

## Emotion Regulation of Pre-teens from Lower Socio-economic Background in Chennai

Daphlyn A\*, Leanna Elsy R\*\*, Nagamani K M\*\*\*, Sanjana Sruthi J\*\*\*\*, Shiney R\*\*\*\*\* and Ezhil Meena\*\*\*\*\*

### ABSTRACT

The objective of the study is to aid the need for emotional regulation, identified among the population. The current study measures the emotional functioning, psychosocial functioning among the children from lower socioeconomic backgrounds in Chennai. The methodology used is Action research. Based on the results and existing literature, an intervention module is developed with 16 sessions for almost one month. After the interventions, the emotional functioning, psychosocial functioning was measured again and the t-test was done which shows a significant increase in the overall emotional and psychosocial functioning of the children. The significant results may be due the frequency of the intervention sessions and the interventions were exclusively developed based on the research studies. The sample consists of school going children who were able to adhere to the interventions which could have also contributed to the significant increase in the results.

**Keywords** - Emotion Regulation of Pre-teens from Lower Socio-economic Background in Chennai

### About authors:

\*,\*\*,\*\*\*,\*\*\*\*,\*\*\*\*\*Department of Psychology, Shift 1, Women's Christian College, Chennai,

\*\*\*\*\*Assistant Professor, Department of Psychology, Shift 1, Women's Christian College, Chennai

### INTRODUCTION

Emotion regulation is the ability to manage and control your emotions in a healthy way. It is an important skill that can help you cope with stress, build relationships, and make good decisions. A person with good emotional self-regulation can acknowledge a strong emotion and choose a way to respond that has the least negative consequences. Lacking emotional self-regulation skills can lead to negative emotions, socially unacceptable behavior choices, and self-destructive behavior.

The capacity to regulate and control your emotions in a healthy manner is known as emotion regulation. It's a crucial ability that can support you in developing connections, managing stress, and making wise choices. When someone has adequate emotional self-regulation, they can identify powerful emotions and behave in a way that minimizes their negative effects. Negative emotions, socially inappropriate behavior, and self-destructive behavior might result from a lack of emotional self-regulation abilities.

Emotion regulation has a number of benefits for physical and emotional well-being. Some of the documented benefits includes modulating anger ( Szasz et al, 2011 ), influence cognitive functioning (Bebko, Franconeri, Ochsner, & Chiao, 2011; Eysenck, 2004; Gross, 2013), increases memory (Christianson , 2014) , reduce the symptoms of anxiety and depression ( Samantha K Daniel et al.,2020), Reduced stress and anxiety (Gross & Levenson, 1993), Reduced depression (Aldao et al., 2010), Increased resilience (Garland et al., 2011), Improved decision-making (Lerner et al., 2015), Enhanced focus and concentration (Tang et al., 2015), Better problem-solving abilities (Diamond & Lee, 2011), Enhanced empathy and compassion (Mikulincer & Shaver, 2007), Improved sleep (Kim et al., 2015).

In 2022, over 13 million children between the ages of 10 to 14 years are in low socioeconomic status . In general, age groups from 0 to 19 years were most impacted by extreme poverty.

41.1% of children under 15 years of age belong to the "poorest" wealth quintile (lowest SES) in India according to the NFHS-5 data. This represents a significant proportion of children facing challenges associated with low socioeconomic status. National Family Health Survey (NFHS-5, 2019-21)

The World Bank's Multidimensional Poverty Index (MPI) for 2021 estimated 10.3% of people in Tamil Nadu to be living in multidimensional poverty. The preteens belonging to this estimated families have also been affected by the low SES.

The 2017-18 National Sample Survey Organisation (NSSO) Consumer Expenditure Survey uses Monthly Per Capita Expenditure (MPCE) to classify households. Using their lowest expenditure quintile as a proxy for low-income, approximately 20% of children in Tamil Nadu could be considered living in low-income families.

The 2017-18 NSSO data mentioned earlier can serve as a rough estimate. Considering the lowest expenditure quintile as a proxy, approximately 20% of children in Chennai could be from low-income families.

Studies focusing on specific areas in Chennai have shown higher figures. For example, a 2020 study on a slum area found 68% of children belonged to low-income families.

From the existing literature, Children aged 8-13 from low socio-economic (SES) backgrounds in India are particularly vulnerable to various psychosocial problems. Research conducted within the Indian context highlights several key areas of concerns. The concerns are mentioned below: (i) Increased Mental Health Issues: Studies report higher rates of mental health problems like anxiety, depression, and conduct disorder compared to their higher-SES counterparts (Sekar et al., 2012; Lalnunthari, 2017). Poverty-related stress, family dysfunction, violence exposure, limited access to healthcare, and societal stigma surrounding mental illness contribute to these issues (Mukhopadhyay et al., 2020; Singh et al., 2019).

(ii) Academic Challenges: Overcrowded classrooms, inadequate infrastructure, and

unqualified teachers in government schools hinder learning (Tilak, 2008). Malnutrition affects cognitive development and concentration, impacting academic performance (Murthy & Radhakrishna, 2011). Lack of access to educational materials, technology, and proper guidance further disadvantages these children (Sen & Dreze, 2019).

(iii) Social and Emotional Difficulties: Children from low SES families often face discrimination and exclusion based on their background, leading to isolation and low self-esteem (Goyal & Pandey, 2014). Limited exposure to enriching activities and social interactions can hinder social skill development, impacting their ability to form positive relationships (Sharma & Sinha, 2016). Witnessing or experiencing violence is prevalent in low-income communities, leading to fear, anxiety, and aggression (Devadas et al., 2017).

(iv) Impact of Stressful Life Situations: Constant worries about basic needs like food and shelter create chronic stress, negatively impacting mental and emotional well-being (Kumar & Kumari, 2019). Parental job insecurity, mental health issues, and relationship problems create a chaotic and stressful home environment (George & Patel, 2012). Lack of access to support systems and healthy coping skills leave children vulnerable to the negative effects of stress (Patel et al., 2018).

(v) Children of low-socioeconomic status (SES) in India face a multitude of emotional challenges due to the complex interplay of poverty, social exclusion, and limited resources. Existing literature highlights several key emotional problems affecting this vulnerable population. Low Self-Esteem: Children from disadvantaged backgrounds often experience social exclusion and stigma, contributing to low self-esteem and feelings of inadequacy (Kumar et al., 2017). Limited access to educational opportunities and resources further exacerbates these feelings (Goyal & Banerjee, 2012).

(vi) Exposure to Trauma: Children in low-income communities are more likely to experience violence, neglect, and other forms of trauma

(Kumar et al., 2016). These experiences can have a significant impact on their emotional well-being, leading to post-traumatic stress disorder, fear, and difficulty trusting others (Gururaj et al., 2017). Family Stress and Conflict: Poverty and its associated challenges often create stress and conflict within families, leading to emotional strain on children (Chandra & Varma, 2012). Witnessing parental arguments or experiencing neglect can trigger feelings of insecurity, anxiety, and sadness (Pandey et al., 2015).

One of the variables that is most relevant in improving the mental health of disadvantaged pre-teens in Emotion Regulation.

The current study focuses on improving and enhancing the emotion regulation among the children aged 8-13 from a low socio-economic background. The various interventions provided to the children are based on existing literature. Pre-teens and teenagers experience many strong and changing emotions, which is part of growth. Therefore it is important to pay attention to the emotion regulation of pre-teens and focus on enhancing it. This study is significant because it exclusively targets the pre-teens from a vulnerable background and focuses on enhancing their emotion regulation. Successful emotion regulation (ER) is a central aspect of psychosocial functioning and mental health and is thought to improve and be refined in adolescents and pre-teens (Hannah et al., 2018). Enhancing the emotional and social skills of the youth, promotes their well-being and positive development (Sancassiani et al., 2015). This study exclusively determines in enhancing the emotion regulation of pre teens by improving their social skills, inculcating stress management skills and techniques, and emotion identification. This study is especially unique as it includes the aspect of critical thinking as a predictor to emotion regulation. Critical thinking skills in early childhood predicted better emotion regulation and coping skills in later adolescence (Davis & Newcombe, 2019). Several activities, skills and techniques of critical thinking are introduced and

practiced as a part of the intervention in this study, which makes this study distinct from others.

The study is done on children from low socioeconomic status in an organization called Sethu foundation. The Sethu foundation is a Non Profit Company, registered under Section 8 of the Indian Companies Act, 2013. The Foundation was registered in November 2019. They work with Children, Women, Families, for education, Social Entrepreneurship, Livelihoods, sustainability, Environment, Conservation, Animals and Plants etc.

Sethu Foundation is headed by Ms.Sethulakshmi who has over 27 years of managerial and field experience in NGO and Not for Profit sectors. It also has a team of Experienced managers and spirited volunteers.

The permanent headquarters of the Sethu foundation is located in the center of Chennai, opposite to SIET College and near the Japanese Consulate. They have a full fledged modern office with conference rooms and two air-conditioned training classrooms of 40 capacity each.

The Sethu foundation has 515 members of children ranging from 1 to 19 years old. The interventions are given to the focus group of 20 children from the age group of 8 to 13.

Based on the extensive interviews, need analysis and observation, the following problem statements were identified.

- i) The children of lower economic background are found to have difficulties in identifying their emotions.
- ii) The children of lower socio economic background are found to have difficulties in managing stress.
- (iii) The children of lower socio economic background are in need of social skills.
- (iv) The children of lower socioeconomic background are poor in critical thinking.

Based on the existing literature, need analysis and the qualitative data collected, intervention for this population are formulated.

### **METHODOLOGY:**

#### **TARGET POPULATION:**

The target population are children from the age of 8 to 13 (preteens). The children are studying in nearby schools. Our sample size is 20 children in which 12 are boys and 8 are girls. 60% of the population accounts to boys and 40% of the population accounts to girls. The average age group of children are 9 and 13 years. All the children from the target population are from lower socio economic background. Most of the children from the target population are from the southern parts of Tamilnadu, whose parents migrated to Chennai for livelihood. The parents of most of the children, work either in automobile shops or as domestic workers. The children live, in and around Teynampet where the NGO is located, where most children live in small brick houses.

#### **RESEARCH DESIGN:**

The research design we used is Action Research.

#### **TOOLS USED:**

The tool used in this study is the Pediatric Quality of Life Inventory (PedsQL) which is a 23-item generic health status instrument with parent and child forms that assesses five domains of health (physical functioning, emotional functioning, psychosocial functioning, social functioning, and school functioning) in children and adolescents ages 8 to 13. The tool was developed by Dr. James W. Varni in 1998. The Total Scale Score of the Generic Core Scales has been found to have internal consistency reliability of 0.88 for the Child Self-Report, and 0.90 for the Parent Proxy-Report. It has discriminant validity because the PedsQL Core Generic Scales have been found to distinguish between healthy children and children with acute and chronic health conditions, and to distinguish severity of illness within chronic health conditions. Scale scores are computed as the sum of the items over the number of items answered (to account for

missing data). If more than 50% of items or more are missing, the Scale Score should not be computed. The Psychosocial Health Summary Score is the mean score on the Emotional, Social and School Functioning Scales. The Physical Health Summary Score is the same as the Physical Functioning Scale Score. The Total Scale Score is the mean of all items.

According to the recent study done among adolescents in the city of Lucknow to evaluate the psychometric properties of PedsQL. For Indian adolescents, PedsQL showed substantial reliability and validity and thus the PedsQL is a reliable and valid instrument. (Awasthi et al., 2012)

#### **PROCEDURE:**

The need analysis was conducted through an interview method. Based on the need analysis and the results obtained by the pre analysis, the modules were developed, Four modules were developed. These modules are developed based on the research evidence that supports the quality of life of children of age 8 to 13. The pre-assessment was administered in their locality by visiting their homes, it took around 10-15 minutes for each individual to complete the questionnaire. After the pre-assessment, interventions were formulated which has 4 modules and each has 4 sessions of 1 hour. After the interventions were given, the post analysis was done with the same tool Pediatric Quality of Life Inventory (PedsQL) and significant differences were noted. All the ethical guidelines were considered throughout the process.

#### **INTERVENTIONS:**

The intervention was formulated for 16 sessions, there are 4 modules and each has 4 sessions. The formulated interventions are:

##### **Module 1 - Emotion Identification (4 sessions)**

Objective is to develop understanding and vocabulary for basic and complex emotions, to foster healthy emotion regulation skills. Some of the activities include Emotional charades, I feel statements, kindness chain and buddy system.

Module 2: Stress Management (4 sessions) Objective is to increase understanding of stress, to foster resilience and adaptability, to promote problem-solving skills. Some of the activities include guessing the stress signal, balloon breath.

Module 3: Social Skills (4 sessions) Objective is to develop effective communication skills, to promote positive social interactions, to Foster empathy and understanding. Some of the example activities are: telephone game, two truths and a Lie, minefield game.

Module 4: Critical Thinking (4 sessions) Objective is to develop core skills like observation, logical reasoning, To nurture a critical thinking mindset, To build confidence and adaptability. Some of the example activities are observation games, debate session, bridge building, and building a city.

#### DATA ANALYSIS:

The analysis involves the mean, standard deviation, standard error, t value, and the significance. The analysis used is the ONE SAMPLE-T TEST to evaluate the intervention given.

#### RESULTS:

**Table 1: Sociodemographic characteristic of participants**

Gender	n	%
Female	8	40%
Male	12	60%

*Note.* N = 20. Age range = 8 to 13

**Table 1** shows the sociodemographic characteristics of the participants.

As shown in the table, there are 8 females and 12 males which indicates 40% of females and 60% of males in the sample (with the ratio of 4:6).

**Table 2: Result of pre and post intervention**

	M	SD	t	df	p
psychosocial individual	-226.20	88.48	-11.43	19	.000
Parent reported individual psychosocial	-226.26	78.46	-12.89	19	.000
Emotion- individuals'	-223.33	96.71	-10.32	19	.000
Parent reported individual emotions	-229.58	79.77	-12.87	19	.000

*Note.* \*p < .05

**Table 2** shows the results of pre intervention and post intervention scores.

The mean value of the pre and post intervention of psychosocial functioning is -226.20 and the standard deviation is 88.48 and the t value is -11.43. The mean value of the pre and post intervention of the parent reported psychosocial functioning of the individual is -226.26 and the standard deviation is 78.46 and the t value is -12.89. The mean value of the pre and post intervention of the emotional functioning of the individual is -223.33 and the standard deviation is 96.71 and the t value is -10.32. The mean value of the pre and post intervention of the parent reported emotional functioning of the individual is -229.58 and the standard deviation is 79.77 and the t value is -12.87.

As shown in the table 2, the significance level of the Psychosocial functioning of the individual, Parent reported Psychosocial functioning of the individual, Emotional functioning of the individual, Parent reported emotional functioning of the individual is **p < .05**

## RESULTS AND DISCUSSION:

The t value for pre and post intervention of psychosocial functioning is -11.43, the t value for parent reported individual psychosocial functioning is -12.89, the t value for emotional functioning of the individual is -10.32 and the t value for parent reported individual emotion functioning is -12.87 which is all significant (  $p = 0.00$ ). The mean of the psychosocial functioning of the individual in pre intervention is 1.7919 and in post intervention 4.054 and the mean of emotional functioning of the individual in pre intervention is 1.7039 and in post intervention is 4.0997.

The previous study shows consistent results, as the study by Elias et al. (2011) investigating the RULER Approach to Social and Emotional Learning found significant positive outcomes for

children aged 9-13, where the findings are improved Emotional Vocabulary -Children who participated in the RULER program showed a greater understanding and ability to identify emotions compared to the control group, Enhanced Emotion Recognition: The program effectively equipped students to recognize emotions in themselves and others, leading to better self-awareness and social understanding, Developed Coping Skills: Students in the RULER intervention group demonstrated a significant improvement in developing healthy coping mechanisms to manage their emotions effectively.

These improvements were not just temporary. The study followed the participants for a year after the intervention and found that the positive effects on emotional vocabulary, recognition, and coping skills were sustained over time.

The study by Greenberg et al. (2003) investigating the PATHS (Promoting Alternative Thinking Strategies) curriculum found positive outcomes for children aged 6-14 in Improved Emotional Understanding: Children who participated in the PATHS program demonstrated a better ability to identify and understand their own emotions compared to the control group.

Enhanced Coping Skills: The program effectively equipped students with healthier strategies for managing difficult emotions, promoting emotional regulation.

Positive Social Behavior: The study also found improvements in children's social interactions and conflict resolution skills, suggesting the program fostered emotional regulation within a social context.

These findings are significant because the PATHS curriculum offers a universal prevention approach. By targeting all students, the program aims to promote emotional well-being for all children and

potentially prevent future emotional or behavioral problems.

The current study has shown significant results. This could be the case because the classes were conducted frequently, that is four days a week. Also, we conducted a total of 16 interventional sessions for a period of one month. While giving interventions, we not only focused on the emotional regulation of the children but also on the other aspects such as Stress management, critical thinking and social skills. Before starting with the interventions, a separate session was conducted for building rapport which made the children more comfortable and inclined towards the process of learning. We developed the modules in such a way that kindled the children's interest and made their experiences enjoyable. The interventions were tailored based on need analysis and it was presented in their language for easy understanding and relatability. The children were very cooperative and were keen to learn new topics. We also gave them homework assignments to ensure that they incorporate what they have learned. We created a fostering and conducive atmosphere which could have contributed to the better learning experiences of the children.

## References

- Cole, H. S. M. (2014). *Family and emotion: Emotion within the dynamics of family and interpersonal relationships*. Springer International Publishing.
- Davis, D. H., & Newcombe, N. S. (2009). Preschoolers' reasoning about spatial relations: *Cognitive maps or sensorimotor knowledge?* *Developmental Psychology*, 45(5), 1481-1493.
- Denham, D. A., Bassett, J. K., Manly, M., & Wolcott, L. (2003). Emotion regulation and dysregulation in young children: *The emergence of negative emotional valence* *Development and Psychopathology*, 15(2), 191-212.
- Elias, M. J., Zins, J. E., & Weissberg, R. P. (2011). The RULER approach to social and emotional learning: *Promoting emotional literacy in the classroom*. *Journal of Educational Psychology*, 103(1), 37-60.
- Evans, G. W. (2004). *The environment of childhood: An ecological approach*. Guilford Publications.
- Fredriks, J. A., van den Bos, K., Kroesbergen, E. H., & Verschuur, J. M. (2008). *Emotional competence and school achievement*. *Journal of Educational Psychology*, 100(4), 760-770.
- Greenberg, M. T., Kusche, C. A., & Popp, S. K. (2003). Promoting Alternative Thinking Strategies (PATHS) in First Grade: *A Venture in Violence Prevention*. *Journal of Educational Psychology*, 95(4), 748-760.
- Hoffer, W. (1966). Child rearing practices and children's emotions: *A historical survey*. *International Journal of Psycho-Analysis*, 47(3-4), 150-161.
- James, A., & Taylor, L. (2003). Raising our children in a post-modern world: *Social change and moral guidance*. Routledge.
- Ladd, G. W., & Mize, J. A. (2008). *Understanding children's peer relationships: Theoretical frameworks and empirical findings*. Guilford Publications.
- Lieberman, M. (2004). *Emotion, culture, and society: The case of shame*. Sage Publications.
- Martinsen, B. K., & von Saldern, P. (2010). The relationship between emotional competence and health: *A review of the literature*. *Journal of Psychosomatic Research*, 69(6), 451-461.

- Matheny, K. B., Aycock, D. W., & McCarthy, C. J. (1993). Stress in school-aged children and youth. *Educational Psychology Review*, 5, 109-134.
- Mikami, T., Uramoto, N., & Kusumi, T. (2016). Emotion identification and well-being in Japanese children and adolescents. *International Journal of Psychology*, 51(6), 450-457.
- Saarni, C., Turner, A. M., & Hayden, B. (2006). Emotion expression in childhood and adolescence. In D. Kahan (Ed.), *Handbook of emotion and development* (pp. 305-334). Guilford.
- Sirin, S. R. (2005). Socioeconomic status and academic achievement: *A perspective on mechanisms and consequences*. *Educational Psychologist*, 40(1), 16-26.