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"I take up more responsibilities for my family's wellbeing" – A qualitative approach to the cultural aspects of resilience seen among young adults in Bengaluru, India

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ABSTRACT

Resilience refers to the pursuit of positive in the face of adversity. The present study using qualitative methods aimed to identify culture-specific factors linked to resilience. Participants, ($N = 31$, aged 16–24 years) whose parents were being treated for chronic medical conditions or psychiatric disorders at St John's Medical College Hospital, Bengaluru, were studied using Focused group discussion and In-depth interviews. Using the '*Grounded theory*' approach, two major themes were identified as important factors influencing resilience: (1) Family and socially defined roles/responsibilities and in particular adherence to traditionally defined social responsibilities. (2) Participation in rituals and experiencing spirituality. Application and relevance of these themes in promoting resilience among young vulnerable adults are discussed.

1. Introduction

The concept of resilience has gained considerable research interest with several reviews highlighting the critical role that resilience plays in the life of individuals who continue to function normally in the face of adversity such as deprivation, discrimination, oppression, poverty, life stressors, trauma and violence (Agaibi & Wilson, 2005; Haskett et al., 2006; Herrman et al., 2011; Shankaran et al., 2006).

Socio-cultural factors and ethnicity influence the way people experience adversity (Arrington & Wilson, 2000). A constructionist approach views resilience as "the outcome from negotiations between individuals and their environments for the resources to define themselves as healthy amidst conditions collectively viewed as adverse" (Ungar, 2004). This approach is seen to better account for differences in the expression of resilience by individuals, families, and communities (Hutcheon & Wolbring, 2013). Resources involved in resilience are embedded in the socio-cultural context. Some of these factors such as having secure attachments and adopting non-delinquent forms of adaptation to stress cuts across cultures while the role of family and family structures, belief systems and customs in promoting resilience are influenced largely by the local cultural milieu. (Ungar, 2008). Earlier studies have highlighted some important differences in the way different cultures view resilience (Ungar, 2010). In contrast to Westerners who equate resilience with mastery over environment, Eastern cultures tend to place greater emphasis on the acceptance of experience (Zaustra et al., 2010). Similar parallels exist in other ethnic groups such as Indian Americans who accept adversity as part of life and an experience that has to be lived through (LaFromboise et al., 2006). Enculturation, the process of learning and practicing one's culture (Zimmerman et al., 1998) and conformity to community norms are key processes linked to development of resilience (Phinney et al., 1997).

Families are influenced by culture through transfer of cultural norms to its individual members and thereby influencing their behavior (Johnson, 1995). In this perspective, Indian families differ from their western counterparts. Families in the west have a more "individualistic" orientation whereas Indian families have a more "collectivistic" orientation (Avasthi, 2011; Chao & Tseng, 2002; Desai, 2007). Several studies across cultures including studies from India have identified attachment within the family including extended family and availability of caring and emotionally nurturing family members as important in helping at risk members to maintain positivity (Hall, 2007a; Hawley, 2000; Singh, 2004). Availability of family members and the support children/adolescents receive from their extended family and community act as protective factors and help them maintain competence in the face of adversity (Garmezy, 1991; Hall, 2007b; Kakar, 1981; Kayser et al., 2008). Studies from India have specifically identified the important role played by traditional social structures that have

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survived over time in promoting resilience and adaptability (Singh, 1995). In addition, both religious beliefs and practices, which are an integral component of Indian culture, are important coping mechanisms that help individuals maintain positivity in the face of adversity (Annalakshmi & Abeer, 2011).

The current study focuses on understanding the culture-specific factors linked to resilience among off springs of parents with physical and psychiatric conditions. We chose to study this population as off springs of parents with physical and psychiatric conditions are at an increased risk of experiencing psychological distress (McLaughlin et al., 2012; Pakenham & Cox, 2012). The "Family Ecology Framework" model explains that parental illness can affect their off springs through individual (e.g. stress and stigma) and family (e.g. role distribution) level mediators (Pedersen & Revenson, 2005). Studies on children with parental illness have identified specific impacts which include elevated distress, interpersonal difficulties, somatisation and deficit in life satisfaction and reduced positive affect (Pakenham & Bursnall, 2006; Yahav et al., 2005).

To identify culture-specific factors linked to resilience, qualitative-based research approach is found to be efficient (Ungar & Liebnberg, 2011). In the present study, we conducted focused group discussion and in-depth interviews based on ethnographic approach among the off springs of parents with physical and psychiatric conditions, to have an understanding of their perception of resilience. This report is part of a larger study of resilience among adolescent children of parents with problem drinking.

2. Methods

2.1. Study setting and participants

The participants were recruited from St. John's Medical College Hospital (SJMCH), a tertiary care hospital located in Bengaluru and predominantly catering to an urban clientele. The participants were off springs (aged between 16 and 24 years) of parents who were treated for major psychiatric conditions, malignancies and chronic medical conditions with associated physical disability. Majority of the participants hail from lower-middle class (mean monthly income is Rs 18741.93). The institutional ethics review board of SJMCH approved the study.

The treating team members of the departments of psychiatry, oncology and physical medicine and rehabilitation were consulted to know about the details of the patients admitted. Participants were included into the study based on the following criteria. They are: a) participant should be aged between 16 and 24 years. b) At least one of the parents of the participant must be diagnosed with any chronic medical or psychiatric conditions. c) Participant must score 50 or more on Connor Davidson's Resilience Scale (CD-RISC). d) To facilitate the focused group discussion and in-depth interviews, participants must speak the languages that were known to the researcher (i.e. English, Kannada and/or Tamil). After examining the inclusion criteria, off springs of the patients were administered CD-RISC to measure resilience. Out of 74 off springs whose parents had either medical conditions or psychiatric condition, 31 participants were eligible to take part in the study by having high score on CD-RISC. CD-RISC score ranges from 0 to 100 and higher score indicate higher level of resilience. Participants who obtained score of 50 or more on CD-RISC [mean = 61.76, SD = 7.69] were invited to participate in the study. A brochure was prepared to explain the purpose of the study to the participants and assent was obtained from the parents and a written informed consent from the participants.

The interviews and focused group discussion were arranged on the afternoons of every Saturday in the respective department's academic hall at SJMCH. This study was conducted from June 2013 to January 2014.

2.2. Study design

The focus group discussion was conducted in two vernacular languages (i.e. Kannada and Tamil) and English, which were the languages of choice of the participants. Each of the focus group discussion had six to eight members of both genders and lasted for 45 min to an hour. Few participants were individually interviewed as they could not make time for the group discussion.

2.3. Data collection

Socio-demographic details were captured using a semi-structured questionnaire. Theme question of the focused group discussion was introduced to the group through a series of topics and the interviewer facilitated the discussion and the responses. The questions were put to the group in the following order:

2.3.1. Opening question

- "What is your understanding of a challenging situation?"
- "What factors affect an individual to experience pressure due to a challenging situation?"

2.3.2. Introductory question

"What helps an individual to maintain positivity despite facing challenging situations?"

2.3.3. Transition question

"What are the factors/resources that help him/her to overcome adversity?"

2.3.4. Key question

Researcher's Question — "How do you think our socio- cultural milieu influence the ability to lead a positive life even if we are facing stress?"

The group discussions were recorded using a digital voice recorder and in addition the researcher kept notes during the discussion.

2.4. Data analysis

The audio files which were obtained from the discussion through the digital recorders were then translated (from language of interview to English) and transcribed (from a conversation format to written format). The Grounded Theory approach was used in assigning interpretive codes to each portion of the transcript in an iterative fashion based on principles of phenomenology. Grounded Theory is an analytical method that allows theory to emerge from the data and seeks to build rather than test a theory.

The transcribed files were uploaded to NVivo software. This software is used for analysing qualitative data. Based on the interview guideline, the code book was generated through the use of the software. Code book is a catalogue of codes which are extracted from the data obtained. Code is a word or short phrase that suggests how the associated data segments inform the research objectives. Though the parent codes were the themes on which the interview was conducted, the sub-themes were the prominent opinions expressed by the participants.

3. Results

Number of FGD: four groups (six to eight participants in each). Totally 16 participants

Number of individual interviews: 15 (Table 1)