged in the current study. The first theme - 'the family as a risk and protective context' is discussed against the first two objectives of the study. The second theme - 'the changing family' emerged from the analysis of the study data.

I BACKGROUND OF THE STUDY

Child mental health and the childrearing function

The mental health definition requires emotional, cognitive and social competence from the individual that involves his/her adaptive functioning in adjusting to the environment; and coping with life tasks effectively without unnecessary psychological costs (Gitlin-Weiner et al. 2000). Notwithstanding the acknowledgement of the significance of the developmental stage of childhood and child mental health in societal well-being in research and policy (Landreth 2002), the conceptualisation of mental health from the pathological standpoint has led to an understanding of child mental health that overlooks the contexts that children grow and develop in (Amoakor 2003). Consequently, scant attention has been paid to environmental contexts in terms of the choices and opportunities; surviving or thriving behaviours and the strengths and limitations of these contexts (Pollard and Davidson 2001). These include the extremely important indicators of child well-being, family constellation (supportive and cohesive or unstable), childrearing style (authoritative or permissive/authoritarian), support systems and the childrearing environment (chaotic, risky or stable).

The traditional problem-oriented focus of intervention research, rather than cultivating individuals and communities has seen the negligence of the extremely significant

39Martín-Baró, Ignacio (1994).
childrearing role of the parent in the promotion of child mental health (Shenava 2008). Ideally suited in these circumstances would be the creation of practical and contextually relevant health interventions that enhanced parents understanding of their children, reduced stress and provided support rather than the prevailing short-term, pathological approaches. The study attempts to achieve this goal in presenting the findings.

**Family: the primary mediating unit between child and environment**

The major premise of the study was the mediating function of the family between the child and the environment that attempted to provide a base of protection and security to nurture child mental health, accomplished through the childrearing function (Dennis 2006). Drawing support from the ecological framework, the study maintained that within the changing childrearing contexts, stress, coping and adaptation is intrinsic to normal developmental processes (Schorr 1989). The study drew support from two theoretical perspectives, the functionalist theory (structural-functionalist perspective) and resilience theory (family resilience perspective). The former is used to explain why the family unit becomes a risk factor due to its mediating function between the child and the external environment and the latter to understand that despite adversities the same family can be transformed to be a protective context through key recovery processes.

The discussion presented in the next sub-section is based on the first of the two core themes that emerged from the study.

**Theme 1: Family as a risk and protective context**

**Theme 2: The changing family: from vulnerability to stability**

The first two objectives of the study addressed the first theme and the second theme emerged from the analysis of the study findings.

## II DISCUSSION OF THE STUDY FINDINGS

**Theme 1: Family as a risky and a protective context**

The theoretical orientation of the study stated that risks and protective factors were present in the childrearing environment and mental health outcomes were a product of the interplay of these factors (Bronfenbrenner 1992). The current study used the structural
functionalist standpoint to explain the nuclear urban family unit as a risky context for the child and family (Figure 7.03). This is discussed in the next sub-section.

**Family as a risky context**

The notion of the family as a risky context was explained from the functionalist standpoint which stated that individual roles were scripted according to the common goal arrived at by ‘value consensus’ (Haralambos and Heald 1980), a social process that is required to maintain social equilibrium (Merton 1949 as cited in Chilcot 1998). Post urbanisation, with the assumption that the trajectory to mental health was through economic development, the common goal became economic development and social consensus was on the value of materialism (Chilcot 1998). The focus of urban societies was to produce a highly motivated, achievement-oriented workforce and all social structures (the educational system for skill training, the political structures to improve standards of living) were adapted to enhance productivity (Lamanna 2002). This led to collectivised production and the rise of the self-contained nuclear family unit, characterised by conspicuous consumption. The functionalists maintained that the childrearing style of families, directed by the larger goal was therefore restricted to training the child in attaining material success (Parsons et al. 1956). Education was seen as the trajectory to material development (Aronson 2005). The study findings revealed that the educational system and families have adapted to the larger goal of productivity through the creation of preparatory procedures for attaining academic success. This included highly competitive exams, increased school and homework and tutorials that tutor the child in the academic subjects taught at school and the extensive use of the 'compensation culture' [provision of material gadgets and entertainment activities to compensate for lack of physical and emotional availability]. 61.9% of the households reported that children were sent for tutorials. Notably, in these families, tuitions were not a part of the child’s schedule earlier (approximately 5-7 years before). Tutorials were seen as a trajectory to better grades for better jobs in adulthood. It is reasonable to state that the singular focus on academics to the exclusion of other significant activities that contributed to holistic excellence led to the uni-dimensional development of the child.

Deshpande (1996) claimed that rising consumption patterns necessitated women to take up wage-labour resulting in dual-career families that had a major impact on family dynamics. Higher disposable incomes led to the outsourcing of routine childrearing tasks to
professionals and hired help (eating, play, school activities, socialisation, etc.) indicating a gradual decrease in the significance of extended family systems and community-style childrearing characteristic of traditional Indian childrearing. This was validated by the study data, which showed that in the area of personal tasks and contribution in household chores, the shift from the self to others is as high as 54.5%. The practice of outsourcing tasks to outside sources not only undermined parental authority as “rearers” of children (Bronfenbrenner 1971), but also disabused the traditional notion of collective childrearing practices.

Saraswathi (1999) opined that social networks were both a source of support in childrearing tasks and a buffer for the stress associated with the institutions of marriage and parenthood (Haralambos and Heald 1980). That significant others (community, peers, teacher and extended family) were not optimally used in modern families was indicated by the in-depth interviews which showed the replacement of traditional practices and childrearing patterns that constituted experiential wisdom by the “knowledge” of the experts. Also the concern here as Anaokar (2003) states is that it inevitably sends more children into an already inadequate and over-burdened mental-health system that is focused more on pathology rather than promotion and prevention. Gil and Drewes (2005) believed that these tasks enhanced physical and emotional contact between the child and caregiver. This was verified by mothers in the study, who attributed the reduced communication between family members to outsourcing.

The study revealed that newer value-orientation of the nuclear family unit also saw the progressive rise of the permissive culture as against the authoritarian culture practiced earlier. Busy schedules and the transition to pleasure and comfort oriented lifestyle led parents to create the 'compensation culture’. 76.4% of the respondents reported its extensive use. The study findings indicated tremendous effort being put into functional and pleasure-oriented goals rather than goals connected with meaningfulness and purpose. An example was the decline in play and leisure activities. 67.3% of the respondents stated that there was a shift to structured activity (tuitions, organised sports, entertainment activities) from unstructured play. Gullone and Robinson (2005) assert that affiliation needs were essential as they provided a sense of security for the child). However, the study brought to the fore that due to increased efforts and time put in fulfilling material
needs, affiliation needs were largely ignored, which was detrimental to both the child and the family’s emotional development.

Hurrying of children’s development (‘the hurried child’) due to busy parental schedules and the pressure to succeed in academics as well as other areas (‘culture of perfectionism’) resulted in overscheduling\textsuperscript{40} of children. Based on the consensus over the value of materialism, and facilitated by the ‘herd mentality’\textsuperscript{41} (how large numbers of people act in the same ways at the same times) phenomenon, the family thus became an important unit of consumption. The aspiration for upward mobility and consumeristic lifestyles was indicated by the fact that 50.2% families have moved to larger spaces and 72.7% of the respondents felt that the house should have air-conditioning, irrespective of their income levels.

Le Bon (1895) attributed the ‘herd mentality’ to fear-based reaction to peer pressure that compelled individuals to behave like others to avoid feeling “left behind” from the group. This phenomenon could also be likened to value consensus of the structural-functional perspective as the individual behaviour is governed by peer pressure to gain acceptance into the group. Household respondents claimed that their behaviour was mostly governed by peer pressure. Moreover, a sense of ‘learnt helplessness’ was also displayed by most respondents who felt that they wished they had courage to withstand the popular culture, but lacked the initiative and time to do so. 93.6% articulated the need to change things from the current situation and wished that things were different. Respondents who tried not to give in to the peer pressure acknowledged that it was a difficult task for them to lay down the rules, but felt it was much more difficult for the child because of the increasingly tempting and enticing environment that children are raised in.

Notably, according to the structural-functionalist perspective, in the process of adaptations to newer values and despite the increasing complexity of social organisations, groups and values previously excluded from society (because of factors such as race, gender, social class etc.) were now accepted. This is particularly seen in the life-domain of sexuality (issues of social interaction between the sexes, marriage and women’s education and

\textsuperscript{40} Term coined by Elkind (1995) which means compelling children to join various sports and other activities that maybe age-inappropriate

\textsuperscript{41} Coined by Friedrich Nietzsche and the idea of a "group mind" or "mob behaviour" was first put forward by 19th century French social psychologists Gabriel Tarde and Gustav Le Bon
employment). In the Indian worldview, the increased emphasis on the maternal instinct and the identification of the woman with the motherhood role led to some restrictions in terms of work or social interaction and adoption of newer roles. However, the study data indicated a clear shift from these traditional notions. In terms of social interaction between the sexes, for 43.7% households a shift from no conversation to social interaction with the opposite sex has occurred. For marriage, a high 96% of the respondents stated that earlier, their families arranged their marriages. 48% of the household said that love marriages are now more common. 54.5% of the respondents stated that in their families women were not allowed to work/study earlier. From among these, 40.9% of the respondents were allowed to work indicating an increase in dual-career families.

The next sub-section discusses the three major change areas and the consequent processes that have resulted in accumulated risks for child mental health.

Box 7.01: The three major change areas in the urban childrearing context

- Changing value-orientations leading to change in childrearing style
- Unstructured play substituted by the entertainment culture
- The changing status of childhood – ‘hurried child’

**Changing value-orientations responsible for change in childrearing style**

a) Well-being and mental health equated with material wealth

Aronson (2005) observed that academic education was seen as the means to attain the objective of material prosperity in urban contexts. The consequent adaptation of educational systems to meet the challenges of a high-technology and globalised economy led to extensive change not only in the teaching and learning styles, but also in children’s everyday schedules. Systems introduced included early initiation into formal education, tutorials and the compensation culture to make up for the demanding schedules. For 70% of the households in the current study, formal schooling has moved from the earlier post-five years to either between one to three years (34%), and three to five years (36%) indicating the hastening of children’s development. Further the type of board (Indian or International board) chosen has become an important aspect in the child’s schooling as the latter was seen as enhancing occupational and foreign study prospects. While 59.1% of the households continued with the Indian board, 40% have shifted from the Indian to the
International boards, mainly from the upper-middle class. Also, the families that stayed with Indian board stated that lack of resources did not leave them with a choice. The International system had more of project-style learning that entailed more cost and effort for the parent adding to their ever-increasing pressures. 40.9% of the families also reported a steep increase in educational costs attributed to school fees, tutorials, extracurricular classes, and costs associated with projects and school activity. The key informants reported that parents had to work harder and longer hours to meet these increasing costs leaving less time for meeting affiliation needs.

The compensation culture was reported in 76.4% households, where respondents claimed that they bought expensive and mostly unnecessary things for their children, which was not the case earlier. Education thus became a means to procure better grades to prepare children for a competitive industrial environment in adulthood rather than a trajectory to knowledge; to gain wisdom for holistic excellence. This is clearly seen in the shift from developmental and functional goals of parents to career goals in 91% of the families. The introduction of the entertainment culture (mall/shopping/eating out/parties/movies/etc.), an aspect of the compensation culture, further led to the hastening of children’s normal developmental processes due to early initiation to sexuality and other adult domains, because of increased media exposure.

b) From collectivism to individualism

The study data shows that the interdependent construal of the self, characteristic of collectivistic cultures like India (Markus and Kitayama 1991), which had a strong orientation to relational and other environmental contexts was progressively replaced by individualistic values. Moreover, studies (Leavenworth et al. 1991; Gil & Drewes 2005) have shown that traditionally, across cultures, children were associated with happiness and success of individuals. However, with the equation of well-being with a materialistic lifestyle, the value of children and traditional values of kinship were replaced by the values of the nuclear family unit. Notably, material goals and smaller family size were expressed across socio-economic strata, the middle and lower-middle class were constrained in the former due to paucity of financial resources. However, the attainment of the goal in terms of family size was achieved across income levels. This was demonstrated by the fact that 80% of the families have restricted family size to one or two children (from three/four children and above earlier), of which 27.2% have chosen to have only one
Decline in kinship affiliations were indicated by the fact that 35.4% of the families reported a transition from family and community (grandparent/relatives) interaction to a more pleasure and fun-oriented social interaction mediated through technology (social networking sites, e-mail) rather than face-to-face contact. A further finding that strengthens this notion was seen in the responses to the study abroad options. 77% families across the spectrum stated their desire to send their children abroad. The outcome of decline in kinship ties was reported as a major problem by respondents and doctors in particular, in the care of older family members.

That urban India is seeing a transformation from a simple to a consumeristic lifestyle (Dutta 2007) characterised by brand labels is validated across the responses in the food, clothing and housing sub-domain. The older respondents (50 years and above) felt that the initiation of the universal aspiration of the ‘American lifestyle’ happened in their generation, and their children were the contemporary affluent middle class with glossy upmarket lifestyles increasingly focused on consumption. This was validated by the fact that 57.3% respondents reported that their children had more personal accessories as compared to their generation. 69% of the total sample indicated a change from home-cooked food to eating out often. Another example of this transition was seen in the style of celebrations, big and small. 86.4% of the respondents stated that functions (weddings, birthdays, life events) were celebrated on a grander scale than before involving more people, time and money. 50.2% had moved to larger spaces indicating a shift from a simple to a more comfort-oriented and consumeristic lifestyle. Adaptation of childrearing practices to meet this goal was seen in the fact that 72.8% of the families interviewed expressed the desire to make their child’s life comfortable by providing them the best materially. It would be therefore reasonable to conclude that in an environment that measured well-being with materialism and pleasure-centered lifestyles, there was considerable downgrading in the value of children and increased focus on the accumulation of wealth.

Another study finding that indicated the progressive replacement of the culturally idealised family system with individualistic values of competition, autonomy and attainment of personal goals was in the area of social visits and issues of privacy. 64.6%
of the respondents stated that while they had relatives and visitors regularly, staying over was infrequent, unlike earlier. This was despite larger spaces than before. 54.6% of the household respondents claimed that they would like to give their child privacy.

A co-related phenomenon to pressurised and pleasure-oriented lifestyles occurring in modern families was the decline in the “context of engagement”\textsuperscript{42}. Responses indicated that across sections, media has affected family, peer group and community interactions, creating new patterns for socialisation. Social networking sites and the electronic media have replaced conventional means of social interaction in children and adults as was seen from the study findings. 40.9% of the families owned more than four gadgets, from none earlier, and 30.1% owned from two to four gadgets, which means that 71% of the sample confirmed the change. The household data revealed that interactions amongst family members particularly were increasingly isolated and functional. This could be attributed to the attractions posed by the electronic media (Strasburger and Wilson 2002) and the lack of parental initiative in providing for opportunities of social connectedness. The socialisation patterns reported in the Indian urban family matches Feldman’s (1994, page 29, as cited in Van Evra 2004) description of the Western family,

\begin{quote}
“Family life has evolved into watching sitcom families. Public life is something that happens on the other side of the glass. The talk show has replaced the neighbours we no longer see because we are at home watching talk shows”.
\end{quote}

Dutta (2007) opined that the shift to a more individualised orientation, marked by issues of privacy, personal choice and less tolerance for cramped communal living led to the disintegration of the ‘Great Indian family’\textsuperscript{43}—large, noisy, with parents, children, uncles, aunts, cousins and grandparents all living together under a single roof, squabbling but presenting a united front. This may seem like the romanticisation of community systems by stating there were no disadvantages. Notably, every system had its pros and cons. However, it is important to state that the strength of cultural rootedness and social connectedness that characterised extended family and community systems were a great source of support in dealing with childrearing responsibilities (Saraswathi (1999). In the context of the nuclear family unit, reduced support systems further exacerbated the already

\textsuperscript{42} A term coined by (Gill 1996) to denote interaction between child, parents, neighbours, teachers and significant others.

\textsuperscript{43} Dutta (2007) terms the traditional extended Indian family.
fragile situation that families had to cope with in the process of adaptation to the widespread and extensive changes brought in by urbanisation.

Gill (1996) opined that the foremost concern of an increasing amount of time spent with the media, either for socialisation or work, was the replacement of the human being [especially parents and significant others] by technology. The study brought to the fore that this process obstructed the attainment of mandatory social skills required for negotiating with the external world. Further, Chan & Zhang’s (2007) assertion that relationships with family and friends were more likely to be superficial, based on appearance, style and the number of possessions or money was echoed by the household respondents. Respondents across age, income, occupation or religion claimed that earlier everybody (98.3%) maintained contact with neighbours and relatives but now it is difficult to do so. This was attributed mainly to lack of time, yet this notion is incorrect as families reported increasing hours in entertainment and pleasure-oriented activity with friends (going to resorts or picnics on festivals as against traditional celebrations at home) despite hectic schedules. 54% of families once again irrespective of income, age, education and religion reported these new trends. Thus, as the findings show, the entertainment culture and pleasure-centred values have taken precedence over collective values, not due to lack of time or challenging lifestyles but an increasing desire for pleasure-oriented lifestyle.

According to Gfroerer et al. (2004) a sense of belonging, community and contribution to society have been seen as important variables for positive child and especially adolescent development, as it is connected to bringing in purpose and meaning into vocational and life-goals. This includes not only engagement with the family and significant others (neighbourhood and the school) but also connectedness with the larger community. The notion of social connectedness parallels Adler’s (1964) concept of ‘social interest’ (Gemeinschaftsgefühl), which is measured by the willingness to participate in the give and take of life, and to cooperate with others and be concerned about their welfare (Dinkmeyer et al. 2000 p. 64). The decline in ‘social interest’ in urban societies can be explained using Cornell economist Robert H. Frank’s (as cited in Bartlett 1998) understanding of urban society as a “winner – take all society”, in which values or the dominant orientation was determined by labels and brands. Bartlett (1998) concluded that in such a situation, the individual and mass power become more powerful than the social
group leading to decreased power of the family and the community and the values of connectedness and social interest.

c) From authoritarian to permissive childrearing style

Mathur (2001) claimed that traditional Indian families were more likely to follow the authoritarian childrearing style that encouraged conformity and obedience and disapproved of freedom and autonomy. According to Kakar and Kakar (2007), traditional childrearing styles involved multiple childrearsers and the child, especially the boy-child, was the centre point of Indian society. The study data revealed that focus on the collective good however, when seen from the standpoint of individual goals could lead to unhappiness and a personal sense of dissatisfaction arising from thwarted ambitions. This was articulated by older respondents especially men, who felt that their dreams had to be given up to take care of family responsibilities. Also mentioned was the poor communication between family members in the authoritarian style due to its emphasis on structure and discipline and clear hierarchical boundaries. Household respondents felt that this was a strength of modern families, where children were quite comfortable with their parents, unlike in their generation. Key informants on this issue however stated that the structure and discipline should be seen as an advantage, as one of the problems faced by modern families was the disorganisation that marked daily living. They called for balance between parental warmth and control.

The three predominant styles that emerged from the study were the Authoritarian, Authoritative and Permissive styles. A progressive movement from the authoritarian style to the permissive style was clearly seen, especially in the last decade. The ‘Authoritative’ style seems to be the least practised. Figure 7.01 graphically depicts the clear styles of childrearing that emerged within these categories, followed by a discussion of their features (Table 7.01).
Figure 7.01: The 3 predominant childrearing styles
Table 7.01: The predominant styles and sub-styles that emerged from the study

<table>
<thead>
<tr>
<th>The Authoritarian style</th>
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a) **The Strict parent:** The child’s need for autonomy was largely overlooked. Individually, this personality type was likely to be rigid and too structured and the children hostile and resentful. This could be attributed to the one-way communication. Parents who belonged to this category were mainly older parents.

b) **The Perfect/Obsessive parent:** This type was increasingly seen in some families where everything right and perfect had to be done for the child, in academics, extra-curricular activities, food and play. While this kind of parenting was mainly seen in the affluent families, some non-affording families, clearly expressed the desire. Problem areas in adulthood could be in the handling of crises and failure.

<table>
<thead>
<tr>
<th>The Permissive style</th>
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a) **The Permissive parent:** As the focus was on making the child’s life comfortable, parents were very indulgent, limits were not set and discipline was almost non-existent. The pampering and over-protectionism stifled creativity and created dependence in the child. Difficulty in adapting to real-life situations could arise due to lack of training in skills of problem-resolution and functional competency.

b) **The Liberal parent:** exposed the child to all kinds of experience as he/she believed in total freedom and the ‘right to choose’ for the child. However, the developmental inappropriateness of experiences could lead to early pseudo-maturity and a lack of connection with real-world experiences.

c) **The Social climber parent:** As the child is perceived as a showpiece to bring in recognition for parents, the child is compelled to go for various activities - overscheduling (popular activities like music, dance or some sport). The purpose here is not enjoyment or learning but a means to get into the various shows or competitions (reality shows, sports tournament at the local gym or school, dance shows, etc.). These children’s lives are very structured; they had long-hours of practice, and were expected to do well in academics too. Boredom and resentment towards parents was common in these children.

d) **The Indifferent parent:** There was neither responsibility nor over-protectionism in the child’s upbringing and parents were mostly disengaged from the parenting process. Consequently, the childrearing style was low in both parental control and warmth. In the absence of parental chaperonage, problems that could emerge in adulthood were truancy, substance abuse, precocious sexuality and delinquency.

<table>
<thead>
<tr>
<th>The Authoritative style</th>
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a) **The Responsible parent:** maintained the right balance between discipline and the child’s need for autonomy. Clear ground rule were laid and disciplinary methods were supportive rather than punitive. Most significantly, while individual values of decision-making and assertion were encouraged, social interest and collaborative values were also emphasised. Concern for the environment and value transmission were considered mandatory family duties.

Self-admittedly, the permissive style of childrearing emerged as the most practised style in the families interviewed. This style was marked by the decline in parental authority and guidance marked by lack of structure and discipline, over-protectionism/pampering and poor inter-generational value transmission. This is discussed in the next sub-section.

Gullone and Robinson (2005) posited that a stable family marked by structure and clear rules of conduct that provided a sense of security, safety and affiliation for the child were protective factors against the risk factors in the external environment. Yet stakeholder responses, especially doctors, significant others and teachers revealed a decline in parental
authority and guidance due to the shift from the earlier collectivistic values of conformity
and obedience to newer egalitarian values of the permissive childrearing culture. The lack
of structure and limit setting that marked this style was seen in tasks of daily living where
problems were related to task completion, punctuality and developing a sense of
responsibility. This meant that parents were forced to unconditionally accept their
children’s behaviour (Macoby and Martin 1983). Many respondents expressed their
unhappiness over the lack of control in the event of their children’s misbehaviour and non-
compliance for routine mandatory tasks.

The lack of structure and discipline was indicated in the health problems that were
reported in terms of lifestyle as well as conduct and emotional problems. The rise of an
affluent middle-class in urban India, emerging from the new economic order (Sharma
2007) led to reportage of newer diseases that were acquired along with the adoption of the
heavily promoted Western lifestyle (Guest 2005). The in-depth and key informant
interviews showed that due to consumeristic and stressed lifestyles of the caregivers and
inadequate parental involvement, urban children and adolescents faced problems like
obesity (with other associated medical problems like diabetes, hypertension, etc.), eating
disorders, substance use, addictions, etc.

Western research (for e.g. Postman, 1982; Baldwin, 1994; Elkind, 1988; Buckingham,
2000) attributed the decline in parental and institutional authority to be the main reason
for changing trends in sexuality (early initiation into sexual behaviour through social
interaction between sexes). The household responses clearly indicated the relaxation of
strict social norms held earlier, especially in the areas of social interaction between the
sexes, choices for women regarding work, further studies and marriage. 96.3% of the
respondents reported strict rules regarding social interaction in their childhood, whereas
42.7% families said that they were more permissive than their parents. This could be
attributed to changing value orientation arising from decline in parental guidance and
increased role of media shaping individual and collective sensibilities.

72% of the respondents stated that their interaction with children were mostly related to
functional aspects and the entertainment culture and discussions or guidance on issues
related to sexual development (modern peer cultures, substance use, risky sexual
behaviour, increased spending on consumer durables, etc.) were negligible. 50% of the
total sample claimed that children were allowed to interact with the opposite sex at school level not just in conversation but outings also. Due to modernisation and the legitimising of newer values, the relaxation of traditionally held strict social norms and a concomitant decrease in parental guidance and chaperonage was clearly seen in the study data. Key informants believed that mediated by the popular culture and mass media, the concerns that emerged in a permissive atmosphere were risky behaviour that emerged due to early initiation into sexual activity and a consequent hastening of children’s development; and inadequate information about sexual matters, particularly the consequences. In terms of emotional development, mental health professionals expressed concern at the insecurity and instability that emerged from transient interpersonal relationships.

An outcome of the permissive childrearing culture was the need to make children’s lives comfortable (through hired help and gadgets and toys) and not put them through any kind of struggle. Children were pampered and that most of their demands were met is indicated by the fact that 89% of the respondents across socio-economic strata stated that even if sometimes difficult they tried to meet their children’s demands whether legitimate or not. Key informants (medical professionals, grandparents and significant others) affirmed an increasing sense of paranoia that has emerged in the recent decade from over-protectionism and pampering of children. Over-protectionism led to incompetence in skills of socialisation, conflict resolution and decision-making. Most significantly, children had difficulty in coping with reality and testing danger, a natural and developmental task (Abernathy 1947). It is important to state that what parents termed as ‘struggle’ had immense value in the child’s holistic development.

An aspect of the permissive childrearing style was the progressive decline in value-transmission which was learnt through cultural rituals/practices and activities like play and storytelling. Santisteban et al. (2002 as cited in Coatsworth et al. 2006) affirmed that culture was enmeshed at all social levels and influenced how families interacted with the various systems of the dominant culture. Despite enculturation (socialisation in the values and beliefs of one’s culture of origin), the dominant processes of modernisation and westernisation replaced traditional cultural rituals and practices with newer patterns of socialisation. Key informant and in-depth interviews showed the emergence of a youth culture that indicated the lessening of the ‘art of differentiation’ in terms of food,

44 broadly defined as common values, attitudes, knowledge and skills of a group of people.
entertainment, language, arts, customs, values and social behaviour, which were noticeable in these areas earlier. The emerging global youth culture referred to by Ritzer (2000) as the ‘Macdonaldisation of the world’ was seen across communities. The increased homogenisation of cultural identities was seen especially in the celebration of festivals. 58% of the families did not celebrate festivals traditionally but followed the popular culture of going for a holiday (going away for 2-3 days to a resort). 42.7% respondents stated that while exposure to one’s culture is important, they were unable to do so due to the pressure of the peer group and popular culture. An almost equal percentage (41.9%) stated that culture was not important as the need to modernise took precedence over tradition (important to move with the times). The lack of inculcation of traditional values (discipline, self-effort, simplicity, connectedness and respect for elders) articulated by the respondents, revealed a lack of insight, sensitivity and caring in the childrearing process that in the long-run could prove detrimental to the child’s development and emotional competence.

Another study finding was that despite a multi-lingual tradition, English had become the preferred language across all sections for education, leisure, work and functional transactions (56.7% of the respondents had made the transition). 40.4% of the families still spoke the mother tongue. This does not mean that the mother-tongue is a preferred medium as this was mostly reported in families where a parent or grandparent did not know English. Of this, 83% of the families stated that they would like their children to go to English medium schools.

An outcome of over-protectionism, reported by medical professionals was the increased medicalisation of problems and the immediate recourse to medical care (tests, high medication, or psychiatric intervention). Also indicated was that children were increasingly being medicated for what was perceived as psychological problems, which in actuality could be linked to the current stressful lifestyles that children are ‘compelled’ and families ‘choose’ to lead. Household responses indicated this trend where a majority of the families reported seeking medical help and the increased usage of both over-the-counter and prescribed drugs. 81.8% families maintained that they still visit the doctor for medical reasons, a significant 17.3% (especially from the upper-middle class) said that visits to the doctor/therapist also included behavioural or educational issues. Notably, as medical procedures were expensive and time consuming, not only was the follow-up poor, but also
accessibility was restricted to the affording few. Godlee (2010) attributed the collusion between medical science and the drug industry for the increased medicalisation of problems.

She further states that this process has become pervasive in urban societies as problems (hypertension, high cholesterol, behaviour problems, stress and chronic constipation, obesity, poor eating habits) are redefined as bona fide diseases to encompass a greater percentage of the population. This was endorsed by the mental health professionals.

It is true that contemporary families have much more to do than earlier generations in terms of everyday tasks due to changing educational and life goals. Yet a significant finding of the study that emerged from the key informants was that the increased medicalisation was an outcome of stress that was largely self-created. This was endorsed by researchers (Capra 1982; Goleman 2004) who claimed that in the pursuit of material success, individuals were leading lifestyles that were extremely stressful and unhealthy. A pattern that emerged from the key informant and household responses was that in the lack of structure and prioritisation of goals by parents, problems were first created and then expensive and short-term solutions were sought (Figure 7.02)
Figure 7.02: The process of problem-creation

**Permissive childrearing style marked by**
- Inadequate parental involvement and lack of structure
- Overprotectionism and pampering
- Outsourcing of activities to hired help/professionals due to busy parental schedules

**Apportioning blame** for the problems to media, schools, government, peers and significant others

**Medicalisation** of the issue
- Therapy/Counselling/Professionals/Medication

**Behavioural, emotional and conduct problems in children**

**Disowning time-tested cultural practices** and lack of investment in significant others

An example of this trend was seen in the daily routines of families and eating habits, where health problems were reported that were related to disorganised lifestyles. 78.7% of the families reported that bedtime is usually later than earlier times, which was usually between 9.30 and 10 pm and on most days went beyond 11 pm not only for adults but children. Mental health problems due to poorly organised lifestyles included physical (obesity, lack of proactivity and self-effort), emotional and conduct problems (hyperactivity, aggression, anxiety, poor self-esteem, etc.).

A recent example of medicalising of common childrearing problems was the launching of a diagnostic tool (IMFeD- identification and management of feeding difficulties by Abbott India, a pharmaceutical giant)\(^{45}\), a study to gauge and diagnose fussy eating among children. Not only is this problem restricted to the affluent few (though the report mentions that 80% are affected by this problem), but also the causative factors (lack of play, increased media usage and decline in parental authority) are very evident and need not be investigated. Godlee (2010) further affirms the dangerous side effects of the drugs,

\(^{45}\)http://www.thehindubusinessline.com/companies/article1540895.ece accessed on 16\(^{th}\) March 2011
maintaining that they can be managed with less expensive strategies and through lifestyle management in conjunction with exercise, diet and discipline. Ironically, Indian health systems have always underscored these approaches (Shenava 2008).

While not undermining the importance of professional expertise in dealing with health problems, the source of most of the problems could be traced to inadequate parent involvement, chaotic home environments and lack of responsibility in attending to the affiliation needs of the child. The preference for medical approaches that were quick-fix in nature also absolved the busy parent from working at the problem. This also led to a neglect of simple time tested cultural practices and traditional wisdom. Key informants felt that in such a scenario, shifting focus from pathology to core issues in child-well-being, namely parental stress, structure, emotional and physical availability and connectedness and effective childrearing practices would be more beneficial.

Unstructured play substituted by the entertainment culture

a) Play substituted with structured/entertainment activity

Stutz (1996) affirmed that active unstructured play was critical to a child’s social, emotional, physical and intellectual development as it not only built self-confidence and basic movement skills, but also fostered interpersonal communication, creativity, imagination and self-esteem. That modern families did not understand the value of play in the child’s holistic development was seen in the study. The data indicated that children’s play was seriously threatened due to the modern culture’s propagation of early learning standards, academic achievement outcomes and the pervasive media culture. 89% of the families interviewed said that the hours spent in play had reduced from earlier times (the respondent’s own childhood or when the child was younger). The compensation culture saw the replacement of play with domestic, structured and electronic play. A common statement among mothers was that the fun and adventure of their childhood with peers and significant others was priceless and all the fancy gadgets and shopping malls could not compete with those experiences. Compared to their childhood, they believed that their children’s life lacked creativity, energy and a sense of adventure. Despite this belief, an active effort to change this status was not indicated, a pointer to the ‘herd mentality’ of respondents.
Minimum exposure to other activities like outdoor play, gardening, reading, etc. considered essential for holistic development was observed in the study data. 83.7% of the respondents reported a shift from play to entertainment activities. According to Kim (2002, as cited in Drewes 2005), modern families initiated children into entertainment/structured/electronic activity based on the mistaken notion that these were ‘leisure’ activities. The responses of educationists and doctors revealed that parents were not the only ones responsible for the decline in play, as schools and governance structures (in terms of community spaces) were lacking in the provision of opportunities for play. Increased re-development of urban spaces had contributed significantly in pushing play from open play spaces to enclosed air-conditioned confines (either clubs or commercial playgroups) especially among the emerging upper-middle class. The desire to emulate the upper middle-class lifestyle of comfort and convenience over other essential needs (like play, community engagement structures) was clearly revealed in the household data for the non-affording populations, however, play was replaced by the television and tuitions.

\[b\] Peer interaction largely restricted to the entertainment culture

Yawkey and Pellegrini (1984) asserted that in contemporary urban societies, the peer group who assisted in emotional, moral, mental and physical development of children were not an integral part of the child’s social system. The study findings indicated similar patterns with 67.3% of the respondents stating that there was a shift to structured activity/club culture and the entertainment culture. In the lower-income groups, tuitions and television was reported as taking away the time from play. Notably, in both cases peers were restricted to just being a companion rather than active engagement as in unstructured play or outdoor activity. This culture is initiated very often as early as in the pre-school years. With older children, an alarming trend reported by educationist and household respondents was the development of peer cultures that were involved in popular culture activity (social networking, partying, movies and entertainment culture) with parental sanction. Apart from the lack of developmental appropriateness of the activities chosen in terms of content, concern areas reported were changing patterns of social interactions, unhealthy lifestyle, risky sexual behaviour, substance use and a lack of exposure to activities that enhanced personal development.
The changing status of childhood – 'the hurried child'

a) From the ‘innocent’ to the ‘sophisticate’

There is a growing concern amongst researchers (Buckingham 2000; Elkind 1995; Landreth, 2002) about the changing status of childhood where the established conceptions of children as a ‘blank slate’ and a ‘growing plant’ that require parental guidance and nurture were increasingly being replaced by the new conception of the child as the ‘Superkid’. Elkind (1995) propounds that the notion of child competence was invented by caregivers to alleviate their guilt for the lack of physical and emotional unavailability due to their work and social pressures. While this may seem a harsh indictment of parents, the study findings show that this phenomenon is occurring in Indian urban families. Children are pushed into growing fast both physically and emotionally and are initiated into developmentally inappropriate activities by parents in an attempt to cope with the challenges of urban living. Advanced technology and increased media usage has contributed significantly to the transition from the ‘innocent’ to the ‘sophisticate’, as seen in the blurring of markers between adulthood and childhood (Meyrowitz 46, as cited in Buckingham 2000).

Another development that has occurred due to the capitalistic economy and pervasive media culture is the transformation of the child into a consumer (Postman 1982; Wilson 1999). Household data indicated these trends in the area of decision making. The shift from the parent/adult making the decision not only in terms of personal accessories, but also larger issues of the house, to the child was seen in 89.1% of families. Mental health professionals opined that inappropriate choice-giving, a product of the permissive childrearing style, obstructed the development of responsible decision-making. A decline in parental guidance is also seen in the influence of the celebrity culture in making occupational choices, where more significance was attached to material symbols of success and issues of purpose and meaning were largely sidelined.

Hastening of normal developmental processes coupled with the entertainment culture not only deprived children of the fun, trials and joys of childhood but also hampered the development of essential skills of creativity and other skills, mandatory for holistic excellence. The decrease in parental investment especially in developmental activities

46 Joshua Meyrowitz – Author of “No Sense of Place”
(only 8.3% of the families spent time in fun activities with the child) was understood from the key informant responses, especially the younger children who expressed their desire for more time with their parents.

b) Exposure to developmentally-inappropriate information

With the media having become the centre point of families, access to information and exposure to experiences that included unexplained and graphic depictions of sex and violence was unavoidable. The household data revealed a substantial increase in the numbers of hours of television watching and other media usage. 63% of the families stated that it had moved from no media to over three hours per day and another 20.8% watch between 1-2 hours per day. Only 16.8% of the total sample reported less than an hour of media usage. With the youth, the social networking culture has made media usage an intrinsic part of their daily life. Notably, most respondents maintained that internet was essential for children’s educational requirements. Most households reported that more time was spent with this medium than with any other out-of-school activity including home-work, time with family or friends, or reading.

Concerns aired by mental health professionals were related to developmentally inappropriate themes, derogatory language and sexually-explicit themes with easy access to children and adolescents and very little parental monitoring and co-viewing. This was substantiated by the study findings. 84.6% of the respondents reported no monitoring of media content. Elkind (1988) asserted that exposure to developmentally-inappropriate information and experiences not only shaped individual and collective sensibilities in making life choices, but also created a kind of ‘pseudo-sophistication’ compelling children to take on the physical, psychological, emotional and social roles of adulthood before they are ‘emotionally ready’ to handle them. Also in the absence of parental monitoring and co-viewing, these experiences not only increased aggressive behaviour and early initiation into sexual behaviour, but in the long run could prove harmful to the child’s emotional development.

Gfroerer et al. (2003) affirms the media’s role in providing information on significant life-issues - sex, violence, drugs, relationships, etc. and the shaping of behaviour under its influence was indicated in a study conducted by the National Institute for Public
Cooperation and Child Development (NIPCCD)\textsuperscript{47} of more than 15,000 children (5-18 years) across various Delhi schools. It revealed that about 30\% of the boys and 26\% girls regularly consumed alcohol. More than 60 percent of these children were found to be suffering from obesity and hypertension.

Several factors discussed above have emerged as risks to child mental health in the modern childrearing environment. Yet one factor that was reported across age, socio-economic status, religion and year in an urban context, in both the household data and key informant interviews was ‘fatigue’ and the consequent stress, especially in women. Increasing fatigue, an outcome of attempts to cope with the challenges of urban living arising from multiple roles was revealed by the study results. 92.3\% of the families reported that childrearing was stressful and was not so earlier. Further, Deshpande (1996) posited that because of the newer values and identities that women had, role-conflicts emerged due to culturally imposed stereotypes. Parenting was a shared responsibility, yet as Esplen (2009) claimed that while women’s work increased, the corresponding increase was not seen in men’s contribution to the household. The additional functions at work, accompanying lifestyle changes, increased care-giving responsibilities in terms of children and older family members led to increasing fatigue and stress for the mother, which was hazardous to her physical and emotional development. Women being the primary caregivers in the family, the repercussions of their poor mental health were felt not only on child mental health but also on the family’s mental health.

The next sub-section summarises the key findings discussed above in terms of risk factors that emerged across the first objective of the study, which was to identify changes that had occurred in childrearing styles across the 3 critical inter-related life-domains of lifestyle, education and sexuality (Box 7.02).

\textsuperscript{47}http://www.indiaedunews.net/Delhi/Drinking__smoking_making_Delhi_school_children_obese_6486/ accessed on April 22, 2010
Box 7.02: Key risk factors that emerged across the primary life-domains

- Emergence of the family unit as a unit of consumption
- Shift from a collectivistic to an individualistic orientation leading to the decline of the kinship unit and the emergence of the nuclear family unit
- Multiple caregivers replaced by professionals and hired help
- Shift from the predominantly authoritarian childrearing style to a more permissive style
- Singular focus on academic achievement leading to neglect of other dimensions that contributed to holistic development
- The tutorial system coupled with the ‘compensation culture’ emerged as preparatory procedures to attain academic excellence
- Chaotic home environments: a decline in structure and discipline indicated especially in the daily routine
- Decline in parental supervision and involvement in routine childrearing tasks
- Fatigue and concomitant stress reported in majority of the families.
- Early initiation into formal schooling and multi-learning systems (through the ‘culture of perfectionism’).
- Children entered organised peer-group settings (day-care homes/nursery schools/etc.) earlier due to ‘hurrying of’ children’s development.
- Western ideologies increasingly applied in designing criteria in all aspects – education, health, social, political and work systems leading to contextually inappropriate strategies.
- Decline in ‘context of engagement’ with families and significant others resulting in poor role-modeling, communication and value transmission.
- Media as the centre-point of families shaped attitudes, values and lifestyle choices undermining the role of families as ‘childrearers’ and role-models.
  - Technology gradually replacing human socialisation processes
  - Early initiation into adulthood indicated in the areas of leisure, sexual development occupational choices and lifestyle emerging from the ‘Celebrity Culture’
  - Social isolation and subsequent incompetence in social communication.
  - Very little exposure to activities co-related to holistic excellence, especially in terms of “Social responsibility” and purpose in life.
- Decline in unstructured play/leisure activities due to the increased media usage, hectic academic schedules, the entertainment culture, structured activity and the club culture.
- Entertainment misconstrued as leisure.
- Peer interaction restricted to developmentally inappropriate entertainment activities leading to risk behaviours (initiation into early sexuality and unhealthy lifestyle habits).
- Standardisation of culture (‘Macdonaldisation of the world’)
  - Culture (arts, artifacts, dress, culinary practices, rituals and ceremonies, norms of social interaction, group identities and beliefs) progressively being disowned in favour of the popular culture especially among the younger generation
  - Despite a multi-lingual tradition, English has become the preferred language across all...
section for education, leisure, work and functional transactions.

- **Over-indulgence, over-protectionism** and **pampering** led to
  - Increasing incompetence in social and functional skills
  - Difficulty in **coping with reality** and **testing danger**, normal developmental tasks mandatory for growth
  - The increased **medicalisation** of routine childrearing issues/problems

The study findings clearly indicate the changes that have come about in the urban nuclear family especially in terms of leisure activities, social interest, socialisation patterns and the family dynamics. Also seen is the pressure and consequent increase in tasks for the child in terms of high expectations and the reduction or elimination of activities that are pleasurable and joyful to the child. Based on the study findings discussed above, it can be stated that urban childrearing contexts fraught with competition, conflict and stress had inherent risks for child mental health (Figure 7.03).
As indicated in Figure 7.03, due to the singular focus on academic achievement and the permissive childrearing culture, the processes that occurred were extremely pressurised lifestyles marked by declining parental investment, poor structure and discipline and reduced guidance and chaperonage. Other processes included the adoption of
individualistic childrearing practices that led to the outsourcing of tasks, decline in unstructured play and poor inter-generational transmission of values due to the absence of credible role-models. Notably, guiding children in age-appropriate ways, about the dangers of the world was an essential part of the childrearing function, yet not practiced. Seen from this standpoint, the study results showed that the nuclear urban family becomes a risky context for child mental health. This can be attributed to the increased efforts in terms of time and money in attaining academic excellence neglecting the other significant domains (physical, social emotional and spiritual) that contributed to holistic development of the child. Therefore, it is reasonable to conclude that difficult contexts promoted distress leading to vulnerability of the family unit.

It is important to acknowledge that notwithstanding a stressful and competitive atmosphere, studies (Baumrind 1991) indicated that supportive family environments can mediate to bring about positive mental health outcomes. Guided by the underlying principles of the Family Resilience perspective, which states that several key family processes within the family unit could mediate the recovery and resilience of the family unit, reducing risk and vulnerability (Patterson 2002), the study attempted to identify the protective factors within the childrearing context. The next sub-section discusses the family unit as a protective context for child mental health.

The family as a protective context
Significantly, as underscored by the Family resilience perspective (Conger & Conger 2002), the study revealed that effective childrearing styles experienced during childhood and adolescence not only promoted resilience to adversity but also were likely to promote long-term successful relationships and emotional well-being in adulthood. This was articulated by the older respondents who conveyed a sense of nostalgia about the structure and discipline in their childhood and how it translated into them growing into competent adults. Promotive and indigenous strategies like play, healthy peer-group interaction and investing in significant others helped stem problems in the beginning stages. An example of involved and nurturant parenting was that despite a large percentage of families showing a decline in kinship affiliation, 31% adapted to the changing values by according importance to both family and friends. Respondents and key informants shared a sense of nostalgia about community childrearing practices, stating that it used to be a vital part of their childhood. Further, coping strategies were seen in the light of the key factors of the
family resilience perspective, collaboration, empowerment of client potential and utilisation of family resources rather than therapist techniques (Walsh 2002) to understand what factors should be incorporated into intervention approaches. An important component of the resilience approach was the involvement of individual, family and larger socio-cultural influences (community agencies, workplace, school, health care, political systems) which is in harmony with the Indian worldview.

The next sub-section presents the protective factors that emerged in the study and the coping strategies used by families to mediate the risks factors to child mental health.

**The protective factors in the urban childrearing context**

**Stable and resilient families**

Both western (Bronfenbrenner 1991; Gehring & Page 2000) and Indian (Kakar and Kakar 2007; Saraswathi 1999) research underscored the role of families in raising a child to be a competent and successful person who not only enhanced self, but was able to contribute to society. The study findings revealed that, families that were marked by warmth and communication and were flexible to the child’s developmental demands, were able to mediate between the child and the social change that occurred in the external environment. Respondents, especially older individuals opined that a key process in safeguarding mental health was the inter-generational transmission of values, an essential component of traditional childrearing styles. This they felt enhanced the child’s connectedness to the community and the larger culture.

Notwithstanding the processes of acculturation, in-depth interviews indicated that despite the adoption of dominant culture values, a small number of individuals amongst the youth followed certain rituals and practices that were uniquely different from the mainstream culture. Examples stated by respondents include the practice of fasting, or connecting with relatives and the community on festival days, visiting places of worship, etc. A young respondent termed this practice as ‘makes my mother happy’ behaviour, and mentioned that earlier he was resistant, but currently practiced these rituals through personal choice. Notably, the sensible amalgamation of the newer identities and older cultural practices was indicated in families that encouraged communication and were marked by warmth and responsiveness not only in parent-child relationships, but also between the sibling and
the significant other (for example, a grandparent or a neighbour). Stable families also provided chaperonage and guidance in an extremely attractive and dangerous world, especially with regards to sexual development and social interactions.

**Authoritative style of childrearing**

A sense of nostalgia was conveyed about the earlier authoritarian childrearing style and its focus on enforcing discipline. In this context, some respondents believed that structure and discipline did not indicate authoritarianism if a balance is maintained between discipline, setting firm limits and the child’s need for autonomy. Some families who practiced the authoritative style of parenting emphasised the need to train the child in household chores and personal tasks as it helped strengthen the family bonds by reducing family stress and creating self-sufficiency in the child.

**Warm Parent-child relationship**

A warm, cooperative parent-child relationship in which clear, well-defined boundaries existed was seen as contributing to building strong cohesive families. This was reported by parents as a strategy to deal with the innumerable temptations that the child faced. Further respondents claimed that acceptance of ground rules was easier if the relationship between the parent and child was strong. Open communication and negotiation helped to deal with conflict and facilitated completion of tasks. This was especially reported when dealing with adolescents and issues related to the peer culture, and with small children to avoid issues of misbehaviour.

**Unstructured play**

Gill (1996) maintained that children's mental health and emotional well-being was enhanced through play, particularly, contact with the outdoors, and that the restorative effect was the strongest in natural settings. Families that set aside time for play, through a balance of play and the other activities reported that their children were happier, more competent in dealing with everyday situations and energetic. Also in these families, there was monitoring of media in terms of timing and content, as parents opined that not only for children but even adults, media can take away time from leisure activity. Significantly, children in homes where play was encouraged were intrinsically motivated to complete their academic assignments and other daily tasks. Some respondents (8.3% of the families) claimed that play rather than the compensation culture helped them deal with the
demanding environment that children lived in, especially in terms of early schooling and their pressurised academic schedules. This was so as the problems (lethargy, reduced social interaction, lack in building of life-skills) that emerged from the latter were difficult to not only handle in the current period, but also had serious implications on the child’s transition to a competent adult.

**Social Networks**

Modern theorists focused on a more comprehensive and holistic approach, have moved away from the earlier unidirectional family theories that believed that parent-child interactions solely influenced the child’s personality. As Bronfenbrenner (1986, 1989) confirmed that while families were significant, there were other influences in the family-society interface that shaped child mental health outcomes. Some mothers reported that traditionally the *neighbourhood* (the neighbours and peers) was a great source of support not only in childrearing tasks (minding the child in the absence of an adult caregiver, or at play) but also in terms of emotional support and for social interaction. Further, seeing the *school* as a collaborative stakeholder in promoting child mental health rather than a set-up to provide for academic inputs had tremendous benefits according to household respondents. Mothers (11%) claimed that investment in teachers as a part of the social system, rather than a professional, helped in dealing with a lot of academic and behaviour problems at the beginning stages. Mothers and key informants reported the advantages of collaborating with *professionals* (counsellors and other mental health professionals) rather than seeing them as isolated systems. Mothers claimed that promotive strategies like play, health-enhancing or community oriented activities suggested by professionals, if incorporated into the child’s life helped them deal with problems better rather than purely curative strategies.

Involvement of *significant others* helped the family mediate between the child and the risk factors in the environment (substance use, risky peer groups, and most significantly in making informed choices regarding sexuality and occupation). Parents (33%) who made optimal use of this resource reported reduction in stress due to sharing of responsibilities. For the child it meant a larger context to interact with, thus imbibing skills of functional competence, collaboration, conflict-resolution and social skills.
The main risk and protective factors discussed above with reference to the first theme of the study, that of the family being both a risky and protective childrearing context is summarised in table 7.02. This was explored through the second objective of the study.

Table 7.02: Risk and protective factors in the urban childrearing environment

<table>
<thead>
<tr>
<th>Objective II</th>
</tr>
</thead>
<tbody>
<tr>
<td>To identify the risk and protective factors in childrearing contexts that influence child mental health outcomes.</td>
</tr>
</tbody>
</table>

**Risk Factors**
- Parental Stress
- Lack of parental co-viewing and monitoring in the media experience
- Unstable Families
- Permissive style of childrearing that does not provide structure, guidance, value-transmission and chaperonage
- Acquisition of wealth prioritised over life-goals of ‘sense of purpose and meaning’
- Hurrying of children’s development to fit into the adult-centered way of life
- ‘Herd Mentality’ indicated in all aspects of decision-making
- Decreasing ‘Social Interest’:
- Outsourcing of routine childrearing tasks to professionals/agencies
- Technology and social networking sites replacing active human engagement
- A high premium placed on entertainment activities in which children are active participants

**Protective Factors**
- Stable and resilient families that mediate between the child and the external environment
- Strong and cohesive family bonds
- Warm Parent-child relationship
- Unstructured play
- Social support systems
- Effective Childrearing style that balances parental expectations and child’s need for autonomy
- Interventions that provide parent support

**III CONCLUSIONS**

In the final analysis, it can be said that busy parental schedules, multiple roles of the parents and changing value-orientations that saw increased focus on material goals affected parents’ childrearing skills and capacities to foster healthy emotional development in their children. The outcome of the parental endeavour of preparing the child for the industrial environment and providing a pleasure-oriented lifestyle to the
family members was the marginalisation of the childrearing function and a lack of insight into the value of the developmental stage of childhood in promoting child well-being. Vulnerable families were unable to perform their responsibilities as demanding environments coupled with thoughtless choices that emerged from the herd mentality, rendered the mechanism of responsible parenting itself vulnerable to risk factors. This was indicated by the responses to the third objective of the study (table 7.03), which helped understand the value placed on the childrearing function by parents and determined their investment in the process of childrearing.

Table 7.03: Responses to the significance of the childrearing function

<table>
<thead>
<tr>
<th>Objective III</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>To explore experiences of the family/family members on the childrearing role and its value in child well-being.</strong></td>
<td><strong>Significance of the Childrearing Function</strong></td>
</tr>
<tr>
<td>• Parental role perceived as making the child’s life comfortable.</td>
<td>• High parental expectations in lieu of the comforts provided.</td>
</tr>
<tr>
<td>• High parental expectations in lieu of the comforts provided.</td>
<td>• Lack of understanding of the value of childhood stage in child well-being.</td>
</tr>
<tr>
<td>• Lack of understanding of the value of childhood stage in child well-being.</td>
<td>• Parents largely reluctant to accept their responsibility in the promotion of child mental health.</td>
</tr>
<tr>
<td>• Parents largely reluctant to accept their responsibility in the promotion of child mental health.</td>
<td>• A sense of ‘naivete’ displayed at the consequences of developmentally inappropriate and ineffective childrearing practices.</td>
</tr>
<tr>
<td>• A sense of ‘naivete’ displayed at the consequences of developmentally inappropriate and ineffective childrearing practices.</td>
<td>• Apportioning blame to external factors (school, media, education systems, peers, etc.).</td>
</tr>
</tbody>
</table>

The resulting parental fatigue and stress generated in these challenging circumstances increased the “vulnerability” of children as they were exposed to childrearing styles that neglected their developmental requirements. Thus, it is reasonable to conclude that the childrearing styles adopted by urban parents had inherent mental health risks for children, as they were constrained in providing a stable and nurturing context for the child’s emotional development, leading to poor child mental health outcomes.

The most important finding of the study has been the deconstruction of certain notions held by the researcher about the family unit, based on her pre-doctoral study and clinical experience. The primary misconception was the attribution of child mental health problems solely to the nuclear family unit, predominantly parents. The study findings revealed that while parents significantly influenced their children, other influences within childrearing contexts also shaped family interactions and the development of its children. These factors may be beyond individual control. Secondly, the researcher also had to take consideration of the popular notion of the decline of the family receiving popular support especially from recent Euro-centric research (Buckingham 2000) that not only blamed
parents for creating vulnerability in the child but also predicted the demise of the family unit.

However, as Durkheim (as cited in Lamanna 2002) in the nineteenth century insightfully observed, ‘the family is not declining, it is changing’. This holds good for the twenty-first century nuclear urban Indian family. Hence, the study had to shift focus to include the family and discuss its vulnerabilities within the newer identities and roles that emerged in a post urbanised and globalised environment. The objective was then to identify resilience processes that would enhance family solidarity within an individualised context. The findings of the study in terms of delineating the risk and protective factors helped to create an emerging intervention model for ‘the changing family’ that facilitated a transition from the current ‘vulnerability’ within challenging childrearing contexts to ‘stability’, the promotion of child mental health being the final goal.

**Theme 2: The changing family......from vulnerability to stability**

The ecological viewpoint and the Indian worldview both stated that families were developing and dynamic entities, embedded within larger cultural or sub-cultural contexts and ecological niches that shaped family interactions and the development of its members (Bronfenbrenner 1986; Dalal and Misra 2010). These were clearly indicated in the changing family of urban India, which was guided by the values of the larger structural context. The emergence of the nuclear family unit post urbanisation, characterised by individualistic values and multiple roles, challenged the Indian worldview of the child and the family being the centre point of human life. The rise of the modern family unit (that was defined by personal goals focused on careers to enhance material status and individual satisfaction) led to a shift from a child-centred society to an adult-centred one. Within a competitive industrial environment and the multiple parental roles of family, work and socialisation, family goals were largely restricted to fulfilling material needs, neglecting affiliation needs in the process.

The shift from the earlier practised authoritarian style of childrearing, (based on the requirement of the collectivistic orientation of traditional families) to a more permissive style can be seen as a coping strategy to accommodate the demands of contemporary lifestyles of caregivers. The permissive childrearing style that had within it the mechanisms of the *compensatory culture* permitted the parent to *outsource* the parenting
responsibility to external sources leading to disconnectedness not only between the child and the parent but also between the child and significant others. The repercussions of increasing disconnectedness in families and the challenging urban lifestyles as articulated by the key informants has been summarised below.

• Children increasingly **pressured, vulnerable, isolated** and **lacking guidance**.
• Although children possessed a lot of information, they were likely to be **unidimensional** and lacked **creativity, experiential wisdom** and **proactivity**.
• Stakeholders in child mental health, especially **women** and **children** experienced **fatigue** and stress in coping with everyday tasks.
• Caregivers, particularly families, **mostly overlooked the importance of the childrearing function** in shaping developmental outcomes of the child.
• **Functional** and **life-competency skills** largely **neglected**
• Focus on pleasure-centered living resulting in lives that lacked **purpose, meaning and ‘social interest’**

Therefore, it is reasonable to conclude that the **decline in parental investment**, both in physical and emotional terms emerged as the largest risk factor to child mental health, as it was instrumental in creating other risks in the child’s life (decline in play and other activities that promoted holistic excellence, lack of chaperonage and poor inter-generational transmission of values).

Guided by the Family resilience approach, the study formulated an emerging intervention model that can help the **vulnerable** family unit to be transformed into a protective factor by building on its inherent strengths to reduce vulnerabilities. The emerging model that can assist in the movement of the family from **vulnerability to stability** is presented in the final chapter. A further attempt is made to answer the pivotal question raised by Lamanna (2002) regarding the twenty-first century nuclear urban family and that which matches the scope and implications of this study:

‘**How do we bring in family solidarity in an increasingly individualised society?**’