

SOUTH ASIAN CANADIAN EXPERIENCES OF DEPRESSION

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ABSTRACT

This narrative research study explored the socio-cultural context surrounding depression through semi-structured interviews with six South Asian Canadian participants, who self identified as having experienced depression. The study sought to expand on the knowledge of depression and South Asian Canadians by considering the roles of the family, the community, and the culture in the experiences of depression. Thematic analysis of the participant interviews resulted in five major themes: the experience of depression, the influence of family, the influence of socio-cultural factors, the psychological impact, and the utilization of coping strategies. The findings of the study suggested that the family, the community, the culture, and gender inequality were influential factors in the experiences of depression. The results of the research study can also offer relevant knowledge that can assist in the efforts to provide culturally sensitive treatment for South Asian Canadians suffering from depression.

Keywords: Depression; South Asian; Indo-Canadian; Narrative Research; Socio-cultural; Coping Strategies

To Rivia,

For your endless love, support, and encouragement that motivated me
throughout this journey.

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Chapter 1: Overview of the Study

In the past forty years, the South Asian population in Canada has more than tripled to become the largest visible minority group in Canada (Lai & Surood, 2008). In Metro Vancouver, South Asians are the second largest visible minority group in the region (Lai & Surood). The vast growth of the Canadian South Asian community has brought increased attention to social issues like depression. In the past few years in Metro Vancouver, the issue has garnered greater attention in the South Asian community due to a number of high profile incidents related to depression being reported in the news media. The reporting of these types of high profile incidents by the mainstream media compels the South Asian community to give some attention to the normally overlooked topic of mental health and depression. These incidents usually generate some limited discussion about the issues on South Asian radio talk shows and in families. These high profile cases involving depression make it clear that it can have a prominent effect on the South Asian community. However, there is lack of discussion, research, and understanding about the socio-cultural context surrounding depression in the South Asian community. There is a sense of shame or stigma attached to depression and a belief that mental health concerns should be kept private, this is a possible explanation for why the South Asian community has avoided addressing the topic (Das & Kemp, 1997). For this

reason, I am addressing the issue of South Asian mental health by focusing on the socio-cultural context surrounding the experience of depression by giving South Asian Canadians the opportunity to share their experiences.

Conceptualization of South Asian and Depression

The research included South Asians who self identified as having experienced depression or those who had spent time interacting with depressed South Asian family members or friends. The term “South Asian” refers to men and women whose cultural or familial backgrounds originate from the Indian subcontinent (Anand & Cochrane, 2005). In this particular study, all the participants had a religious background in Sikhism. Furthermore, the term “South Asian Canadian” in my research refers to South Asian men and women living in Metro Vancouver between the ages of 20-40 years old. Defining depression is a complex task. A medical definition states that clinical depression is an emotional state that is typically marked by sadness, feelings of worthlessness, hopelessness, withdrawal from others, disturbances in sleep, appetite and concentration, loss of sexual desire, interest and pleasure from usual activities (Davison, Neal, & King, 2004). The DSM-IV states that a diagnosis of major depression requires at least two weeks of depressed mood or loss of interest with at least four additional symptoms that can include changes in sleep, changes in activity level, changes in weight and appetite, negative outlook, difficulty concentrating, and suicidal thoughts (Davison et al.). These definitions of depression can be problematic since they do not take into account the

uniqueness of each individual's experience of feeling depressed because no two individuals experience depression in the same way (Burr and Chapman, 2004). Exploring the subjective nature of depression makes self-identification a helpful method to understand and define the experience since imposing a definition would essentially fail to recognize the subjective nature of such feelings (Burr and Chapman). Both perspectives for understanding and defining depression have strengths and weaknesses. The DSM-IV definition provides a clear guideline for diagnosing depression but may omit individuals in need who have not been diagnosed as clinically depressed or do not meet the criteria for clinical depression (Davison et al.). Additionally, the use of a clinical diagnosis of depression as a participation criterion has the potential to alienate prospective participants who may feel that their experiences are not significant because they have not received an official clinical diagnosis of depression (Burr and Chapman). While a definition of depression based strictly on self-identification may result in individuals confusing depression with a daily bout of sadness, grief, or other similar feelings. In my research, I tried to utilize the strengths of both perspectives by using the generally accepted symptoms of depression to screen participants to ensure their experiences were in the general range of depression. However, I allowed the participants to share their subjective experience, definition, and understanding of depression in an effort to recognize the uniqueness of the experiences. This ensured that the experiences of depression were not restricted to only those individuals who had been diagnosed with depression. I conducted the research with South Asian Canadians who had to

varying degrees been exposed and acculturated to the Western conceptualizations of mental health and depression. Therefore, I used the word depression to help the participants' identify their subjective feelings of sadness, but I had the participants define the term by having them share their experiences and observations.

Background and Relevance of the Study

The early literature regarding the experience of depression and other mental health issues assumed that these issues were relatively homogeneous across cultural communities, including the South Asian community (Anand & Cochrane, 2005). However, it is becoming clear that cultural factors affect the development and experience of depression. A review of early epidemiological studies conducted in the 1970s suggested that South Asians living in the United Kingdom had lower rates of depression and anxiety when compared to the majority population, but these studies were later criticized on methodological grounds for errors in demographic information (Anand & Cochrane). More recently, a review of the research literature suggests that the prevalence of depression, self harm, and suicide among South Asians, especially women, is equal to or higher than the general population in the United Kingdom (Anand & Cochrane; Burr & Chapman, 2004). However, the results are controversial because the prevalence rates can vary based on sample size, South Asian subgroup, generational levels, acculturation levels, sensitivity of the measures, and general methodological goodness of the study (Anand & Cochrane). The

research literature has begun to highlight the unique South Asian experience of depression. Some British studies with South Asians have found that those experiencing depression complained more often about somatic symptoms as opposed to psychological symptoms when compared to the general British population (Commander, Odell, Surtees, & Sashidharan, 2004). In contrast, other studies have found that when given the opportunity South Asians do talk about the emotional nature of their problems, which suggests that findings in this area are inconclusive (Commander et al.). The research into the experience of depression among South Asians has brought attention to precipitating socio-cultural factors that may play a role in the development of depression (Anand & Cochrane). The factors that have been suggested to increase the risk of depression among South Asians regardless of gender include lower levels of acculturation and social isolation (Lai & Surood, 2008; Dhillon & Ubhi, 2003). There is limited knowledge on the topic of socio-cultural factors for South Asian men. The factors that have been identified for South Asian women as important contributors to depression include traditional gender roles that devalue women, marital conflicts with spouse and in-laws, and family conflict over the pressures to conform to cultural traditions including lifestyles and arranged marriages (Anand & Cochrane). Another important factor that is related to these conflicts is intergenerational communication in families. South Asian parents and children seem to exhibit different styles of communicating and thinking, which can lead to family conflict and break downs in communication (Nayar & Sandhu, 2006). Parents who immigrated to Canada in their teens showed some movement away

from traditional collective values that focus on the group by differentiating their own identities through literacy, knowledge, and using communication styles emphasizing personal experiences and concrete facts (Nayar & Sandhu). Conversely, children who were born in Canada exhibited a self-orientation with an exploratory communication style that utilized abstract concepts that went beyond personal life experiences and concrete facts (Nayar & Sandhu). These differing styles of communication seem to contribute to the cultural conflicts that South Asian children face with their parents and their community (Gupta, Johnstone, & Gleeson, 2007; Inman, 2006; Nayar & Sandhu). The coping methods and treatments utilized with depression also bring up unique issues for South Asians as cultural factors influence the types of coping methods used and the views around mental health treatments (Anand & Cochrane; Dhillon & Ubhi). Family honour and shame are factors that seem to influence South Asian women to turn to their families and to religion and prayer as opposed to mental health professionals for help with their feelings of depression (Anand & Cochrane). The limited research with South Asian men shows they use a more active copying style and have larger social networks than South Asian women, which is likely influenced by traditional gender roles that give more freedom and power to men (Lai & Surood). In general, South Asians are less likely than the general population in the United Kingdom and United States to seek professional mental health treatment and to receive appropriate diagnosis and treatment for their mental health issues (Commander et al.; Das & Kemp, 1997; Durvasula & Mylvaganam, 1994). It is clear that the research literature on South Asians has

grown and provided important knowledge and insight into the population's mental health and well-being. The majority of the research has been done in the United Kingdom, the United States, India, and Pakistan (Lai & Surood; Durvasula & Mylvaganam; Rahman & Rollock, 2004). In addition, there has been limited research done on the mental health of South Asian men. My research on the experience of depression addresses some of these issues by including South Asian men, by providing a Canadian perspective, and by utilizing a qualitative approach to give a voice to the personal experiences of depression and the surrounding socio-cultural context.

My Interest in the South Asian Experience of Depression

My interest in the mental health of South Asians is related to my own upbringing as a South Asian Canadian. I am a second generation South Asian Canadian born in a Northern BC logging town to parents who immigrated to Canada in the 1970s. Throughout my life, I have carefully navigated through two cultures that are often opposed to one another. In my experience of the South Asian culture through interactions with my family and the South Asian community, I have been sent messages that suggest that important matters should be kept and resolved within the family. In general, the message relates to not doing or revealing anything that would tarnish the reputation of the family. This results in the family being a major resource and source of support. This message, however, runs counter to the individualistic principles emphasized by Canadian Western culture that promotes sharing of information, individual rights,

and focus on the self. Throughout my life, I experienced some relatively minor events that highlight some of the cultural differences. I remember as a teenager a number of conflicts with my parents related to privacy, specifically, my parents entering my room to clean it up or opening my mail. They did not really understand the concept of privacy because to them there was no differentiation between the family and the individual, in other words, everything belongs to the family collectively. These types of events in my own family and the community have fostered my interest about the influence of culture on various issues from mental health to the integration and adaptation to the Canadian society. My interest in the relationship between culture and mental health grew out of my observations and experiences with two relatively conflicting cultures. In my experience, many families including my own avoided discussions of controversial issues like sexuality, drugs, or dating whereas my education in school covered these issues. Furthermore, in my experiences, the family environments tended to be quite authoritative in upholding cultural and family values, which meant there was a lack of openness to discuss controversial topics. I can remember instances where South Asian adolescent females would change their clothes at school because they feared that their parents would not approve of their clothing. It seemed that the children and families were disconnected from each other because of the lack of discussion and lack of openness to new ideas and ways of being in the families, which left the children to lead separate lives inside and outside of the home. This lack of meaningful discussion and interaction along

with the disconnection between parents and children made me wonder about the mental health consequences.

Along with my personal experiences, I also have had some professional experiences working with clients and mental health professionals that have furthered my knowledge and interest in the South Asian experience of depression. In my role as mental health counsellor at a local college, I worked with a South Asian client and a few Asian clients and what I learned during our work together was the importance and power of family and culture. These clients had patriarchal families with strong cultural values, which they described as being pushed on to them to the point where they felt that they were forced to live by these values. The result was constant conflict that at times would intensify to what can be described as various types of abuse. The clients described experiences in their families of being verbally put down, physically assaulted, and in one case sexually molested. These clients shared similar experiences and they all showed signs of being depressed. The South Asian client was strongly discouraged by his family from participating in social situations like dating and going to parties. This increasing intergenerational conflict over individual interests versus family interests influenced the client's actions of going against his family, but resulted in him harbouring intense feelings of resentment and anger that has negatively affected him in other social situations. It was a powerful experience for me to work directly with clients dealing with these cross-cultural conflicts that were so similar to my own experiences and observations. It was also interesting to hear from other mental health professionals who were able to notice the

cultural issues affecting South Asians dealing with mental health issues. Health professionals on my interdisciplinary team discussed their experience with two South Asian female employees who they believed were suffering from depression. Some of the possible reasons or precipitating factors for the feelings included being unmarried, unrealized career potential, and living at home. While these issues can be important for anyone, they are highly critical issues in the South Asian community, especially the issue of women being married and leaving the family home. These professional experiences demonstrated to me the importance of cultural issues, and the significance of understanding an individual's context to develop an in depth awareness of their mental health concerns. I think mental health professions could benefit from placing a greater emphasis on exploring context when trying to understand an individual's experience and develop treatment plans.

Purpose of the Study

My research adds to the limited knowledge that exists regarding the mental health of South Asians by looking at the experience and socio-cultural context of depression from a constructivist perspective. Specifically, the research helps expand on what is known during the development and experience of depression for South Asian Canadians. Constructivism states that there is no one objective reality, but rather that an individual's reality is a social construction, meaning that reality is influenced by the society we live in with its unique needs, values, beliefs, and interests (Mills, Bonner, & Francis, 2006). This opens up the

possibility for each individual's experience or perception of reality to be unique (Mills et al.). Constructivism also inherently takes a relativist ontological position, which suggests that there are multiple realities and these individual realities are influenced by contextual factors (Mills et al.). In my research, I used narrative research methods to highlight the influence of socio-cultural factors during the development and experience of depression in an effort to allow the participants to have an opportunity to share their stories. Narrative research involves eliciting participant stories, analyzing the narrative data through thematic analysis, and the end result is a story of the data that encompasses the participants' narratives (Riessman, 2008). I conducted interviews with South Asian Canadians in the Metro Vancouver area who self identified as having experienced feelings of depression or those who had spent time interacting with depressed South Asian family members or friends. In the interviews, I focused on the socio-cultural context of the individual's experience of depression; this can help to provide insights into the socio-cultural factors that are influential during the development and experience of depression.

There are two related research questions that are at the core of my research. First, what socio-cultural issues or factors are present during the development and experience of depression? And second, what role did these socio-cultural issues or factors play during the development and experience of depression? This last question is quite complex and breaking it down into its component parts helps to focus in on the role of cultural factors during the entire experience of depression. Specifically, it refers to studying socio-cultural factors

in terms of the possible precipitating roles during the development of depression, the effects on the expression of depression, and the effects on the experience of living with depression, including coping and lifestyle changes. Exploring the socio-cultural contexts can help to provide a holistic understanding of the participants' experience of depression that goes beyond the symptoms.

Significance of the Study

In using a narrative framework to research the experience of depression among South Asian Canadians, I can help to provide the community and mental health professionals with intimate knowledge about the socio-cultural factors involved in the development and experience of depression. This knowledge has the potential to focus treatment plans in a manner that considers these factors to a greater degree. The research gives a voice to South Asian Canadians, a unique and large group that has been underrepresented in studies looking at mental health issues. A Canadian perspective is unique when compared to studies done in the United Kingdom and United States because Canada has embraced and accepted the concept of multiculturalism to a greater degree than the other countries, which may result in some unique findings. The study also adds to the limited number of qualitative studies that have been conducted on the mental health of South Asians by providing a personal and detailed account of the socio-cultural issues related to the experience of depression.

The first-hand knowledge and understanding gained about the socio-cultural issues that may contribute to the development of depression has the

potential to be utilized by the larger community and mental health professionals working with South Asian clients. Mental health professionals could potentially increase their understanding of culturally relevant issues that are intertwined with clients' experiences of depression helping them to become more culturally sensitive and effective when working with South Asian clients. The research can also help the South Asian community to understand some of the socio-cultural issues that may be operating during the development of depression, which can provide the community with the knowledge to mitigate the potential negative influence of these issues. In addition, the research may provide some helpful knowledge that may help with other social problems like substance abuse, domestic violence, and gang violence. The research also has the potential to help various other professionals like doctors and nurses by providing them with some knowledge that can help them become more culturally sensitive when dealing with the South Asian community.

Overview of the Study

The research study is organized into five chapters. The first chapter includes an introduction to the research with South Asians and depression, outlines my interest in the topic, provides a rationale for the study, and presents the research questions that guide the research. In the second chapter, I provide a review of the research literature on the family structure of South Asians, the mental health of culturally diverse individuals, the experience of depression for South Asians and the limitations that exist in the current research. The third

chapter includes an overview of my research method, narrative research, while also providing a description of how the method is used in the present study. The fourth chapter presents the results of the study by outlining the themes and categories that were derived from the participants' experiences. Finally, the fifth chapter includes a discussion of the findings, limitations of the study, implications for counselling, and possible future research areas.

Chapter 2: Literature Review

The mental health literature with South Asians mainly includes research with South Asians based in United Kingdom, United States, India, and Pakistan. A review of the literature with South Asians and depression revealed an opportunity to expand on the knowledge and experiences from previous research by conducting a qualitative study focusing on the socio-cultural context surrounding the experience of depression for South Asian Canadians. This literature review focuses on South Asians and their experience with mental health issues, specifically, depression. I begin with an introduction to the traditional structure of a South Asian family. Then, I will move on to the mental health of culturally diverse ethnic groups including South Asians. In the remainder of the literature review, I shift the focus to the experience of depression for South Asians including discussions regarding the expression of depression, the socio-cultural factors that play a role during the experience, and the use of coping and mental health services. Lastly, I will discuss the limitations of the existing research with an emphasis on the gaps in the research.

South Asian Family

A discussion of the mental health of South Asian immigrants requires an introduction to the family structure of a traditional South Asian family originating from South Asian countries like India, Pakistan, or Bangladesh. A traditional

South Asian family usually includes the nuclear family along with some extended family members like grandparents, aunts, and uncles; the family is quite flexible and interchangeable (Das & Kemp, 1997). This way of being is not uncommon, and researchers have already discussed how common it is for family members to move between households for support or as opportunities arise (Das & Kemp). In my family, there have been occasions when our family has lived with my Aunt's family and there have been times when we have not, but we have never been more than a 5-minute walk away from each other's homes. I remember when I was younger, my parents would travel to Abbotsford to pick berries in the farms, and they would leave me in the care of our next-door neighbour, my aunt.

Furthermore, South Asian cultures and families are generally group-focused with corresponding values like generational interdependence, obedience, obligation, and individual sacrifices that benefit the group (Durvasula & Mylvaganam, 1994). The structure of the traditional South Asian family is patriarchal with clearly defined family roles. The adult males of the family are the primary decision makers and wage earners while the adult females are expected to care for the children (Das & Kemp). As an example of this, my father worked in the mill while my mother cared for my sister and me. The types of decisions that South Asian males have the power to make can have a major influence on their children's choice of career, living situation, and marital partner. The primary role of children in South Asian families is to bring honour to their families since they are often viewed as a culmination of the parents' life work (Durvasula & Mylvaganam). Sons and daughters of South Asian parents can have different experiences

growing up because of the different roles expected of them. The son is expected to carry the family into the future whereas the daughter is seen as somewhat of a burden on the family because the family will need to use their resources for her marriage (Das & Kemp). Typically, sons are given fewer responsibilities as children and are punished less severely than daughters (Das & Kemp). This traditional family structure can take on many variations when South Asian families immigrate to other countries such as Canada with some families placing greater emphasis on the traditional structure and other families choosing to integrate aspects of the family structure from their new country.

Mental Health of Culturally Diverse Individuals

The mental health of culturally diverse individuals has been proven difficult to study with mixed results being achieved. Learning about these experiences has been hindered by the culturally insensitive methods and instruments used to study these populations. It is important to understand that isolating symptoms and experiences from their cultural context can be problematic and result in erroneous conclusions (Kleinman & Good, 1985). These authors, in their seminal work on culture and depression, believe that in order to appreciate and comprehend what another individual is feeling, the cultural context must be explored because it is the context that helps the individual to organize and give meaning to these feelings. Furthermore, they state that in a number of societies and cultures outside of the Western world, mental illness and suffering are not clearly constructed concepts. For instance, symptoms or experiences associated

with a Western conceptualization of depression are not defined as an illness in Buddhist Sri Lanka, but rather are considered in existential terms that are resolved through Buddhist teachings. Kleinman and Good further report that research has suggested that equivalent concepts to depression have not been found in several culture groups, which include Nigerians, Chinese, Canadian Eskimos, Japanese, and Malaysians. Furthermore, clinical studies from the Middle East and Asia have suggested that these cultures have different experiences of depression, with less emphasis on the psychological component and a greater emphasis on the somatic element. Therefore, Kleinman and Good postulate that it is critical that mental health and depression are considered within the cultural context that they occur in order to gather meaningful knowledge from the experiences.

Research studies with British African-Caribbeans, British South Asians, Aboriginal Canadians, and Asian Americans have demonstrated rates of depression, anxiety, suicide, and schizophrenia that are comparable to or even higher than the majority population of each country represented (Fogel & Ford, 2005; Kirmayer, Brass, & Tait, 2000; Lin & Cheung, 1999; Wilson, 2003). These groups of culturally diverse individuals seem to experience an inordinate amount of difficulty when trying to address mental health concerns. British African-Caribbeans and British South Asians with mental health concerns have expressed a disproportionate number of inadequate experiences with mental health assessment, diagnosis, treatment, and care (Wilson). This issue of inappropriate mental health care has also been shown to be relevant for

Aboriginal Canadians and Asian Americans (Lin & Cheung; Kirmayer et al.). In addition, all of the cultural groups expressed concerns about confidentiality, trust, and the stigma of mental illness when discussing the possibility of seeking help from mental health professionals (Fogel & Ford; Kirmayer et al.; Lin & Cheung; Wilson). It is clear that culturally diverse individuals have unique experiences, challenges, and concerns when it comes to mental health issues and mental health treatment. Therefore, culturally diverse individuals would be better served by research and mental health treatments that are flexible, and emphasize cultural sensitivity when it comes to mental health issues.

Mental Health of South Asians

The mental health of South Asians and the challenges that they face are similar to that of other culturally diverse individuals. A large body of research has been conducted in the United Kingdom, the results have been inconclusive, but some have suggested a higher prevalence of mental health issues among South Asian women as compared to the majority British population (Anand & Cochrane, 2005). The issues mentioned in this study included depression, suicide, self-harm behaviour, and eating disorders (Anand & Cochrane). South Asian women between the ages of 15 to 34 years old attempted and completed suicide at a rate that is almost double that of British women belonging to the majority population (Anand & Cochran; Hicks & Bhugra, 2003). In another study, young South Asian women in their teens and twenties have also been shown to be at a greater risk for self-harm behaviour than British women of the majority population

(Cooper et al., 2006; Husain, Waheed, & Husain, 2007). A study of Canadian Punjabi Sikh young adults and parents identified peer relations, lack of attention from parents, parental pressure to succeed, hormonal changes, and mental health as perceived causes of suicide and suicide-related behaviours (Gill, 2010). Another mental health issue that is prominent for South Asian women is the increased likelihood of unhealthy eating attitudes and habits including a higher prevalence of bulimia (Anand & Cochrane). While there is some knowledge of the mental health of South Asian women, little is known about the mental health of South Asian men. South Asian men have been shown to have issues with substance misuse, which has been suggested, by Bhui, Chandran, and Sathyamoorthy (2002) to represent a form of self-medication that allows them to deal with their mental health issues while still maintaining their gender roles. Regardless of gender, socio-cultural factors have proven to have a prominent influence on mental health (Anand & Cochrane; Cooper et al.; Dhillon & Ubhi, 2003; Hicks & Bhugra; Husain et al.). Various socio-cultural factors have been suggested as playing a salient role in producing intense mental distress that potentially precipitates and contributes to the mental health issues faced by South Asians. The socio-cultural factors implicated include family conflicts over marriage and lifestyle, marital conflict, conflict over gender and family roles, substance misuse, culture conflict, and inappropriate mental health treatment (Bhui et al.; Anand & Cochrane; Cooper et al.; Dhillon & Ubhi; Hicks & Bhugra; Husain et al.). The South Asian population seems to face their share of mental

health issues including depression and these issues appear to be influenced by the various socio-cultural issues mentioned above.

Depression and South Asians

The experience of depression for South Asians can be unique in many ways including the expression, prevalence, and interaction with various socio-cultural factors. Early depression research from the 1970s with South Asians living in the United Kingdom suggested that the rates of depression were lower than that of the majority British population (Anand & Cochrane, 2005; Hussain & Cochrane, 2004). However, the early research has been criticized on methodological grounds for using poor definitions of “South Asian” and for the methods used to measure depression (Anand & Cochrane, 2005; Hussain & Cochrane, 2004). Recent research with British South Asian women has gathered some evidence to suggest that the prevalence of depression is higher among these women as compared to British women of the majority population (Anand & Cochrane, 2005; Hussain & Cochrane, 2004). The research with South Asian men is quite limited with the literature suggesting that the rates of depression are equal or lower than that of British men of the majority population (Bhui et al., 2002). It has been suggested that the lower rates of depression among South Asian men may imply that they express their distress in different ways, which may be supported by the higher rates of hypertension, heart disease, and substance misuse among South Asian men (Bhui et al.).

The experience and expression of depression for South Asians has some unique aspects that are influenced by the South Asian culture. Traditionally, South Asians have been shown to have a holistic approach toward health and illness with the view that the mind and body are one, which aligns with the tendency for South Asians to initially express their experiences and feelings of depression in physical terms (Hussain & Cochrane, 2004; Lai & Surood, 2008). This holistic view is in contrast with the Western medical view that the mind and body are separate entities (Hussain & Cochrane, 2004). While research has shown that South Asians do commonly express physical complaints, there is no basis to suggest that South Asians somatize their experiences of depression more than any other group (Hussain & Cochrane, 2004). However, some South Asians do seem to emphasize unique physical symptoms; one physical experience that is frequently mentioned by South Asians in relation to depression and other distress is the physiological experience of the heart sinking or falling referred to as "*dil ghirda hai*" (Fenton & Sadiq-Sangster, 1996). The emphasis on physical rather than psychological experiences has been attributed to various factors including a holistic view of health, the perception that physical symptoms are more legitimate for receiving help, and communication difficulties (Burr & Chapman, 2004; Hussain & Cochrane, 2002). In focus groups, South Asian women described how in their experiences only physical symptoms of depression were seen as legitimate reasons to seek help (Burr & Chapman). Therefore, some of the South Asian women discussed a reluctance to share their

psychological experiences of depression with health professionals because of the perceived lack of interest in these experiences (Burr & Chapman).

The reluctance to share psychological experiences may be influenced by the stigma and shame associated with mental illness, and the perception that issues like depression cannot be cured (Hussain & Cochrane, 2004; Lai & Surood, 2008). Difficulties in communication also play a role in the expression of psychological experiences, as there is no direct translation of the word depression in many South Asian languages (Hussain & Cochrane, 2004). However, when South Asians were interviewed in their own language using culturally sensitive methods, they were able to describe their psychological experiences of depression (Hussain & Cochrane, 2002). In another study, the majority of South Asian women interviewed on their experiences of depression stated that they had experienced many of the common symptoms associated with depression (Fenton & Sadiq-Sangster, 1996). These symptoms included sleeplessness, physical weakness, inability to cope with daily tasks, loss of appetite, a sense of worthlessness, loss of meaning in life, tearfulness, and suicidal ideation (Fenton & Sadiq-Sangster). What stands out in the research is the important influence that culturally sensitive methods can have in increasing the level of disclosure by South Asians experiencing depression. These methods also have the potential to help the South Asian population gain a better understanding of the western conceptualization of depression.

The experience of depression for South Asians also involves the family because of the cultural emphasis on the collective group. Therefore, when an

individual family member is expressing feelings of depression, it affects the whole family by bringing shame and dishonour to the family, which may influence the level of disclosure (Lai & Surood, 2008). Socio-cultural factors like family can have a significant effect on the development and experience of depression for South Asians.

Socio-Cultural Factors and Depression

Several socio-cultural factors influence the development and experience of depression for South Asians. They fall under the broad categories of culture conflict, family and marital discord, the power of "*izzat*" or family honour, shame and stigma of depression. Each of these issues has influenced the lives of South Asians dealing with depression.

Cultural conflict can be broadly defined as difficulties that arise from differences in language, religion, and cultural values (Gupta, Johnstone, & Gleeson, 2007). Cultural conflict for South Asians involves acculturation difficulties, cultural value conflicts, and role conflicts. Cultural roles and values for South Asians are closely aligned with religion, meaning that culture and religion are intertwined and not separate from one another (Dhillon & Ubhi, 2003; Inman, 2006). The process of acculturation involves adjusting to the beliefs and ways of being in another country, which can be a stressful experience for South Asians and anyone living in a different country than their own (Rahman & Rollock, 2004). The experience involves trying to balance two cultures without upsetting either one, which can be very difficult. A study of international South Asian students in

the United States suggested that students who had the most difficulty adjusting to the culture in their adopted country were more likely to experience feelings of depression (Rahman & Rollock). Similarly, in a study of South Asian women who emigrated from India to Canada, Samuel (2009) found that acculturation stress was experienced as intergenerational conflict, discrimination, and depression. In a study of British South Asian women drawn from the general population, those who displayed a lack of involvement in British society, negative attitudes towards the majority British population, and had experiences with prejudice and racism were more likely to develop feelings of depression (Anand & Cochran, 2005). Cultural value and role conflicts occur when individuals try to adopt some values that are contrary to traditional cultural values (Gupta et al.). The conflicts often begin around adolescence when the children are striving for autonomy, something that is valued by the British culture, but not by South Asian cultures that value interdependence and conformity (Gupta et al.). The South Asian children may experience dissonance between the collectivist demands of their culture and the push for individualism by their environment (Durvasula & Mylvaganam, 1994). Both cultures have cultural values and norms that are adaptive in their appropriate contexts but the difficulty occurs when ethnic minorities growing up in Western societies are confronted with the challenge of navigating two cultures (Gupta et al.). In a Canadian study of South Asian immigrants found that greater hassles with their community and family among first generation participants predicted greater depression, whereas for second-

generation participants greater hassles with the majority population predicted greater depression (Abouguendia & Noels, 2001).

The topic that seems to create a great deal of cultural conflict for South Asians is that of dating and marriage (Durvasula & Mylvaganam, 1994). In some families, even innocent friendly social outings like watching a movie can become problematic for South Asian teens if they involve interaction between males and females. Traditionally in South Asian cultures, the parents choose their children's marital partners in what is known as an arranged marriage (Durvasula & Mylvaganam). However, when children adopt Western views towards dating and romantic relationships, it can create a great deal of conflict between the children and their cultural community, especially, when the children choose to have romantic relationships with individuals outside of their culture (Durvasula & Mylvaganam). The issue of arranged marriage and the lack of control that can be inherent in some arranged marriages can result in a great deal of distress for South Asians and play a salient role in the development of depression or other mental health issues (Anand & Cochrane, 2005; Gupta et al., 2007). Another issue that can create cultural conflict, especially, among South Asian women is the traditional patriarchal hierarchy and the accompanying gender roles in South Asian cultures (Niaz, 2004; Niaz & Hassan, 2006). From the moment of birth, South Asian women traditionally occupy a subordinate and lower power position in their society (Niaz; Niaz & Hassan). In South Asian countries, women face various types of stressors and injustices including fewer career opportunities and high rates of emotional, physical, and sexual abuse (Niaz; Niaz & Hassan). This

toxic environment has been implicated in increasing the likelihood of experiencing feelings of depression (Niaz; Niaz & Hassan). South Asian women who have left their homelands to raise their families in Western countries like the United Kingdom, the United States, or Canada are not immune to these issues as they also deal with issues of subordination, gender roles, and patriarchal hierarchy in their family and marital relations.

Family and marital conflict are incidents that can occur regardless of culture or ethnicity but these incidents can have a significant effect on mental health issues like depression. South Asian families have their own set of issues that can bring about family or marital discord including the patriarchal hierarchy in families. This family structure has resulted in family roles that put the majority of power regarding major decisions in the hands of male family members, specifically, elder male family members (Das & Kemp, 1997; Durvasula & Mylvaganam, 1994). The patriarchal structure has put South Asian women in a subordinate position, and ironically, South Asian women are expected to perpetuate and uphold the South Asian culture, traditions, and customs (Inman, 2006). There is immense pressure on South Asian women to adhere to the traditional family structure, gender roles, family obligations, and cultural values around intimate relationships (Inman). Focus groups consisting of South Asian women discussed their own experiences of subordination and the expectations that they carry the honour of the family by obeying cultural values and rules regarding the role of women in the family (Gilbert, Gilbert, & Sanghera, 2004). The hierarchical structure of the family, the power imbalance between men and

women, and the power of in-laws has the potential for significant subordination of married women, which can contribute to significant mental health issues like depression (Gilbert et al.). Specifically, the negative experiences that married South Asian women may face include difficulties with in-laws, marital violence, a lack of control or power to pursue personal goals and autonomy (Gupta et al., 2007; Hussain & Cochrane, 2002). Furthermore, the experience of entrapment in unwanted family structures and subordinate positions has been implicated as a vulnerability factor for experiencing feelings of depression (Gilbert et al.). Another group that lacks power in the South Asian family structure are children, especially, female children. South Asian children are expected to show qualities of interdependence, obedience, conformity, and obligation in relation to their family (Durvasula & Mylvaganam). However, family conflicts generally occur when the children attempt to strive for autonomy regarding lifestyle issues like career choices, dating, and marriage (Anand & Cochrane, 2005; Gupta et al.). The conflicts can be exacerbated by communication styles. South Asian parents tend to employ communication styles that tend to focus on the collective and on concrete facts while South Asian children have a greater focus on the self and move beyond concrete facts to include abstract ideas and concepts which can make communication difficult (Nayar & Sandhu, 2006). These conflicts and the difficulties in communicating can leave the children feeling that they lack control over their lives. In interviews, teenage South Asian women living in Britain expressed how the lack of control and autonomy was enforced by parental restrictions on their life-style and decision-making, and by community policing

which led them to feel as if they were being monitored to ensure that they were abiding by cultural rules (Gupta et al.). The parental restrictions and community policing can continue well into ages that are considered adulthood in Western societies because South Asian cultures tend to equate adulthood with marital status, occupational status, and living arrangements as opposed to age or legal markers (Gupta et al.). The family conflicts and the perceptions of a lack of control can have serious implications for the development of mental health issues including depression (Anand & Cochrane; Gupta et al.).

Family honour or "*izzat*" along with shame can have a major influence on the lives of South Asians (Chew-Graham, Bashir, Chantler, Burman, & Batsleer, 2002; Gilbert et al., 2004). The concept of "*izzat*" was mentioned by a focus group of South Asian women as taking precedence over the needs of family members, especially, women, and children (Chew-Graham et al.). The focus group discussion suggested that "*izzat*" is sometimes misused to reinforce women's roles in the family, and to coerce women to keep quiet about their problems including marital and family conflict, and mental health concerns like depression (Chew-Graham et al.). The common fear that these women have is of bringing shame and dishonour to the family and its members which prevents these women from engaging in many behaviours not valued by the culture or the community including speaking up to strangers about family or personal problems (Gilbert et al.). Losing honour or bringing dishonour to the family can result in losing status within the community along with the possibility of being disowned by the family and by the community (Gilbert et al.). In addition, there is a stigma

attached to mental health issues like depression due to the perception that they are incurable which can make it even more difficult for South Asians to disclose their personal problems (Anand & Cochrane, 2005; Lai & Surood, 2008; Hussain & Cochrane, 2004). The focus group of South Asian women talked about how the immense influence and concern about "*izzat*" prevents community members from listening to other's problems and getting involved in order to preserve their own "*izzat*" (Chew-Graham et al.). This can create a sense of isolation from others (Chew-Graham et al.) The South Asian women also discussed how the burden of a family's "*izzat*" was unequally placed on the women of the family, which they believe has created extremely high expectations of women in their various roles (Chew-Graham et al.). Family honour or "*izzat*" has been described by South Asian women as being linked to subordination, entrapment, and shame; these experiences have been implicated in the development of depression (Gilbert et al.).

Coping Strategies and Mental Health Treatment

South Asians prefer to keep mental health issues like depression private, and deal with them using other coping strategies. South Asians have shown a reluctance to seek mental health treatment from mental health professionals. Interviews with a group of British South Asian women suffering from feelings of depression highlighted some strategies that they used, such as turning to religion and prayer, talking, crying, and self-harm behaviour (Hussain & Cochrane, 2003). The women's use of religion and prayer as a coping strategy was closely related

to the idea of destiny or "*kismet*" (Hussain & Cochrane, 2003). These women described crying as allowing them to release tension and anxiety about their feelings of depression, and it helped them ease the guilt they felt about being a burden on their family (Hussain & Cochrane, 2003). Similarly, self-harm behaviours were used as a way to release anxiety about not being able to manage the demands of daily family life; it was a way for the women to escape, receive attention, and seek help (Hussain & Cochrane, 2003). The women discussed using talking as a way to avoid their feelings of depression and to receive support from friends and mental health professionals (Hussain & Cochrane, 2003). South Asians have shown a preference for private coping which has been influenced by the stigma that the community attaches to mental illness (Anand & Cochrane, 2005). South Asians seeking help for mental health issues like depression might consider talking to family or friends in their social network rather than a mental health professional, which has shown to be preferred by the majority British population (Anand & Cochrane). South Asians have expressed concerns of confidentiality and a lack of cultural understanding from mental health professionals when discussing their experiences and hesitations to seek mental health treatment (Gilbert et al., 2004; Dhillon & Ubhi, 2003). Family honour or "*izzat*" is closely linked to confidentiality and the fear of discovery, both of which have been named as barriers in seeking help from mental health professionals (Gilbert et al.). When South Asians do seek mental health treatment, they are less likely to have their mental health issues recognized and treated appropriately (Commander, Odell, Surtees, &

Sashidharan, 2004). It seems that it might be beneficial for mental health professionals to have greater knowledge of the South Asian culture while finding ways to educate South Asians about mental health issues and the different forms of treatment.

Limitations of the Research

The research with South Asians has provided an initial foundation of knowledge for mental health issues like depression. However, there are some gaps and issues in the research that can create confusion and misunderstanding. The research with South Asian males is very limited, which makes it difficult to disentangle the issues from those that are related only to South Asian females and to those that are related to all South Asians (Hussain & Cochrane, 2004). Another issue with some of the research is the use of inappropriate and culturally insensitive research definitions and tools to measure or inquire about depression which results in misleading findings and conclusions (Hussain & Cochrane, 2004). Additionally, the vast majority of the mental health research literature with South Asians has been conducted in the United Kingdom with very little research being done with South Asian Canadians. Three percent of the total Canadian population and 23% of the population of visible minorities in Canada is comprised of South Asian Canadians (Lai & Surood, 2008). Further, South Asian Canadians are the second largest visible minority group in British Columbia and in combination Toronto and Vancouver have 70% of the total South Asian Canadian population (Lai & Surood). It is clear that South Asian Canadians are

an important part of Canadian society but very little information has been gathered to develop an understanding of their experiences with mental health issues like depression. In a review of the Canadian literature, I was able to find only three research studies specifically addressing the topic South Asians and depression in some manner. The study by Lai and Surood examined the predictors of depression with elder South Asians, Abouguendia and Noels (2001) study touched on some predictors of depression for first and second generation South Asian immigrants, and the study by Samuel (2009) addressed the relationship between acculturation stress and depression. It is quite possible that there are other research studies but it is apparent that there is a need for more research. My research will address the area of South Asians and depression by using a qualitative research design to allow South Asians to share their stories and experiences of the socio-cultural context surrounding their experiences with depression within the South Asian culture.

Chapter 3: Methodology

In this chapter, I will present an overview of my chosen methodology of narrative inquiry. I will briefly discuss the origins of narrative research, introduce the methodology of narrative research, and discuss my rationale for choosing this method. This will be followed by a discussion of ethical considerations, sampling and participant selection, the semi-structured interview, and data analysis in narrative research. The methodology chapter concludes with a discussion on how to evaluate narrative research.

A Background to Narrative Research

The beginnings of contemporary narrative research dates back to the early twentieth century with the academic work of anthropologists and the Chicago School of sociology (Reissman, 2008). The early narrative work of anthropologists and the Chicago School of Sociology utilized life stories and documents to examine the experiences of a variety of groups and communities (Reissman). However, the early narrative work with life stories was conducted within the realist tradition, which meant that the stories were seen as empirical fact-based data that required analysis (Reissman). In the 1960s, narrative research began to gradually move away from realist and positivist traditions as narrative researchers were influenced by humanist approaches, critiques of positivist traditions, and the increased emphasis on the stories of individuals and

marginalized groups (Andrews, Squire, & Tamboukou, 2008; Reissman). The rise of feminist research in the 1980s furthered the turn towards more constructivist principles, which expanded the realm of narrative research. Narrative research moved beyond event-centred work, which assumed individual representations of phenomena are constant and represent reality to experience-centred work that emphasized the process of constructing stories and how stories can change or evolve with time (Andrews et al.). Furthermore, narrative researchers became interested in the structure of narratives as well as the social nature or co-construction of narratives, and how individual narratives can be influenced by audiences (Andrews et al.). Narrative research in its current form is aligned with my epistemological and ontological assumptions, making it suitable for my research study.

Narrative Research

Contemporary narrative research has a distinct constructivist influence and the research can be described as studying stories of experience. Narrative research encompasses a number of methods that vary slightly on their focus but at its most basic level, narrative research refers to a family of methods that interpret texts that have a common storied form (Reissman, 2008). It is widely accepted that narratives help people make sense of experience, construct the self, connect with others, and create and communicate meaning (Chase, 2002). What constitutes a narrative or story is a somewhat controversial topic among narrative researchers with some believing that any disclosure like an extended

answer to a question is a narrative while others believe that an entire life story gathered through various information-gathering techniques is a narrative (Riessman). Somewhere in the middle of these two working definitions of a narrative is the definition that many researchers in the human sciences adopt; a narrative involves a long section of talk that occurs during a single session or over multiple sessions (Riessman). A common thread among narratives is the consequential linking of events or ideas to construct a meaningful coherence to what otherwise might be random or disconnected (Murray, 2003; Riessman). The process of constructing narratives is influenced by various social contextual factors that include time, audience, perception, and environment (Murray). Therefore, narratives or stories of experience constructed by individuals are performed differently in different social contexts. In narrative research, the narratives are co-constructed since the researcher constructs stories from the data (Andrews et al., 2008; Riessman). The researcher is not an objective and independent data collector, but rather an active participant interacting with research participants and the research process. The researcher brings values, biases, experiences, beliefs, and knowledge that influence the participants and the researcher's interpretation of the data (Haverkamp & Young, 2007). Knowledge is the end product of the interactions between people, and the resulting interpretation is a co-constructed story of the research data (Haverkamp & Young).

The decision to adopt the narrative methodology for my research was based on its congruence with my own beliefs around the nature of reality and

how well it is suited to address my research questions. It is my belief that there are multiple realities that are influenced by contextual factors. These individual realities may have shared elements due to our interactions with similar contextual factors, such as television or schools, but it is not accurate to suggest that the commonalities represent the one final truth. Past research traditions have been mainly concerned with identifying nomothetic generalisations, which are concerned with finding norms and general principles. In contrast, the focus that narrative research places on participants' stories and experiences can provide a wealth of information on areas overlooked by other research traditions, such as the influence of contexts. In addition, narrative research is well suited to address my exploratory research questions around the role of socio-cultural factors during the development and experience of depression in South Asians. Narrative research has been shown to be ideally suited for expanding research areas with limited knowledge by allowing participants to share their experiences and knowledge with the researcher (Andrews et al., 2008). In the case of South Asian Canadians experiencing depression, it is important to explore the issues facing the population before beginning to compare them to other Canadians or other cultures, which is where narrative research can help to provide a wealth of knowledge.

Ethical Considerations

My research investigating the experience of depression among South Asians brings up some important ethical issues related to conducting research

with a cultural minority population. Specifically, it brings attention to the issue of cultural sensitivity in research. There is a natural human tendency to view the world through one's own cultural lens without considering that others see the world through different cultural lenses based on different cultural assumptions (Schulz, Sheppard, Lehr, & Shepard, 2006). In a research context, the disregard for other cultural worldviews can contribute to the use of culturally inappropriate research methods and designs, the perpetuation of cultural stereotypes, and research results that do not fully capture the experiences or responses of participants (Schulz et al.). The issue of worldviews is significant for South Asians because of the conflicting views they encounter when immigrating to Western countries like the United States, Britain, or Canada. In their home countries, South Asians are usually raised to adhere to collectivist worldviews that value individual sacrifices for the benefit of the group (Durvasula & Mylvaganam, 1994). These collectivist values are in contrast to individualistic worldviews that promote the pursuit of personal goals, which are valued in Western countries (Schulz et al.). However, it is increasingly possible that individuals from both Eastern and Western countries have been exposed to both worldviews in varying degrees. Therefore, it is important as a researcher to be cognizant of one's own worldviews and biases, and realize that the dominant Western worldview of individualism is not the only way to conceptualise human interaction and responsibilities (Schulz et al.). I was aware of these ethical issues and others during the development of my research design and I have incorporated ethical safeguards to address them.

Researcher's Position

My experience growing up as South Asian Canadian can be described as a delicate balancing act of cultures. My parents emigrated from India, creating a home environment in Canada that resembled their own experiences in India and they shared their values with us. However, as I began to be exposed to the Canadian culture, I realized that the cultures definitely had their differences, especially in regards to issues including individuality, relationships, and communication. I knew the best thing for me was to engage in both cultures in a manner that I felt comfortable, while being extra careful not to disrespect or upset the balance. My upbringing in a bi-cultural community has given me a unique perspective and understanding of Canada's multicultural society. As a result, it is important for me to avoid making presumptions and allow the participants to share their own unique experiences. I also realize that as a South Asian Canadian, I can identify with both cultures but this is likely to vary within the South Asian community as some may only identify with one culture. Furthermore, I identify with the Canadian or Western values related to autonomy, choice, and freedom, which may not be the case for the participants or their families. While there may be various similarities between the participants and myself, I am aware that my education, gender, and class may make me privileged compared to them. Specifically, my education level and my gender may put me at a different location or hierarchical position than my participants. This is especially relevant for South Asian females who are often given a lower status than their male counterparts in the South Asian community. Therefore, I am an insider,

outsider, both, and neither, all at the same time within the South Asian community.

Ethical Safeguards

My position as a South Asian Canadian researching South Asian Canadian participants gives me the opportunity to use my status as an insider to ensure that the participants' voices are heard, and they are treated in an ethical manner. While there are certain dynamics that may create a hierarchy with my participants, there are still many commonalities including nationality, ethnicity, and if need be the ability to have a conversation in a second language. These commonalities among others may make it easier to build rapport with some of the participants and to create an environment where they are comfortable to disclose their experiences. Even as an insider, participants may be cautious about sharing their experiences, which makes it important to ensure that the research data is confidential and meets ethical standards. My position as an insider can also help me to analyze the data in a manner that ensures the analyses, interpretations, and conclusions are consistent with the participants' experiences because of my shared knowledge with the South Asian participants (O'Connor, 2004). I may be more likely to catch a cultural nuance that someone else might miss. However, I am cautious about my position as insider with the South Asian Canadian participants because I am aware of the potential for overidentifying with the participants due to my familiarity with the culture and community. These concerns can be problematic during the research process because there is a

potential risk of presumptions being made based on my knowledge as opposed to the participants' experiences (O'Connor). As a result, I have made an effort to ensure that my positionality in the research is made apparent and that I am aware of these issues as an insider with the research participants.

In order to ensure that the research meets ethical standards throughout the process, I conducted the research and treated the participants in a manner consistent with Section E, Research and Publications, of the Canadian Counselling Association Code of Ethics. Prior to starting the recruitment of participants, I obtained ethical approval for this study through the Simon Fraser University Office of Research Ethics. Furthermore, each participant signed an informed consent form outlining the nature and purpose of the research study before beginning the research interview. In terms of research design, I used a flexible qualitative research method to address the ethical concerns raised, specifically, narrative research to ensure that the context and participants' points of view would be expressed and preserved by using their own words throughout the research (Schulz et al, 2006). Narrative research allows me an opportunity to work collaboratively with participants by sharing the transcripts with them, which helps to increase the trustworthiness of the data (Lietz et al., 2006; Shenton, 2004). This will ensure that the words used in the transcripts are consistent with what the participants actually intended to express. Qualitative research methods allow participants to tell their stories and express their individual worldviews as opposed to other research methods that constrict the expression of information and are susceptible to responses that perpetuate cultural stereotypes and

researcher biases (Schulz et al.). The opportunity to express life experiences and events related to depression can invoke strong emotional responses among participants. Therefore, I included information regarding referrals to mental health resources and time to debrief to ensure the participants had the appropriate support systems to resolve any negative feelings or experiences from the interviews. The ethical safeguards within the research design and the adherence to the Canadian Counselling Association Code of Ethics for research helped to ensure that participants were not harmed and were treated with respect.

Sampling and Participants

Participant Sampling

The participants in this study were South Asian Sikh Canadians who self-identified as having experienced feelings of depression or those who had spent time interacting with depressed South Asian family members or friends. The term “South Asian” refers to those individuals whose cultural or familial background originates from the Indian subcontinent (Anand & Cochrane, 2005). In the current study, the South Asian Canadian participants had a Sikh religious background. Participants were not included in the study if they were not able express their experiences in the English language, were severely depressed, or were actively suicidal. The language exclusion criteria may have affected the types of experiences that were shared in the interviews since language can have an effect on how experiences are perceived. Some of the participants speaking Punjabi or Hindi during the interview may have shared different perspectives or

had different understandings of their experiences since translating cultural expressions and meanings to English can be problematic (Anand & Cochrane). Furthermore, I am aware that by using the term depression I have eliminated potential participants who did not identify with the terminology. The label of depression is culturally embedded in the Western concept of mental health, which has certain overt and covert meanings that are communicated through the healthcare system, mental health professionals, the media, and product advertisements. Therefore, it is apparent that the current participants were exposed to these meanings of depression to some degree and this exposure influenced their understanding of the term depression. This likely affected how they expressed and shared what they had felt and experienced.

The participant sampling in this research can be described as purposeful. It aims to recruit participants with specific experiences in an effort to explore them in more depth (Fossey, Harvey, McDermott, & Davidson, 2002). Narrative research employs a case-centred approach and is not overly concerned with statistical samples and statistical generalizability. Case-centred approaches have proven to generate knowledge that has allowed researchers to make conceptual inferences and theoretical propositions (Riessman, 2008). This has led to the development of major theories in the physical and social sciences (Riessman). However, theory development was not pursued in the current study, as it was not a goal of the research. The flexibility of narrative research has allowed me to create inclusion criteria that allows for a range of participants who can provide insight and rich stories regarding the South Asian experience of depression. I

used common experiences or indicators of depression, such as changes in sleep and appetite, physical complaints, and loss of meaning in life, in my screening of South Asian participants to ensure participants were eligible for the study, not severely depressed, and not actively suicidal (Fenton & Sadiq-Sangster, 1996; Hussain & Cochrane, 2004). I used these common experiences of depression while having participants' define depression to ensure that the definition was not restrictive and captured their subjective experiences, and was still informative regarding the experiences of depression. This approach attempts to ensure that a standard Western definition of depression is not imposed on participants and the experiences of depression are not restricted to only those who have been diagnosed and treated for depression. This combination definition of depression provided a good compromise and opportunity for exploring the socio-cultural context surrounding depression.

The recruitment of participants involved various strategies including poster advertisements, email advertisements, and purposeful sampling within the community. I posted advertisements at SFU campuses in Burnaby and Surrey, and at local temples. Email advertisements were sent to SFU students in the education faculty. The final recruitment strategy utilized purposeful sampling of appropriate participants through word of mouth recruitment among members of the Metro Vancouver South Asian community. It proved challenging to recruit participants who were willing to share their stories in the research study. I had several conversations with participants who fit the study criteria but the majority of them were reluctant to share their experiences on record.

Participants

The study consisted of six South Asian Canadian participants of Sikh background currently living in Metro Vancouver who responded to email advertisements and word of mouth recruiting. The group of participants were comprised of five females and one male, whose ages ranged from 20 to 40 years of age. All the participants indicated having origins in India, which meant either they were born there or their parents were born in India. First generation participants were those who immigrated to Canada and second generation participants were those who were born in Canada (Frie, 2008). All the participants, except for one, indicated that they identified with both the Indian culture and the Canadian culture. This is consistent with the concept of hybridity, which refers to the cultural mixing, in this case of Indian and Canadian cultures, to create hybrid cultures that rework the cultures to integrate aspects of both cultures (Kalra, Kaur, & Hutnyk, 2005). I will provide a narrative summary of each of the participants in order to share their story of depression. See Table 1 for further demographic details.

Table 1 Participant Demographics

Participant Pseudonym	Age	Gender	Birthplace	Self-Identified Ethnicity	Relationship Status	Generation Level
<i>Gary</i>	20	M	British Columbia	Indo-Canadian	Single	2nd
<i>Sonia</i>	40	F	India	Indian	Married	1st
<i>Aman</i>	20	F	British Columbia	Indo-Canadian	Single	2nd

<i>Preet</i>	37	F	British Columbia	Canadian/East Indian	Common Law	2nd
<i>Navi</i>	26	F	India	Indo-Canadian	Dating	1st
<i>Pria</i>	23	F	British Columbia	Indo-Canadian	Dating	2nd

Gary is a 20-year-old male who acknowledged growing up with self-esteem issues. The experience of depression for him occurred after the death of a close family member. This event changed his whole world and he talked about losing his faith and blaming God. He described being irritable, lacking motivation, lacking pleasure or joy, and struggling to continue with his daily tasks, such as going to school. Furthermore, he suggested that while the grief began to subside, these symptoms remained beyond the grieving period. Witnessing the pain and suffering of his family and others around him was a difficult experience for Gary. This challenging period in his life lasted about a year and he acknowledged that his social network was important in helping him feel better.

Sonia is a 40-year-old mother who grew up in India and moved to Canada after she was married. She had an arranged marriage with someone who was misrepresented to her, and expressed having difficulties with her husband and in-laws since her marriage. Her husband is unable to support the family, and her in-laws have been disrespectful and treated her poorly. However, the in-laws provide her and her children with a home and a good standard of living. Sonia's experiences with depression began after getting married and entering her new environment. She described crying, feeling sad, physical pains, negative

cognitions, a lack of motivation, and troubles sleeping. Her battles with depression have been ongoing for the past 10 years; she took medications for seven years, but has stopped taking them in the past few years and has indicated that she is in a better place now. Additionally, positive self-talk and supportive relationships were mentioned as coping strategies that were helpful for Sonia.

Aman is a 20-year-old female who indicated that her mother had experienced depression. Her mother experienced intense sadness, crying, suicidal thoughts, loss of motivation, loss of pleasure, and anxiety. These experiences began occurring after two pivotal events: a death in the family and her being forced by her husband to relinquish her relationship with her sister over a family dispute. Aman described her mother as being a passive person concerned with family image, which Aman believed was a significant factor in her becoming depressed. Her husband and her in-laws were not supportive, even accusing her of faking depression. The most difficult experiences with depression lasted a few years, with her finding some relief after taking medications. However, the critical event that occurred in the past few years that helped her recover from depression was when her husband allowed her to speak to her sister. Turning to religion and the social support that she receives from her sister and her family, including Aman, proved to be important in her overcoming her worst experiences with depression.

Preet is a 37-year-old mother who has dealt with bouts of depression since she was a teenager. She grew up in a dysfunctional family and has

experienced a number of traumatic events, which included learning that she was a child of an extramarital affair, being sexually abused as a teenager, and losing a loved one to a tragic accident. Preet described having a poor relationship with her family and the constant conflict caused her to run away from home. She acknowledged having difficulties with relationships throughout her life. Her experience of depression included a loss of motivation, crying, sadness, changes in sleep, and negative thinking. Preet has ongoing struggles with cycles of depressed mood that last for a few months, then subside, and then return. Her coping strategies have included self care, substance use, counselling, exercising, and diet.

Navi is a 26-year-old female who grew up in India and immigrated to Canada as a teenager. She was the youngest of all her sisters and she always felt that her parents were disappointed that she was not a boy. She described her family as being a typical traditional Indian family that expected her to be an obedient South Asian woman. Her experience of depression occurred after her family discovered that she was dating someone outside the culture. The family threatened to disown her and it was after that she began to lose weight, lack motivation, have difficulty sleeping, and have negative thoughts. This experience lasted about a year and her family restricted her from seeking professional help. Navi found relief through talking to others, which helped her to develop positive perspectives and positive self talk in regards to her unfortunate situation.

Pria is a 23-year-old female that acknowledged being in a mentally and physically abusive relationship for the past seven years. She described going

through bouts of depression at various times during the relationship. During these periods of depression, she mentioned lacking motivation, being suicidal, lacking pleasure or joy, experiencing hopelessness, and crying. The strategies that she uses to cope include medication and substance use. She indicated being fearful about leaving the relationship. Pria believes that neither her own family nor his family have been supportive regarding the dysfunctional relationship. The support that she did receive and continues to receive is from her co-workers.

Semi-Structured Interview

In my research study, semi-structured interviews were used in order to allow the participants the freedom to share their personal experiences of depression or those of family members. Semi-structured interviews are flexible, informative, and are well suited to the goal of narrative interviewing, which is to generate detailed accounts of the participant's experiences, including scenes and events that they participated in and their thoughts and feelings (Chase, 2002; Riessman, 2008). I ensured that the participants were aware of the objectives and the goals of the research interview, which were to expand the knowledge of the South Asian Canadian experience of depression and develop an understanding of the socio-cultural context surrounding these experiences (Chase). In order for participants to share their stories, it was important for me to create a comfortable environment by developing relationships with the participants before the research interview. In an effort to build a comfortable

relationship with the participants, I ensured that during each interaction I was transparent about the research, my background, participant rights, and the confidentiality procedures in the study (Murray, 2003). Generating narrative accounts is akin to a counselling session, as it required me, the interviewer, to be flexible and okay with giving up control in order to follow the participant down their path as they tell their stories (Riessman). However, some participants did not initially provide such detailed and descriptive stories or they got off topic, so I needed to employ various strategies, including interruptions and probes that prompted the participant to focus on specific experiences (Chase). The co-construction of the participants' narratives was further developed by being attentive to the participants and using questions and responses to open up topics and encourage them to construct meaningful responses to questions (Riessman). The topics that guided my semi-structured interviews included the participants' experiences of depression, and the socio-cultural factors or issues that participants were aware of during the development and experience of depression.

The research interviews were conducted in a private meeting room at Simon Fraser University. In the interview, I created a comfortable atmosphere by offering snacks and beverages, by engaging the participants in a relaxed manner, by outlining participant rights and confidentiality procedures, and by clearly describing the research interview process. At the beginning of the interview, I noted demographic information such as age, marital status, and living arrangements. The interview had two areas of focus, the first of which was the

participants' personal experiences with depression. The exploration of depression experiences involved having participants define depression and share their experiences of depression as South Asian Canadians. The second area of focus for the interview was the participants' perceptions about the socio-cultural factors that were influential during the experience of depression. Specifically, questions narrowed in on the influence of family, community, and culture on the development and experience of depression. The interviews varied in length from 45-120 minutes. The total length of all the interviews combined was roughly nine hours and the average interview length was 90 minutes. The corresponding transcription of the interviews were double spaced and used size 12 fonts, which resulted in 265 pages of narrative data.

Narrative Analysis

Narrative analysis like narrative research is a broad term that refers to a range of methods for interpreting texts that focus on participants' stories (Riessman, 2008). Under the umbrella of narrative analysis, the focus can vary to include the content, the structure, and the construction and purpose of the narrative (Riessman). Regardless of the area of focus, the various methods of analysis do address the other concerns but in less detail (Riessman). The common thread among the narrative analysis family is that the stories told by participants are preserved and treated as analytical units as opposed to being fragmented into theoretical categories (Riessman). In my research, I used thematic analysis, which focuses on the content of the narrative.

Thematic Analysis

Thematic analysis within narrative research focuses on the content of the narrative while keeping the story intact; the narrative unit of analysis is interpreted as a whole (Riessman, 2008). The analysis process involves several steps starting with the transcribing of the data and becoming familiar with it by isolating and ordering relevant experiences (Braun & Clarke, 2006; Riessman). The next step involves going through each interview and coding segments of the data that represent meaningful features as judged by the researcher (Braun & Clarke). Throughout the analysis process, the researcher utilizes analytic memos to reflect on the entire process, which helps to deepen the analysis and understanding of the topic being studied (Saldana, 2009). Coding is a subjective, cyclical process that links the data to ideas and it essentially requires the researcher to construct a story from the data (Saldana). After coding, the next step is to group similarly coded data into categories, and then search for broader overarching themes that encompass the codes and categories (Braun & Clarke; Saldana). Once a set of potential themes have been created, it is critical to review and refine them to ensure the data within the theme coheres together meaningfully and there are clear distinctions between the themes (Braun & Clarke). The last step in thematic analysis is clearly defining and naming the themes that have been constructed from the participants' stories (Braun & Clarke).

I started the data analysis process by transcribing the recorded participant interviews and then reading through them while taking note of the pertinent

experiences and information shared by the participants. The next step was coding segments of data from the first interview by making notes in the margin and utilizing analytic memos to develop codes that represent the meaning of the data. I used past research, my prior experience, and my interview questions as guides for deciding on codes. Once I completed coding the first interview, I presented the preliminary codes to an undergraduate multicultural counselling class. During the presentation, I received comments and input from the South Asian Canadian women in the class, which provided new perspectives on the experiences that they encounter growing up. After refining my codes, I labelled, defined, and described when each code occurred in the interviews. My next step was to share the codes with my supervisor, and through this process, I realized that there were a number of them identifying the same concepts. This required me to go through the first interview again and further refine and reduce the number of codes. These codes were used as basis to code the remaining interviews, but I continued to refine and expand on them when necessary. The process of developing analytic memos was helpful in constructing and clarifying codes and themes that captured the meanings communicated by the participants. I used memos to explore the concepts and issues brought up by the participants and to make decisions about naming codes, their relevance, and their definitions. Once I coded each of the interviews and refined the codes through memos, I utilized my research and interview questions to group the similar codes into categories; I developed five representative themes from these categories. I further made use of memos to clearly define what belonged in the

categories and to help develop the themes. This process of creating and refining themes to capture the entire data set was quite challenging, but I consulted with my supervisor once I had completed the process and she provided feedback from her perspective. I used the feedback to further define and develop the categories and themes in a manner that encapsulates the meaning and essence of the data. I tested the themes and categories by cutting up all the quotes and blindly placing them under the categories and themes that I believed they belonged to; this test of the analysis ensured that themes and categories represented the data. The last step involved receiving feedback from my co-supervisor who suggested that I further condense, refine, and rename some of the categories and themes. The final result was the development of five major themes that represented the stories shared by the participants.

The interpretation process in thematic analysis is linked to both the hermeneutics of restoration and of suspicion. The hermeneutics of restoration suggests that participants are telling their subjective experiences as in-depth as possible and these experiences are the subject of analysis (Josselson, 2004). While interpretations occur throughout the analysis of the data, the main focus is on giving a voice to the participants' stories (Josselson). The task of a hermeneutics of restoration is to decode thematic meanings with the least amount of interpretation (Josselson). In contrast, the hermeneutics of suspicion suggests that participant stories are distorted and extensive interpretation is needed to uncover the underlying psychological and social processes, and the meaning of stories (Josselson). The hermeneutics of suspicion involves reading

between the lines of what was said and unsaid to distinguish the disguised underlying meanings from the apparent meanings (Josselson).

My thematic analysis utilized both traditions while trying to balance them in order to obtain a holistic representation of the participants' stories. In the analysis, I used the participants' words throughout by using their quotes to define and represent the categories and themes, consistent with the hermeneutics of restoration, which focuses on giving the participants' stories a voice. However, I made interpretations about the participants' stories based on my analytic lens that consists of my own experiences and position in the research, the past research, and what was not said during the interviews, to create categories and themes that represent the data. This process to deepen and uncover the latent and hidden meanings in the stories is consistent with the emphasis that the hermeneutics of suspicion has on underlying meanings.

Evaluating Narrative Research

In qualitative research, the term trustworthiness represents the evaluation of the “goodness of the research” but trustworthiness can have different meanings based on the various qualitative research paradigms (Morrow, 2005). In general, trustworthiness is established when the findings of a qualitative research study authentically reflects the experiences and meanings presented by the participants (Fossey et al., 2002; Lietz, Langer, & Furman, 2006). In narrative research, the trustworthiness of a research study is related to its correspondence, coherence, persuasion, pragmatic use, and ethical use

(Riessman, 2008). Correspondence is concerned with how well the constructed research story is connected to the participants' stories and whether the thematic analysis represents the narrative data (Riessman). Coherence refers to whether the resulting narrative analysis is linked and consistent while also addressing both narrative data that converges and diverges from the narrative analysis (Morrow; Riessman). Persuasion is related to coherence and is concerned with the presentation of data in ways that demonstrate that the data is genuine, and the interpretations of the data are reasonable, plausible, and convincing (Riessman). These three concepts of correspondence, coherence, and persuasion are closely linked to the concepts of credibility and confirmability. Credibility refers to whether the research has explored the constructs it has intended to, and confirmability is concerned with whether the conclusions made represent the participants' stories and experiences (McGloin, 2008; Shenton, 2004).

The trustworthiness criterion of pragmatic use is concerned with whether the research study can be used by others in the research community to further develop the particular topic area (Morrow, 2005; Riessman, 2008). Furthermore, pragmatic use expands on how the research contributes to the knowledge base on the topic, and how the research can contribute to future studies (Morrow; Riessman). The final criteria of ethical use addresses whether the narrative research study has the potential to contribute positive improvements and social change to the communities participating in the research (Morrow; Riessman). It refers to how the research interpretations can assist people in their lives and

make the world a better place (Morrow; Riessman). These concepts of pragmatic use and ethical use are related to the general ideas of transferability.

Transferability refers to whether the research can be applied to other situations (McGloin, 2008; Shenton, 2004). The current research study utilized the above criterion as a guideline and the results of the study have the potential to generate interest for future studies and help the South Asian Canadian community understand depression and potentially reduce the stigma associated with it.

In order to address the concerns of trustworthiness, I have incorporated various strategies into the research process that will help ensure that the research is trustworthy. These strategies include examination of past research, reflexivity, audit trails, consulting with fellow researchers, and member checks (Lietz et al., 2006; Shenton, 2004). The use of past research provides a source of valuable information and a frame of reference for the research analysis and results (Lietz et al.). The concept of reflexivity acknowledges that the researcher's experiences, actions, and decisions will influence the meanings constructed from the participants' disclosures (Lietz et al.; Smith, 2006). Reflexivity involves being transparent about how our beliefs, experiences, values, identities, and overall socio-cultural positions intersect with participants throughout the research process (Lietz et al.). This reflective process and outlining my position in the research was helpful in highlighting how I affected the process of co-constructing meanings. An audit trail is an extension of reflexivity and it involved keeping detailed notes, descriptions, and reflections about the data analysis that ensured transparency in the process (Lietz et al.; Shenton). I

made an effort to make notes or memos whenever any ideas, conversations, or other experiences that related to the research occurred. For example, after presenting my first coded interview to an undergraduate multicultural class, I reflected on how the experience broadened my perspective and increased my cultural awareness. Consultation involves sharing the initial analyses with another researcher aware of the research to determine whether the analyses were representative of the data (Lietz et al.; Shenton). In my case, I shared my analyses with my supervisor and co-supervisor to ensure the trustworthiness of the data analysis. Throughout this process, I received multiple feedback sessions from both supervisors that provided me with new perspectives on the data. I used this information to refine the categories and themes to ensure that they represented the meanings in the participants' stories. Furthermore, using member checks I shared the transcripts with the participants to ensure that their meanings were captured accurately in the interview. I sent the transcripts to the participants and asked them to contact me if they had any concerns with the accuracy of the transcripts; I did not receive any responses back. These strategies used together ensured that the data analysis corresponded with the participants' shared experiences, making the conclusions of the research trustworthy (Lietz et al.; Shenton). In addition, I shared my research results with a few other South Asian Canadian peers to ensure that findings were credible and consistent with others' experiences in the South Asian Canadian community. Each of these South Asian Canadian peers related to the research findings, especially, around the influence of the family and socio-cultural factors. The

peers even shared their own stories of how the family and socio-cultural factors have influenced their lives. This confirmation from other South Asian Canadians helped to ensure that the data analysis and findings of the research were consistent with the experiences of others in the community.

Chapter 4: Results

The purpose of the study was to examine the socio-cultural context during the experience of depression among South Asian Canadians. The focus was on describing the experiences of depression by exploring the contextual factors that were influential during the experience of depression for the South Asian participants. Furthermore, I was interested in determining what sorts of coping methods South Asian Canadians used during their experiences with depression. The study utilized a narrative approach to gather detailed accounts of the South Asian Canadian experience of depression.

The analysis of the six interviews resulted in five major themes: the experience of depression, family influences, socio-cultural influences, psychological impact, and coping strategies. The themes and corresponding categories and sub-categories are outlined in the following sections discussing the results of the study (see Table 2).

Table 2 Themes, Categories, and Sub-Categories

<u>Themes</u>	<u>Categories</u>	<u>Sub-Categories</u>
Experience of Depression	Symptoms Influential Events and Negative Relationships Lifestyle Changes	

The Influence of the South Asian Family

Balancing South Asian and Canadian Values
Family Expectations
Family Roles
Family Image
Family Relationships

Socio-Cultural Influences

South Asian Community and Culture
The Role of Gender

Potential Romantic Relationships

Gender Expectations
South Asian Canadian Women's Role

Psychological Impact

Isolation
Judgement
Personal Growth

Coping Strategies

Positive Self Talk
Relationships
Medications
Alternative Coping
Self Care
Substance Use
Religion
Advice to Others

Experience of Depression

In order to understand the South Asian Canadian experience of depression, this study explored the participants' perceptions and experiences with depression. In the interviews, participants described their experiences with depression by focusing in on three major areas. These areas included identifying symptoms, describing influential events and negative relationships, and outlining the lifestyle changes they experienced when they were depressed.

Symptoms

The symptoms that defined the participants' unique subjective experience of depression included all the changes that they experienced, and the particular constellation of symptoms. The symptoms mentioned by the participants included sadness, crying, lack of motivation, changes in sleep, changes in appetite, irritability, lack of energy, suicidal thoughts, vomiting, loss of interest and pleasure, feeling powerless, anxiety, racing thoughts, negative outlook and paranoia. The participants referred to several symptoms of depression but the majority of them experienced six commonly mentioned symptoms. Negative outlook was a symptom that all the participants experienced in some manner during their experience of depression. This general negative outlook towards the world and the self included a negative view of the self, a sense of self blame, and a feeling of worthlessness. Gary and Navi made strong statements indicating how influential negative views were on their thoughts:

Yeah, and that just brings your morale down because when you're suppressing you think you're feeling better but when you feel these other second hand emotions it kind of brings you two steps back and you're going backwards instead of forward. And you just kind of hate yourself more, like what's wrong with me kind of thing.

Like at first, I think when I knew that I was not being heard, I took it out on myself thinking that I'm not good enough. Maybe I don't even deserve to live, maybe I should not even be here, I was not even wanted in the first place. I started going back into the past, starting from the beginning thinking what if I was not even here, like what if I was not even born, maybe nobody would even miss me. My family, they didn't even need me in the first place and now I'm here, maybe I shouldn't even be here.

Sadness was another common symptom and Sonia described her experience, "I was sad, I was just upset all the time because soon after I knew what I was missing but I just didn't have the courage to make it better."

Changes in sleep were just as common as sadness, which is succinctly described by Navi, "basically the body changes and sleep changes." The next most common symptom included the loss of interest and pleasure in previously enjoyed activities, which was a meaningful part of Pria's experience with depression:

So I stopped doing that [professional dancing] and I just stopped everything. I just gave up, I was like there is no point, what am I doing this for? Because if I can't live for myself, who am I living for? I'm living for him.

A lack of motivation to do anything was another common symptom among the participants and Preet summed it up in her overall experience of depression, "There were times where I didn't want to work, I didn't want to get out bed, I just wanted sleep, and I would cry at the drop of a hat, just all those things." Lastly, a lack of energy was experienced by the majority of the participants, Aman noticed her mother's lack of energy, "she was different, like she was tired more" The participants in the study all had their own unique experience of depression with unique symptoms. The experience of depression varied but the majority of participants experienced the six symptoms: negative outlook, sadness, changes in sleep, loss of interest and pleasure, lack of motivation, and lack of energy.

Influential Events and Negative Relationships

The South Asian Canadian participants identified various event or factors that they perceived as pivotal to their mental health and in the development and experience of depression. These events and factors included traumatic events and negative relationships. Preet described one of several traumatic events that she experienced in her dysfunctional family:

So, when I grew up I was thinking their [half brothers and sisters] mom was my mom, their aunt was my aunt, I didn't know who my real mom was until I was like 7 years old and cousins started saying that's not your real mom. We had a lot of fighting in the family. So, they were the one's that said that's not your mom this is your mom, and it devastated me because I was like I'm just part of this weird dysfunctional thing that my dad did [affair with wife's sister]. So, ever since then I grew pretty rebellious, it really affected me.

Preet shared another traumatic event experienced during her teenage years:

Well, I ran away from home. It's funny because about a year before that I was with cousins, long story short, one of our cousin's fiancé, he pretty much raped me when I was 13-14.

The loss of loved ones was another dramatic event that Gary described as being influential for him:

I guess the most recent event was my cousin who passed away two years ago in a car accident and then situations change and like all the self-esteem issues, they were just like nothing. They are just a trivial part of being a teenager and then you see this is what true depression is right, when you lose something that means so much. So that was, I think like the biggest event. Yeah, I was shook.

Relationships were another factor that influenced the development and experience of depression for participants. Specifically, relationships that were

dysfunctional, abusive or nonexistent, which Pria expressed when discussing her relationship with her boyfriend:

Yeah, it was really weird because I've never seen a guy hit a girl. And the first time he hit me, I walked to the car because I was in grade 11, I was excited because my boyfriend was coming to see me and all my friends wanted to meet him. So, I walked up to him and he was like you had a cooler? I said yes and then he picked me up and threw me into the bushes because we were right beside a forest and he beat me up and then he took me home.

The issue of relationships is also relevant when it comes to family relationships that lack open communication, which was something that Navi expressed:

The main reason, even though I was expressing myself but not being able to get through to my family and not being able to make a decision, like maybe I should break all these ties, but still not being able to do it. I think that was the main reason that led to the whole stress and depression thing.

These dysfunctional relationships can have important long-term effects on mental health, depression, and can lead to having poor views of relationships.

Sonia expressed a strong opinion on her own view of relationships:

Now I look at it and all it is, is needs, I'm not 100% sure that I'm right but I know that I'm about 90% right from my experiences that no matter what men or women claim, it's not because of love, it's because of needs

they live together. So, there's only 10% of people who love each other and that's why they're together.

It is clear that these participants have experienced events and relationships that have had a detrimental effect on their mental health and likely influenced the development of depression. All participants identified events or relationships that they described as important factors in their experience of depression.

Lifestyle Changes

The daily lives of the South Asian Canadian participants changed with their experiences of depression. The participants' stories around the changes they experienced provided an opportunity to understand how depression affected their daily lives during and after their experiences with depression. Sonia shared how mentally consuming life with depression can be:

With working, housework, kids and all of it. Sometimes, I used to finish work at 10:00 pm, I would go to Burnaby to pick him [husband] up from work. And, it's like some days I didn't know how I got there, I drove there and came back. I knew I stopped at the red lights, I knew I went to his place, it was scary. I realized it but I didn't know what to do about it. I went to my doctor, I told him I have gone more than one time all the way to Burnaby, I remember every single red light, but I don't remember picking him up and coming back home.

Preet was quite self aware of her experience of depression and she talked about the pattern of highs and lows that she has noticed:

And then I've kind of gone up and down, not solo but I've had where my mood just goes down for a couple of months at a time and I can't get out of it, and then it'll swing back up and I'm fine.

Some of the changes experienced by the participants were life altering. The changes described by Pria showed a dramatic lifestyle change with her even feeling like a different person:

I'm not the same person I was a couple of years ago. I used to dance, I used to do ballet, jazz, hip hop, and now just nothing. I'm not into dancing, not into going out, I don't go out ever. Like for my birthday I just cut a cake at home and usually I would be out, but I didn't even feel like doing anything. I used to be on a soccer and basketball team. I used to be really athletic.

Similarly, Gary commented that his cousin's death really shattered what his life had been:

A total loss of faith I think. I was like why did this happen and then you just go in circles. You see like everyone just breaking down and you see your whole family just falling apart. And, that's kind of earth-shattering to you when you've been a decent, like a decent family, a modern family and everything is average and you're happy. And, when you see something that big, it just totally shifts your world around. I think this has been one of the closest things that has hit me this hard.

These changes in the everyday lives of the participants provided an in-depth look at the damaging effects of depression. All the South Asian Canadian participants noted experiencing varying degrees of changes in their daily lives that were due to their experience with depression.

The Influence of the South Asian Family

In an effort to understand the factors that are influential during the experience of depression for South Asian Canadians, the study explored participants' perceptions about the influence of the family. The South Asian family was considered to be highly influential in the experience of depression by the participants. The influencing factors included experiences balancing South Asian and Canadian values, family expectations, family roles, family image, and family relationships.

Balancing South Asian and Canadian Values

The South Asian Canadian participants described a number of experiences growing up that they considered important in their development. These experiences involved balancing the values of the Canadian and South Asian cultures, especially around independence. Navi mentioned how difficult it was to adapt to Canada after coming from India:

It is very difficult. Either I should have been here at a really young age, so that I could have totally been able to adapt to this whole culture kind of thing or I should have not come here, that's what I feel like.

She talked about her frustration with her family not accepting her decision to balance the cultures:

I would have been married by the age of 22, I know that, and I would have gotten married without making a fuss or ever challenging it. But bringing me here [Canada], I think they're not accepting me now. I don't understand why they brought me here if they were not ready for the change.

On a deeper level, participants commented on not having the freedom in their families that they desired, Preet summed it up:

I wanted my freedom, I hated the fact that I didn't have freedom, I hated the fact that my dad was able to make decisions for my life. He could marry me off, I hated it. He was very controlling.

Similarly, Sonia raised the issue of not having the opportunity to develop or mature in her family:

I grew up with my kids even though I had kids when I was 27. I had my first son at 27 but still I was not as grown up as I am now. As he started going to school that's when I grew up.

Participants acknowledged that a lack of privacy was a part of growing up. Aman detailed the type of scrutiny faced by the majority of the participants from their families:

The thing is my grandparents live in the same cul-de-sac at my chacha's [uncle's] house and my parents don't let them influence what they let us do and stuff but they always have to have their say in things. Like I'll go out

with my friend or whatever and I'll come home around twelve and their window, like they can see our house so they'll be like oh, what time did you come home last night or why was the car gone?

Growing up in their families required the participants to find ways to balance conflicting cultures and it often meant that the more Canadian values of independence and privacy were less important in their families. The majority of participants indicated that this overprotection or deprivation of real life situations meant they had fewer opportunities to participate and develop from various experiences.

Family Expectations

In their South Asian families, participants discussed the various expectations that were communicated to them by their families. These explicit and implicit expectations covered various areas including life goals, behaviours and actions inside and outside of the family, intimate relationships, and socializing. The participants indicated that the expectations were rather restrictive and Sonia and Pria both noted being somewhat overwhelmed by these expectations:

Yeah, isolation, like house responsibilities all sudden as soon as I got here, it's like you can't go there, you can't talk to that person.

When I first met him, I met his mom right when we started going out and she's like do you know how to cook, clean, do this and that? And I

was like I know a little bit, and she was like ok, learn. So I went to my house and I went to my mom and said this is what his mom wants me to learn so I learned it.

Sonia talked about the "checklist" of expectations:

The whole process you got to have kids, you have a life, you have a family, and then the rest of the life you spend paying instalments for the life you're living.

The expectations are pervasive throughout various areas of life including areas like appearance:

But with my dad when I just want to go get my hair cut, and he'll be like why do you have to go do that and then I'll just explain it to him that it's so hard to take care of.

The consequences for not adhering to the expectations of the family can vary, with some families going to the extremes of disowning family members.

Navi talked about the threats that she received from her family for dating someone against her family's wishes:

So that's how I've been feeling because it feels like I'm not even part of a family. They're still trying to control me but they're not including me in that family. They're not loving me unconditionally. For them, if I have to love this guy than I don't get to love them. I don't get to be with them.

Their plans, their orders, their traditions and then they would be ok, then they would love me. There is no flexibility, it's either or. It's just a choice,

and to them I have to make that choice to be with them and give up this guy.

All the South Asian Canadian participants dealt with expectations from their families about how they should live and behave in the world. In the majority of cases, these expectations did not completely agree with what the participants wanted and this incongruence generally led to mental stress and conflicts with the family.

Family Roles

The South Asian Canadian participants acknowledged that the traditional family roles expected of them in their families left them feeling powerless and disconnected. The family hierarchy outlining the roles and relationships of the adults and children clarified the interactions and power distribution among the participants' family members. The participants made it quite clear that in most of the families the children had little to no power and their fathers held the ultimate power. Sonia, Pria and Aman summed it up clearly:

Indian parents they don't consider kid's suffering as a big deal, they think, that's my understanding I could be wrong.

His dad and his mom. His mom just follows his dad around, everything he wants, she is there.

He would like yell at my mom. My mom would try to be like, because it's her sister, she didn't want to cut off all ties with her. She would be like could you just please and he would be like you can't talk to her or anything.

It is clear that the majority of the power in the family is in the hands of the father while the children feel powerless. As a result, the majority of the participants talked about being disconnected and unable to relate to their families because of this power differential. In an effort to gain independence, some participants like Preet decided to rebel against their families:

So, I grew up really rebellious because my dad and my mom we moved away and lived on the island. I was 14-15, got really rebellious, ran away from home, you know had an older white boyfriend, did everything I wasn't supposed to do.

This lack of connection and relationship divide between parents and children can result in children getting involved in risky behaviours and going behind their parent's back. Preet and Aman noted the potential consequences of disconnected families:

So, I ran away from home, then I found out I was pregnant with the guy that I was seeing. I was like 16, so my sister from South America came down, took me in, and made me have an abortion, and she took me to South America to live with her. I lived with her for about 2 years and of course, I was still rebellious, by then I had a boyfriend here that I wanted

to come back to. So, I left her, I ran away from her in South America and then I came here and I was on my own.

Even other parents, like some of my friend's say my parents' would never let me do that but I sneak out and do it.

The South Asian Canadian participants described the roles and relationships between parents and children as being hierarchical with the majority of the power belonging to the man of family. This power imbalance prompted many of the participants to rebel or secretly engage in desired behaviours. The disconnection from their families and the power imbalance appeared to have a major influence on the mental health of the participants.

Family Image

Maintaining the family's image and one's own image was an important factor that the participants believed they had to consider when engaging in any behaviours or actions. Family image involved worrying about what others might say, lying to maintain the image, taking any action to maintain the family's image, avoiding shame, and favourably comparing one's own family to others by putting other families down. Sonia talked about the responsibility and stress of maintaining the family's image:

What other people would go out and talk about, we went to their house, and their daughter in-law was crying. I'm like they never talk about what their daughter in-law is going through but they would talk about how she

was sad. She was not greeting us with a happy face, a smiling face. So, then my opinion was that if I'm upset, I'm upset but then I learned over time. I learned that you have to smile when you're upset.

Aman mentioned how frustrating it is to have a constant emphasis on family image:

So with her it was what are other people going to say, you're going to be going out with a white girl. I think the cultural aspect of it, especially in the India community and I hate it, people, they always worry about what other people are going to say. I think it's about your image in society.

There is a competitive aspect to family image that Sonia noticed in her own family, "In my in-laws family trying to one up each other is a major thing." Taking the competitiveness to another step, Pria described how gossiping was used to put other families down:

His family just wants to get everyone together and shit talk other people. It's so different. My sister just recently bought a house, she's married and just bought a house and his family, their first reaction to that was how come they got a house right away? Because they used to live with us in our basement, they were like was there something going on in your house? I'm like no.

The constant pressure for the participants to be worrying about family image can be difficult, especially, in Aman's case where she believes that it can stand in the way of her happiness:

I think it's also because he did it in front of my aunt so I think she was kind of ashamed, like look he yelled at me in front of her. So again, that plays into it, being shamed in front of someone else. That's the major thing I think, people think of what other people are going to say over what they truly feel like. It's hard because my brothers and I want to do things that we want to do, like this makes me happy and I want to do it, but then they're always like what are other people going to say.

Participants indicated that the consequences for damaging the family's image can be severe. Navi's relationship with a man outside her own religion led to threats from her family:

You would be dead for me and I would be dead for you. That's what my dad said to me. Cut off from the family. If you go out with that guy, you're cut off from the family, you're not coming back to this house, kind of like emotional blackmailing.

The participants described a strong push from their families to do whatever it takes to maintain the family's image. However, the participants revealed a sense of frustration about always having to worry about family image before taking any actions in their lives. The participants indicated that this constant worry about image and others played a role in their experience of depression.

Family Relationships

The South Canadian participants indicated that relationships with certain members of their family were influential in their experience of depression. The members of the family that were mentioned by participants included husbands, fathers, mothers, in-laws or potential in-laws, and children. Participants acknowledged that these relationships varied in their level of support. The relationships that participants indicated to be the most significant were those with their fathers, husbands, in-laws, and mothers. In general, the majority of participants indicated having rather poor relationships with their fathers. Preet shared the most negative feelings toward her father, "how could I tell my dad anyways that I hated him and I hated this family set up." She was not the only one to have a disconnected relationship with her father, Navi talked about how she thought of her father as a guest:

My dad, when we were in India, he was never home because he was working in a foreign country, so he would come home every 6 months for a month or two, so we never really had that connection with my dad. We were never affectionate with my dad and even all the other kids in the family, we were never close with our dad. So, he would come home and we would think of him as a guest, so he would be gone in a month or so and we would be back to our own regular selves. So, that was the main thing, that's it with my dad I think, even when we are here and my dad is here, we are not really close. He lives here now with us, but I'm not really close to him.

While only half of the participants were married, relationships with their husbands and in-laws proved to be difficult for those participants married within the South Asian community. Sonia, who had an arranged marriage with someone that she described as disabled, talked about the lack of support in her relationship:

I did notice soon after we got married, I talked to him because before getting married I never talked to him. So, once I talked to him, I didn't know what a normal husband-wife relation would be. But, I knew I cannot expect anything from him.

Aman described the mistrust and power imbalance that existed between her mom and her dad:

My dad would accuse her, in that time period, he would be like you call her [mother's sister], I bet you get phone cards and call her, that's why it doesn't come up and my mom never called her. She never went against my dad's word but I think that made it worse too.

The in-laws were another source of stress for these participants. Sonia acknowledged that she did not feel like she was considered a part of the family, "You know whatever the family did because of different needs from me, they ignored my feelings." Aman talked about the harassment that her mom took from her mother in-law:

Yeah, she would be like anything that my mom would do, she would say that's bad, like why would you do it like this. She would never see anything that my mom does as good. Even now, she'll come over to our house and

she'll say you didn't do this and she won't recognize the things that she did do. She's always emphasizing the negatives.

A couple of participants indicated that their mothers were a source of support while the rest of the female participants did not feel connected with their mothers. Preet made it clear that her mother has never been a source of support for her when she described their relationship, "Even as a grandparent she's not there in my life, she didn't tell me that my dad was dying, she didn't phone me, I've seen her once in 15-16 years." Similarly, Navi noted that she felt her mother loved her less than her sisters, "My mom is really traditional, while growing up, I actually always thought that she loved my sisters more than me."

In general, the participants indicated that their family relationships were not very positive, and were sources of stress. The participants felt that these negative relationships with their family members were not helpful in their experience of depression. Aman's short description of how her mother's in-laws treated her mother when she was depressed sums it up, "like my grandparents thought she was lying, she's not really depressed she's just lazy."

Socio-Cultural Influences

On a societal level beyond the family, the South Asian Canadian participants identified other socio-cultural factors that were influential during the development and experience of depression. The South Asian Canadian participants identified three major areas of influence, which were the South Asian community and culture, gender, and potential romantic relationships.

South Asian Community and Culture

The South Asian Canadian participants all agreed that the South Asian community and culture played a role in their experiences of depression. The influence was closely related to that of the family, with cultural expectations on how to live one's life, how to behave, and the importance of image. The community and culture prompted similar messages that were communicated by the family, Sonia noted how the culture had the same script for life, "that's the picture our community builds. You know you get the kids married, they have the kids, you raise a family, you're done for life." In addition, Sonia stated that these expectations are stressful and make it hard for people to enjoy their lives:

Like I said over 90% of people are not living their life, they're going through day to day living. Like some people eat to live and some people live to eat. Same thing, these people are getting all these accessories and keep on paying for them for the rest of their lives. You know build a big house, keep paying for it and being stressed, and depressed. Oh my god I have this many payments. They don't realize it, that you don't have to do that.

Gary noted that the culture does not really promote communication and openness to discuss controversial issues like dating:

I think for him there probably wasn't a big impact from the community or culture besides that he didn't tell his parents that he was going out with someone. That could have been the only influence. Keeping it private is more of what South Asian kids do.

Similarly, Aman talked about her observations about the lack of communication in families, "And then, especially, I don't know what it is about Indian families, they don't like talking about things." Some of the participants noted the influence that the culture had on gender roles. Aman commented on the messages that she has noticed about how husbands and wives should behave:

I think a huge part of it was that fact that wives don't talk back to their husbands, that is a major issue in our community, like you don't talk against the man of the house... That's what it is, they're taught that if your husband has something to say, you just go along with it.

Gary shared his own observations about the cultural norms around South Asian men and alcohol, and the influence it has on their image in the community:

I don't know, just like when you grow up you kind of see that most of the men do drink in the Indo Canadian community and then you see the ones that can handle it and others who abuse it. Some of them get sick and have to go to the hospital and some of them are abusive to the family. And I guess it kind of clumps into one, either you've been to the hospital or you're that abusive father. It kind of clumps into one, so you're feeling like you're in that family with the abusive father. Even if he was or not, you just feel like crap I'm part of the family that has the drunk father and people think that he's not a good father.

Navi indicated that she believed that expectations around image from the community were powerful factors in her experience with depression, "I think the

whole depression thing was due to that whole South Asian community because we think about others way too much over ourselves."

The influence and expectations from the South Asian community and culture were wide ranging; participants acknowledged that the community and culture played a similar role to the family in their experiences of depression. Sonia and Navi both described the role they felt the community and culture had on their experiences. Sonia stated, "Whatever I experienced, there is no positive role they had in who I am today. In making me feel worse, yes they had 100% input." Similarly, Navi felt that the community and culture had a major role in her experiences of depression:

So, the whole thing was due to me being Indo-Canadian, if I was anybody else I don't think I would go through this. We like to keep our problems to ourselves, within ourselves, which just eats you alive after some time.

The Role of Gender

The participants indicated that gender was a prominent factor in their daily experiences and their experiences of depression. They believed there is a noticeable difference in how men and women are treated and perceived in the South Asian community. The participants indicated two gender related areas of gender expectations and the South Asian Canadian women's role.

Gender Expectations

The South Asian Canadian participants acknowledged that women are expected to live up to different and higher expectations than men. They indicated

that men had more freedom, received greater respect and appreciation than the women did in the community, and had less stringent expectations of them. The disparity between how the two genders are treated begins from when they are born. Gary touched on this default lower status for women even as babies:

Just when you hear stories, about people feeling bad when a baby is born and it's a girl. That just felt disgusting to me. I mean it's a baby, it's something special, it doesn't matter if it's a boy or a girl. So, like that kind of aspect, not all people are like that, but it sticks out.

Navi shared her own experience of not being wanted by her family because she was the fourth daughter:

And then my grandma told me the story of my birth, about how they were crying and how they put me away. No one was picking me up after I was born. I was put on a separate thing, crying on my own.

Sonia commented on the responsibilities that women are expected to complete on a daily basis:

I think it's in our community, they think it's all the ladies job. Indian mentality is still stuck in their heads, like the men think we just have a job outside. So, coming home he's got nothing to do with the house, it's all my wife or mom's job. She has to look after everything from groceries to raising kids no matter how or what she goes through in a day.

Gary provided some insight into some of the expectations faced by men to be strong all the time:

I just think a lot of males in general probably don't feel comfortable, like they got to keep that macho man kind of approach. I think by keeping it in it adds to the suppression. So I was just like, like maybe you need to speak out sometimes, guy or not, you are allowed to be weak when you want to be, you are allowed to be strong when you want to be. You don't need to put on this like façade for society, and I think that really helps too when you can come to that realization with yourself and with others.

Preet touched on all issues around expectations and felt strongly about how women are devalued in the South Asian community:

Just little things, where a woman has to stay home, cook, and clean, earn money, where the guys have a different sense of freedom. I just feel that the boys are raised so much differently than the girls, it's such a difference between men and women. It just feels like they don't value women the same way, it bothers me because it should be equal. There's totally different standards for men and women in life.

Preet also provided an interesting explanation for all the support that families do offer their daughters:

Even education, they encourage their daughters to be educated but for what, so she can be a better catch for the man. Not to be able to be independent, still it's about the marriage, what she can bring to the in-laws, to the husband, to the family. It's not about raising her own self esteem or giving her independence or her own financial means or all of those things, it's still about okay you'll make somebody a good wife.

Aman noticed something similar to Preet in how there were different expectations for herself and her brothers:

With her, that's a major thing to, like the girls are supposed to know so much when they get married and I get mad because I'm like what about my brothers, they don't even know how to clean their rooms, so their wives are going to do that for them. That's the thing that frustrates me so much about our community, they are always like the girl should be doing this.

The differing expectations, treatment, and lower status of women is something that the participants have experienced in the community. Pria noticed the lack of appreciation for women:

There's such a big difference between how they treat boys and girls and how they don't want girls because they think girls are bad. But if you think about it, girls are the ones that do the most for their family.

Sonia shared her own take on the lack of appreciation for women when compared to men:

Most cases that's how it is, that we're not appreciated. They say everybody's equal, man and woman. They can be equal, two jobs to make a bigger house payment but they're not equal when it comes to respect. The main thing is respect, the respect is not there.

All the female South Asian Canadian participants acknowledged that the different treatment and expectations of women were highly influential in their

lives and their experiences of depression. Even the male participant indicated that biases exist between men and women.

South Asian Canadian Women's Role

The female South Asian Canadian participants have all experienced and received a number of messages around how they are to behave in their various roles. The participants mentioned certain related expectations that included pleasing others, passiveness, avoiding conflict, and obligation to their families.

Sonia touched on what she felt her role was in her in-laws' house:

Yeah, more like caregiver. That's what I feel some days, more like a nanny, more like a maid. Someone, who can make their son happy, who can have kids with him, and who can meet all their other requirements as well.

Preet described the passiveness that her mother exhibited and how she despised it:

My mom was really submissive and I totally didn't want to be anything like her even though I didn't like my dad I still identified more with him than my mom just because he had more charisma, he had more personality. My mom was like void of everything.

The tendency to please others was something that Pria mentioned as something she feels she needs to do:

That's why I feel like I have to do so much, I have to please different people. With his grandma, I have to massage her back and legs because

she's older, so I do it and I talk to her. If I do that, his aunts will come and be like will you do us too.

Aman discussed her mother's tendency to avoid conflicts at all costs:

Yesterday my dad was getting mad at my brother and my mom started defending him all of a sudden and my dad was like you know what he did was bad, why are you defending him and she was like I don't like the fighting. It's not like we were really fighting but she just doesn't like people being mad at each other. She just always has to have it where everyone is happy with each other.

Some of the female South Asian Canadian participants indicated having a feeling of responsibility to their families. This involved prioritizing the needs of the family and significant others over their own needs. The participants mentioned that the idea of putting others first had a negative effect on their own mental health. Aman and Navi discussed their experiences with this others' first mentality:

So I think that's what it is, she doesn't always take care of herself because she's always worried about taking care of other people. She's always making sure everything is done like this morning she had my lunch set up for me, even though I usually do it myself but I slept in a little so she did it. She just always has everyone else on her mind other than herself.

Yes, really not thinking about what I wanted. I don't even think for one day that I thought of what I wanted to do. I think I was thinking way too much

about my family and everybody, but I didn't think about myself and that is where I think I let myself go. That is when the whole thing just caught me.

The female participants noted that most of the messages around what it means to be a South Asian woman portrayed a passive, submissive, and obedient person who had to prioritize the needs of others over her own. The participants agreed that they did not value many of these qualities, and they believed that these roles made it difficult for them to take care of themselves and engage in activities that promoted self care.

Potential Romantic Relationships

Romantic relationships are a controversial social topic among South Asians because the community and many families have strong expectations and rules around romantic relationships. The South Asian Canadian participants indicated that romantic relationships including marriage were controversial topics in their families. The participants believed that many of their views, expectations, and experiences with romantic relationships were incongruent with their families' views. Arranged marriages were a controversial issue for participants and highlighted the incongruence between participants and their families. Sonia detailed her thoughts about what happened with her arranged marriage, "They [parents] didn't think what I would go through being married to this person in life or what I'm missing out on in life. They just did it and I didn't know any better to say no." She talked about not really having a choice or having the opportunity to discuss the decision with her parents. Aman

talked about trying to get her parents to understand that she intends to marry someone of her own choice:

They just have that mentality where they're like I don't want you to have a boyfriend, but we've talked to our parents and we've said we're not going to get an arranged marriage, you do understand we are going to find our own person kind of thing and they just go, we'll see.

The parents' expectations that they will be making the decisions has touched Navi closely as she is currently dating someone against her parent's wishes:

If I were to say that I want to go get married to somebody of my own choice, they would have problems because according to them it should be them finding someone for me. It should be them looking out for me.

She explained that this has been an extremely difficult issue and the decisions she makes will have major ramifications on her life. These messages around romantic relationships were communicated at an early age for some of the participants. Aman recalled an incident as a child where she was prohibited from interacting with boys:

Well I remember when I was younger I was playing outside with guys down the street and like there were other girls too but my grandma came up to me and she's like I better not see you playing with guys ever again, or else your uncles are going to kill you. And back then, I was just like ok I won't and like now it's different but my parents still have that mentality

where girls should be hanging out with girls and guys should be hanging out with guys.

In general, the majority of participants believed that their families were not completely supportive of their decisions or desires regarding romantic relationships. The majority of the participants indicated that romantic relationships were a source of turmoil and stress in their families.

Psychological Impact

The experiences that the South Asian Canadian participants have had with depression have directly affected these participants on an individual level. The participants' indicated that they experienced isolation, judgement, but also positive personal growth by going through their experiences with depression.

Isolation

The feelings of being alone and not being supported were universal experiences among the South Asian Canadian participants. Preet described her longing to be supported by her family:

I wish I had my family there to help, just to have that support. It could be okay or maybe I could have you know a grandma come over make a meal and hang out with the kids.

The sense of feeling alone is something that many of the participants experienced, and Navi summed it up, "I kind of felt alone when I was going

through my depression." In addition, participants mentioned a lack of support as a part of their experience, and Navi articulated this in reference to her family:

That I'm not being loved. The love that I want from them, the understanding that I want from them, the compassion that I want from them, I'm not getting it. The support and everything you want from a family, like I'm not getting the whole thing.

All the participants described the sense of isolation, and they perceived it as being detrimental in their efforts to overcome their struggles with depression.

Judgement

The majority of the participants acknowledged feeling ostracized, judged, and blamed by others. They indicated that this judgement generally came from their own families, medical professionals, and sometimes friends. In Sonia's case, others blamed her for staying with her husband:

Other than that like in the house or people I talked to, they used to listen and then make fun of it. They think I'm stupid, like you know why did you go through it if you knew he was like that [disabled].

Pria indicated that the judgement from others has pushed her away from those people:

I think it's better to talk to strangers, they don't know you; they don't judge you, so it's just easier to get open. I just find it easier talking to someone else, rather than your friends and your family because they

are just always judging you or they think they are giving you the right advice. I just don't trust them. So trust is a big issue for me.

Aman talked about how others made judgements about her mother not really experiencing depression but just using it as an excuse:

I think it was hard for her because people didn't believe her, like you're not depressed, you're just lazy and you don't want to do anything, that's your excuse. I think it was more my grandma, she wouldn't say it straight to her face like you're lazy, but she would be like get up and do this why are you laying down, you're laying down for no reason.

The participants in the study indicated that the continued judgement by others was mentally draining and in many cases exacerbated the effects of depression.

Personal Growth

The South Asian Canadian participants indicated that they noticed some positive personal growth that occurred by going through their experiences with depression. They talked about developing their environments in a manner that they could exercise greater autonomy, and develop their identities. Preet mentioned her discovery of an inner drive towards independence:

Yeah, I often wonder because I think I grew up with a pretty different philosophy, not different, but I think I came out of it with a certain strength that really propelled me to be independent.

Similarly, Navi talked about the growth that she has experienced and the importance of choice:

I have pretty much grown up in this country, my thinking has changed. My beliefs have changed a little bit. I value my choice now, before I would just value whatever my family would say and I would do whatever they would want me to do but now it has changed.

Identity development was a positive growth experience for many of the participants. Sonia mentioned being focused on developing her own identity, "I have to get out and have my own identity. I can't live with people asking me how I spent every last cent." Navi expressed how she has developed her sense of confidence as women, "Like before I never had that feeling of self-confidence and that has helped me grow up as a woman more than anything else, I have a confidence in myself that I never had before."

Even through the difficult experiences that these participants faced, they showed a resiliency that allowed them to grow as people. The participants indicated that the growth in their independence and their identities made them stronger people and helped them to persevere through their experiences with depression.

Coping Strategies

The coping strategies used by the South Asian Canadian participants provided important insights into how the participants dealt with their experiences of depression. In the interviews, participants identified several helpful coping

strategies that they used to combat depression. These included positive self talk, relationships, medications, alternative coping, self care, substance use, and religion. In addition, the participants shared advice for other South Asians dealing with depression.

Positive Self Talk

The study participants utilized positive self talk as a coping strategy to help them endure and recover from their experiences of depression. Specifically, the South Asian Canadian participants made efforts to reframe their situations in positive and neutral ways. They referred to being determined and motivated to persevere and improve their life situations. Sonia talked about not giving up, "So, it was very hard, like altogether it was hard but I'm stubborn, strong. So, I didn't think of giving up." The emphasis on reframing her situation and thinking about the positive things in her life is what helped Navi feel better:

I think that's the whole thing that got me out of depression, because eventually, I knew what it could do to me and how low I could feel and how low I could go. That's when I started to bring myself to think about the positive things that I have in my life and knowing that whatever I do, I would do and be ok. Not killing myself over it, if I like somebody, I like somebody, I shouldn't be blaming myself for that.

The participants talked about finding positive sources of motivation to overcome depression. Preet identified her children as one her sources of motivation to deal with her depression, "I'm feeling I have 2 young kids too and I

want to be more functional for them and happier and more even keel for them." All the participants identified positive self talk as a helpful coping strategy. They acknowledged having an understanding of how their perception of events and experiences can affect how they feel. Sonia summed it up:

There's always two ways of looking at things. You could focus on this rather than this, rather than being negative look at bigger picture what are you getting out of all that. If you give up your life for your kids, crying and being depressed doesn't do any good. You got to be happy because they look at you every day.

The participants indicated that they were determined to reframe their situations and find the motivation to improve their lives.

Relationships

The South Asian Canadian participants acknowledged that relationships with others were the most commonly used coping strategy. All the participants acknowledged having at least one positive relationship in their life that helped them during their experience of depression. The participants defined the general characteristics of the relationships as nonjudgmental, trusting, supportive, and safe or comfortable. These characteristics were important qualities that Pria received from her relationships with her colleagues:

I guess at work because people at work know my situation and they've been so supportive and they just get my mind off it. They support me so much, they'll be like do you need anything, if you need anything you come

to our house. When everything was happening, they offered their houses, they said you can sleep here, you can have our key. Yeah and I could trust them.

The important components Sonia valued in describing her relationship with her doctor were the nonjudgmental aspect of the relationship and having a safe environment to talk and be heard:

Then I used to go to my doctor, sit and talk with him, at least he's listening to me, he's not making choices, he's not deciding if I'm a good or bad person. I am what I am, no matter if I'm bad, I agree if I'm bad I'm bad. I'm not here to ask him, I'm here to get help, I'm here to have my expressions, and my feelings heard.

While the majority of participants expressed the positive aspects of relationships in coping, Preet mentioned her involvement in poor relationships with men as a coping mechanism. She said, "I see how dependent I have been on relationships and men, and I can see why." She described how she got involved in relationships as a way to fill a void she felt inside of herself:

So, I think relationships is one of the ways I coped and I think that is pretty common. Just trying to find the missing pieces and I've had that and seen that issue play out in my relationship and Berry said it too, it's like you have a void that can't be filled. No matter what it can't be filled and he's right and it's something for me that I need to do.

The participants indicated that supportive relationships with others were the most commonly used and helpful coping strategies. It was important for the

participants to have at least one person that they could talk to openly without fear of judgement, and who would listen to them. Sonia summed it up, "You got to have someone to listen, who listens to you without judging you."

Medications

The participants mentioned medications as another strategy that they used to cope with depression. They talked about their experiences with medications, mainly anti-depressants, what it was like to be on medications and whether there were any benefits from the medications. The participants generally described their experiences with the medications as somewhat helpful but with side effects and undesirable changes. Sonia discussed her inability to feel anything when she was on the anti-depressants:

I wasn't feeling any emotions anymore. I wasn't getting upset about things. My work people call it a happy pill. Like I drove to Burnaby like subconsciously you're doing things, it would make me numb. In the morning, I would get up, get ready, drop off the kids, make their lunches, day-to-day routines. For 7 years I did that, I still wasn't sleeping very good, I knew it but still I wasn't mentally disturbed anymore either.

The mixed results with medications were a common experience for the participants. Pria talked about the difficulty she had adhering to the doctor's prescription because of the side effects of the medication:

I only take them sometimes when I'm really depressed. He wanted me to take them every day, I did it for two weeks and then I couldn't do it

anymore because I don't know what the whole purpose of the pill is. It makes me calm and it does make me forget everything, but it makes me nauseous, it makes me sick.

The participants that utilized medications as a coping strategy discussed receiving some benefits from the medications alongside some unfavourable effects of the medications. All of the female participants acknowledged that medications alone were not enough to help them deal with depression.

Alternative Coping

The South Asian Canadian participants acknowledged utilizing several alternative coping strategies for depression including alternative health professionals, educating themselves, exercising, altering their diets, and engaging in self care. Sonia talked about some of the alternative methods she found helpful after getting off her medications, "So, I just completely stopped taking them and found other ways, going for massage therapy, some herbal things, and exercising." Similarly, Preet utilized some of the same strategies but she also worked with a mental health counsellor:

Seeing a counsellor, I like the counsellor that I'm seeing, he's really good and I feel comfortable. So that's good, I wish we had more visits and more time because I think they changed the structure on it. I want to make it more of a regular thing, I want to understand more and I just want to be healthier.

Interestingly, only a couple of the participants used a mental health professional like a counsellor or psychiatrist. The participants did try to educate themselves about depression. Preet seemed to be the most enthusiastic about education:

I read books from the library all the time, I'm always reading on the internet about depression especially lately because I find for me I'm pretty cyclical. I'm learning how my depression, how it is for me. So, I'm recognizing it more. So, I'm really just reading about it. I just want to know, I'm just curious.

A few of the participants indicated that self care and making time for themselves was an important part of their coping process. Self care involved making time to enjoy life by doing the things they enjoyed like participating in activities, travelling, and spending time with loved ones. Sonia and Preet found that self care activities were an important part of their coping process:

The main thing you have to be is happy. I learned over time, a few years now, I tried to make sure at least once a year I take my kids somewhere. Like we went to India, we went to Toronto, we went to Disneyland twice. I can't afford too much, so me and my kids and their dad go eat out. One of my days off, once a month we make sure that we go eat out even to White Spot, Red Robins wherever they like or sometimes to McDonalds. So, just spending the time together you know and it's helped me a lot.

It needs to happen, it's like happy wife happy life, happy parents happy family. I think Berry is seeing more of it too and we're really making an effort to have time together too and to have time away from the kids. So, we're in a good routine now that the kids go to bed at 7:00pm, we're like god that's nice we can have some downtime in the evening and just relax.

In general, the majority of participants acknowledged that alternative coping strategies were not commonly used in coping with depression. The participants that did make an effort to utilize the strategies somewhat regularly found them to be helpful.

Substance Use

The one harmful coping strategy mentioned by the South Asian Canadian participants was the use of substances like alcohol, drugs, and cigarettes. While substance use was an uncommon coping strategy, it was mentioned by a few of the participants. Preet discussed her use of Marijuana as a coping mechanism:

I do smoke pot and I wouldn't tell anybody at work that I smoke pot but I can see more now that was a really big coping mechanism, it was one of my coping behaviours. I've been smoking pot since I was 16. I did quit for quite a few years but then I'd go back to it. I see it now as more of coping thing rather than something I enjoy doing, I see more that it was my coping thing. Even now when I get stressed, I want to go lock myself

in the bathroom and go have a couple of puffs and then I'm fine. So, it's still my coping mechanism.

Pria talked about using substances to numb her pain and escape, "I just turn to drugs where I would be by myself and I would grab a bottle and I would sit there and drink, try ecstasy and then just try and overdose." Gary shared his sense of disbelief at what was required to prevent the use of alcohol as a coping mechanism for the men in his family:

I remember the first thing that just kind of hits me in the head is when we went over to the house, the first thing you had to do was like put alcohol bottles away to stop any man that just wanted to drown themselves in alcohol. So, that kind of hit home too like this is what its come to? Is that what people have to do, drown themselves like that?

A few of the participants acknowledged that the use of substances was a strategy that they used to cope with depression.

Religion

A couple of the South Asian Canadian participants mentioned that religion and prayer were used as coping strategies. The participants that did utilize religion had different experiences and results in terms of effectiveness. Aman mentioned how her mom's focus on religion helped her overcome her experience of depression, "But now it's a lot better and my mom says it's because of that faith in God." The positive experience that Aman discussed is in direct contrast with Navi's own experience of utilizing religion as a coping strategy:

I would be sitting in the temple but not really listening to anything that Babaji [priest] was reading. Depression is in your head right, its whatever thoughts that are going on and on in your head again and again. So if you're sitting in a temple, it doesn't matter how long you are sitting there, you aren't really listening to anything, you are going through your thoughts again and again. It just doesn't help.

A couple of the participants used religion and they reported having mixed results with it as a coping strategy.

Advice to Others

The South Asian Canadian participants indicated that they wanted to share what they had learned through their experiences with other South Asians facing similar situations. The participants shared the advice that they would give to others and it focused on exercising autonomy, asking for help and information, and maintaining a positive focus. Developing one's independence and exercising choice were important suggestions that Preet emphasized to South Asian women:

Well, I don't know what kind of advice I would give to families. I guess the focus for me is the woman, I always tell women to get out. I don't know I guess when I talk to a lot of the women and they tell me their issues, a part of me doesn't have a lot of patience because I know the women have these choices.

The participants expressed the need to remove the taboo from depression and mental health. They articulated the significance of being able to ask for help without feeling ashamed. Aman summed it up:

Like who cares if you're walking into some clinic to get information about it. People need to let go of that part, it's a health issue, you got to deal with it. It could be detrimental to the person you love, so wouldn't you rather want to fix it than brush it off? I think that's the main thing, they need to acknowledge that it's there and be willing to help that person.

The last major area that a couple of the participants focused on was maintaining a positive focus. Sonia emphasized that others should focus on the positives and expand on them, "rather than thinking negative things in your life look at the positives. Look at the positive things and try to make it better." The overall message from the participants to other South Asians suffering from depression was to take the steps to seek help.

Conclusion

The study examined the experiences of depression from a South Asian Canadian perspective. The participants provided detailed descriptions of what the experiences of depression looked like for them in terms of the symptoms, influential events, and the lifestyle changes. The participants provided descriptions that highlighted the perceived roles of the South Asian family, the South Asian community and culture, and social issues including gender. Furthermore, they described the isolation, judgement, and personal growth that

they experienced during their challenge to overcome depression. The study highlighted the coping methods used by the participants, which included positive self talk, relationships, alternative coping, substance use, and religion. Finally, the participants shared their opinions about the advice they would give to other South Asians experiencing depression.

Chapter 5: Discussion

Depression is a serious mental health issue that touches the lives of many Canadians, including South Asian Canadians. The current study provided South Asian Canadians an opportunity to share their experiences of depression. The goal of the research was to raise the awareness of depression by exploring the experiences of depression, the influence of socio-cultural factors, and the strategies used for coping. The results of this study can help to bring some awareness to the socio-cultural context surrounding depression among South Asian Canadians. The study may assist mental health professionals in increasing their cultural sensitivity when working with South Asian Canadians, which may help to provide a quality of care for those dealing with depression.

Importance of the Study

The emphasis of the current study was to expand on the research literature examining the South Asian Canadian experience of depression. A Canadian perspective expands on the research done in other Western nations since each country has their own unique policies, perspectives, and programs for minorities, which affects the minority experience. The participants of the research study were South Asian Canadians' with a Sikh background, a particular group of South Asians making the results quite specific. The semi-structured interviews provided participants an opportunity to share their experiences of depression and

their understanding of the socio-cultural factors that were influential during these experiences. Several themes were prominent throughout the research findings; these included the importance of relationships, disconnections within the family and culture, and gender issues.

In this study, I used a qualitative approach to explore the socio-cultural context surrounding the South Asian Canadian experience of depression. The findings suggested that depression had a significant effect on the lives of its South Asian Canadian participants. The theme of relationships was pervasive throughout the research, and the participants' identified relationships as being influential during their experiences with depression. The participants believed relationships had both negative and positive influences. Relationships that were dysfunctional, disconnected, and negative played an important role in the development and the experience of depression. Several of the participants described having poor relationships with their family members or significant others, which resulted in added stress and mental turmoil. This is consistent with a study done with international female students attending a Canadian university; the results suggested that the status of significant relationships affected the participants' ability to deal with stress, their general mood, and their psychological well-being (Popadiuk, 2008). The expectations from the community and the families around appropriate romantic relationships proved to be another area that caused conflict in the lives of the participants. The most common and effective coping method used by the participants was forming at least one

positive relationship that was perceived as safe and nonjudgmental. These findings highlight the importance of positive social support and the benefits of seeking out positive relationships. The results are in agreement with relational-cultural theory, which suggests that healing takes place in relationships that promote togetherness, empathy, growth, and empowerment (Comstock et al., 2008; West, 2005). Social support is an area that all health professionals can promote by helping South Asian Canadians acquire the skills needed to develop their support networks. These findings seem to suggest that therapeutic relationships or similar relationships are an important coping strategy and component of treatment plans addressing depression.

The findings identified several socio-cultural factors that had an influence on the development and experience of depression. The findings indicated that the South Asian Canadian participants felt disconnected from their families and the culture because of the various expectations and roles expected of them. This sense of imbalance between the South Asian culture and the Canadian culture and resulting cultural conflict was a significant factor in the development and experience of depression (Nayar & Sandhu, 2006). Specifically, a lack of autonomy and ability to take part in various life events was pervasive throughout the participants' discussions of their experiences. The participants' described experiencing a sense of personal growth and it centred on exercising autonomy and developing their identities. The expression of autonomy is related to the developing hybrid cultural identities of the participants, as the participants incorporated features of the Canadian culture the resulting hybrid culture creates

a context and atmosphere more conducive to exercising autonomy (Frie, 2008; Kalra, Kaur, & Hutnyk, 2005). Autonomy is a complex topic with a variety of meanings; the western view puts an emphasis on independence and individual choice whereas relational autonomy is concerned with social relationships and interdependence (Frie). It appears that the participants in the study were moving towards integrating pieces of both concepts. A participant in the study, Sonia, summed up her experience of the process:

It is my responsibility because it's my family but it's not my job to do it. I can do it if I want to do it, if today they were to tell me the same things they did in the past, I would say if I want to do it I will happily do it. But, if I don't want to do it, I don't have to do it.

The results of the study suggested that gender played a role in the South Asian Canadian participants' experience of depression. Five female participants and one male participant were interviewed for this study. All the participants indicated that South Asian women were given a lower status when compared to their male counterparts. Issues of equality for women are prevalent in many cultures and societies but due to various cultural traditions that subordinate and restrict women, there is a unique South Asian aspect to the issue of inequality that seems to follow some South Asians when they immigrate to new countries (Das & Kemp, 1997). The South Asian Canadian participants mentioned some of the cultural messages they received, these included the disappointment of the birth of a baby girl, expectations surrounding arranged marriages, the burden of maintaining the family image, and living with in-laws. These cultural aspects are

just a sample of what South Asian women have to worry about in their daily lives. The findings of the study identified the intersection of gender and culture issues as important factors in the participants' experience of depression.

Comparison of Findings with Existing Literature

The current research study with South Asian Canadians confirms many past research findings and expands upon some of them in the area of depression. The areas of comparison include experience of depression, influence of the South Asian family, socio-cultural factors, and coping strategies. There are areas in the current research that differed from the research literature, these included symptoms of depression, disclosure of psychological experiences, personal growth, and coping strategies.

Experience of Depression

The results of the current study found that the participants described various symptoms of depression with the most common being sadness, changes in sleep, loss of interest and pleasure, lack of motivation, lack of energy, and negative outlook. Some past research studies in the United Kingdom have emphasized that South Asians experience and express somatic symptoms of depression more readily than the majority population of the United Kingdom, but that was not the case with these South Asian Canadian participants (Bhui et al., 2002; Fenton & Sadiq-Sangster, 1996; Hussain & Cochrane, 2002). In one study, South Asian women from Northern England discussed a reluctance to share their

psychological experiences with health professionals because they perceived a lack of interest in these experiences (Burr & Chapman, 2004). The participants of the current study did not have any concerns with sharing their psychological distress. This may be attributable to several factors, which include anonymity, the participants' acculturation levels, research interviewer versus health professional, and level of comfort with an interviewer from a similar background. The participants' openness to psychological disclosure allowed the current research study to extend the understanding of depression beyond the symptoms and incorporate the participants' understanding of the influence of traumatic events and negative relationships on the development and experience of depression. In addition, the findings demonstrated how depression affected the daily lives of the participants.

Balancing South Asian and Canadian Values

The research literature with South Asians indicated that the family plays an important role in their mental health (Das & Kemp, 1997; Durvasula & Mylvaganam, 1994). The idea of cultural conflict in South Asian families is prominent in the literature and in the experiences of the South Asian Canadian participants, it refers to the difficulties that arise from differences in language, religion, and cultural values (Gupta et al., 2007). A study of second generation South Asian British women indicated that they felt that they had a lack of control over their lives because of parental restrictions (Gupta et al.). They discussed having restrictions on their lifestyle and not having the opportunity to make

decisions (Gupta et al.). Similarly, South Asian Americans expressed similar desires for autonomy and control over their life goals (Durvasula & Mylvaganam; Gupta et al.). A related concern to autonomy is the idea of privacy, which is considered a familial manner as opposed to a personal manner in South Asian families (Das & Kemp). This perceived lack of personal privacy is a potential source of conflict for South Asian children growing up (Das & Kemp). The current study confirmed the results from these previous research studies. The South Asian Canadian participants discussed the balancing act between South Asian values that stressed adherence to the family hierarchy and Canadian values that put greater emphasis individual decisions and freedom. The participants indicated having limited freedom to make individual decisions, which prevented them from experiencing various life events. Preet explained what it meant for her to have limited freedom:

In my experience with my dad at home, I couldn't go to my friends, I couldn't go to the movies, I couldn't have the freedom to have a regular social life and hangout with people from school, let alone go on trips.

Family Expectations

The findings of this study with the South Asian Canadian participants indicated that there were implicit and explicit family expectations regarding life goals, general behaviour, and intimate relationships. These findings are consistent with the research literature. South Asians are expected to marry a person that is chosen by their parents, and dating is not encouraged by the

family (Durvasula & Mylvaganam, 1994). Marriage is viewed as the primary goal of life for South Asians, especially South Asian women, a finding that emerged with the South Asian Canadian participants in this current study (Gupta et al., 2007). South Asian women are expected to learn household tasks in preparation for marriage (Das & Kemp, 1997). The majority of the family expectations are placed on South Asian women as opposed to men, which is what was found in the current study (Das & Kemp). In general, the research literature suggested that the family expectations for South Asian women were to maintain traditional cultural and gendered values: to get married to an appropriate partner, to raise children, and to behave adequately for her husband and his family (Das & Kemp; Gupta et al.). This general set of guidelines for life goals and behaviour is consistent with the expectations that the South Asian Canadian participants experienced from their families. The participants indicated that in many cases the expectations from the family were incongruent with their own desires to spend time outside the house, cut their hair, and not be a homemaker. These were just some of the incongruent issues that led to mental distress and family conflicts.

Family Roles

The findings of this study outlined a predominantly patriarchal family structure where most of the power was distributed to the South Asian Canadian men of the family. The patriarchal family structure where the parents, especially the fathers, have the majority of the power is a common finding in the South Asian research literature (Das & Kemp, 1997; Durvasula & Mylvaganam, 1994;

Gupta et al., 2007). The participants in the current study indicated that as children they had little to no input in many decisions made in the family, and this power differential led to a disconnect from their families. The relationship disconnection involved a lack of interaction, trust, and respect between the participants and their families. The participants noted a tendency to rebel as a response to the disconnection, which is what Preet experienced:

So, I ran away from home, then I found out I was pregnant with the guy that I was seeing. I was like 16, so my sister from South America came down, took me in, and made me have an abortion, and she took me to South America to live with her.

Family Image

The South Asian Canadian participants identified family image as an important factor in determining how they behaved inside and outside of the family. Family image is similar to the family's "*izzat*", or family honour, which has a major influence on South Asian families and it takes precedence over the individual needs of family members (Chew-Graham et al., 2002). The participants indicated that their behaviours were influenced by how they might be perceived by others and by whether the behaviours would shame the family. The fear of bringing shame to others inhibited many forms of behaviour for South Asian women (Gilbert et al., 2004). The consequences for shaming the family or ruining the family image are extreme, such as being disowned by the family (Gilbert et al.). The South Asian Canadian participants received similar messages from their

parents and the community about the importance of family image and the consequences for damaging that image, which included experiencing rejection from the family.

Family Relationships

The findings of the current study identified three key relationships that had a significant influence on the South Asian Canadian participants and their experiences with depression. The relationships that were mentioned were with parents, in-laws, and husbands. The participants generally indicated having poor relationships with their fathers. Prior research has implied that relationship strain may exist between children and their fathers due to the power differential, which is what the participants of the current study suggested, but it has not been actively researched (Das & Kemp, 1997). In contrast, the closest relationships within the South Asian family are often between mothers and their children; this was generally true with the South Asian Canadian participants (Das & Kemp). The South Asian Canadian participants that were married within the South Asian community indicated having poor relationships with their in-laws and husbands. This finding is consistent with past research that has commonly identified marital conflict with in-laws and husbands as a factor affecting the mental health of South Asian women . (Anand & Cochrane, 2005; Gilbert et al., 2004; Hussain & Cochrane, 2004). The current study provided some details about the relationships and interactions between the participants and these family members.

South Asian Community and Culture

The South Asian Canadian participants believed that the South Asian community and culture communicated similar expectations as the family regarding various areas of life. The participants experienced cultural conflict regarding life goals, family image, and norms for behaviour. Cultural value conflicts occur when individuals adopt values that run counter to the traditional South Asian values in various areas, including dating and marriage, lifestyle, and interactions with others (Anand & Cochrane, 2005; Durvasula & Mylvaganam, 1994; Gupta et al., 2007). The restrictions and pressures placed on South Asians by the South Asian community are enforced through community policing, which involves members of the community monitoring the behaviour of individuals and reporting to the parents (Gupta et al.). The community policing, combined with the emphasis on family honour, made it difficult for South Asian women to engage in desired behaviours and to disclose their thoughts and feelings (Chew-Graham et al., 2002; Gupta et al.). Similarly, the South Asian Canadian participants believed that cultural expectations and maintaining the family's image had important implications for how they behaved and how much they disclosed to others. The overall sense from the participants was that the community and culture had a negative effect on their experiences with depression.

The Role of Gender

The findings of the current study identified gender as a prominent variable affecting the participants' daily experiences and their experiences with depression. The issue of gender is likely prominent in all cultures and societies, but there are unique issues that intersect with the South Asian culture. The South Asian Canadian participants indicated that from birth South Asian men are given a higher status and more respect than South Asian women. In some families, the birth of a baby girl is not welcomed and is mourned, whereas the birth of a baby boy is celebrated, which was experienced in varying degrees by a few of participants in the current study (Niaz, 2004; Niaz & Hassan, 2006). This devaluing of women may be related to South Asian traditions around marriage, specifically, women leaving their families to live with their husband's family; an issue also raised by the South Asian Canadian participants (Das & Kemp, 1997). The traditional belief is that sons carry the family into the future, whereas daughters are raised for other families (Das & Kemp). In many cases, daughters are seen as a burden on the family since their marriages can require large dowries or payments to the husband's family (Das & Kemp; Niaz; Niaz & Hassan). The female South Asian Canadian participants explained that even with their lower status, they had greater expectations placed on them from their families and the community. South Asian women are expected to carry the majority of the responsibility for raising children and taking care of the family (Das & Kemp). This obligation to the family comes with the burden of maintaining the family's image, which British South Asian women of Sikh, Hindu, and Muslim

backgrounds have expressed as being unequally placed on the women of the family (Chew-Graham et al., 2002; Gilbert et al., 2004). Similarly, the female participants in the current study indicated that the pressure of maintaining the family's image and their feeling of obligation to their families sometimes outweighed their own needs, which had a negative effect on their mental health.

The female South Asian Canadian participants shared the messages they received about their roles as South Asian Canadian women. They believed that the messages portrayed a passive and obedient woman. This finding was consistent with prior research that demonstrated South Asian women are expected to be selfless and reflect purity through adhering to traditional South Asian cultural norms and expectations that maintain the subordinate position of women socially and economically (Inman, 2006; Niaz & Hassan, 2006). A study with British South Asian women in the Derby area found that they felt subordination was used to control them and exacerbate the power differences between men and women, and between in-laws and women (Gilbert et al., 2004). They believed that the consequences of this subordination were mental health issues (Gilbert et al.). The South Asian Canadian participants provided support for the issue of subordination by describing behaviours, such as pleasing others, passiveness, and avoiding conflict that exemplified their subordinate position. All the female participants expressed a disconnection and reluctance to relate to the roles expected of South Asian women.

Potential Romantic Relationships

Romantic relationships were a controversial topic for the South Asian Canadian participants and a source of intergenerational conflict in their families (Nayar & Sandhu, 2006). The participants indicated that it was controversial because their views, expectations, and experiences were incongruent with the views of their families. They expressed a desire to engage in dating, interracial relationships, and choosing their own partner, all of which was not supported by their families. Similarly, the research literature has shown that South Asian parents believe that romantic relationships are their domain, and South Asian children should respect their decisions regarding marital partners (Das & Kemp, 1997; Durvasula & Mylvaganam, 1994; Gupta et al., 2007). Arranged marriages and unfavourable views around dating are the cultural norm among traditional South Asian families living in various countries (Das & Kemp; Durvasula & Mylvaganam; Gupta et al.). Romantic relationships, sex-role expectations, and arranged marriages are topics that often lead to conflicts between South Asian American parents and their children (Durvasula & Mylvaganam; Inman, 2006). The findings of the current study confirmed that numerous conflicts and stressors for the South Asian Canadian participants stemmed from the incongruent views on romantic relationships. The participants desired greater influence on decisions regarding romantic partners and marriage.

Psychological Impact

The findings of the current study identified isolation, judgement, and personal growth as experiences that affected the participants on an individual level. British South Asian women in Manchester indicated feeling an extreme sense of isolation that was due to the external pressures they endured (Chew-Graham et al., 2002). The external pressures from their family and the community to live up to expectations prevented them from confiding in their family, fostering a sense of isolation (Chew-Graham et al.). British South Asian adolescents attributed their sense of isolation to poor parental and social relationships (Husain et al., 2006). A review of the mental health status of British South Asian women found that young women dealing with mental distress mentioned judgement and alienation from others as contributing factors in their distress (Anand & Cochrane, 2005). While the current study confirmed the prior findings regarding isolation and judgement, it offered some new observations about the personal growth that can occur after going through depression and other mental health issues. The South Asian Canadian participants indicated experiencing personal growth from going through their experiences with depression in terms of being motivated to develop their hybrid identities and create an environment that allowed them to exercise greater autonomy (Frie, 2008; Kalra, Kaur, & Hutnyk, 2005).

Coping Strategies

The South Asian Canadian participants acknowledged using several coping strategies, including positive self talk, relationships, medications, alternative coping, self care, substance use, and religion. Past research identified that relationships and talking with others was helpful for South Asians (Anand & Cochrane, 2005; Hussain & Cochrane, 2003; Lawrence et al., 2006). The current study found that safe and nonjudgmental relationships were the most common coping mechanism used by participants, a finding that is supported by other research focusing on the importance of relational connectedness and mental health (Arthur & Popadiuk, 2009; Popadiuk, 2008). Another common coping method was positive self talk, which focused on reframing situations and developing a determination to persevere through experiences. Elder South Asian participants demonstrated a determination to engage in activities and embrace the challenge of overcoming depression (Lawrence et al.). The use of medications was mentioned by the South Asian Canadian participants and sporadically throughout the research literature (Hussain & Cochrane; Lawrence et al.). In both cases, the participants were not fully satisfied with medications in their efforts to overcome depression (Hussain & Cochrane; Lawrence et al.). The South Asian Canadian participants identified coping strategies that were not commonly mentioned in the reviewed research literature, which included substance use and alternative coping methods. In general, the prior research had not implicated substance use as a coping strategy for South Asian women, this may be related to a reluctance to share negative self-disclosures with relative

strangers (Evans & Wertheim, 2002). However, a few of the current study participants acknowledged using alcohol, drugs, and cigarettes as coping methods. It is unknown whether these differences were due to acculturation levels, age, or other factors. Alternative coping consisted of varying coping strategies including altering diets, exercising, obtaining education, engaging in self care, and utilizing various health professionals. Past research studies have suggested that South Asians are hesitant in seeking help from mental health professionals due to concerns of confidentiality and lack of cultural understanding (Anand & Cochrane; Dhillon & Ubhi, 2003; Gilbert et al., 2004;). The South Asian Canadian participants also underutilized mental health services, as only two participants accessed the services. While specific reasons were not expressed, they acknowledged having no awareness about mental health and the services available, outside of what their doctors' disclosed. In addition, the participants' indicated that there were family pressures to keep the mental health concerns within the family. Another interesting difference between the current research study and prior research is related to religion and prayer as a coping strategy. A study of coping strategies used by British South Asian women with Hindu, Muslim, and Sikh backgrounds suggested that religion and prayer were mentioned frequently as a coping strategies (Hussain & Cochrane, 2003). However, the majority of the current participants made relatively few references to religion or prayer as coping method, which may have been due to various factors including age, acculturation levels, or a lack of a religious affiliation.

Limitations of the Study

The research with the South Asian Canadian participants provided useful observations into the socio-cultural factors involved in the South Asian Canadian experience of depression. However, the study did have some potential limitations related to the participant sample, acculturation and generation levels, the interview methodology, and the definition of depression. The recruitment of participants was as challenging as expected because of the stigma around mental health. A number of potential participants who contacted me about the study were not willing to share their stories on record, which led to a small sample size of six participants, which consisted of five females, and one male. Although, the small sample was a limitation in some respects, given the particular narrative methodology used there was not an emphasis on striving for saturation or generalizability, rather the focus was to expand on the limited knowledge by allowing participants to share their experiences and knowledge with the researcher (Andrews et al., 2008; Marshall & Long, 2010; Riessman, 2008). In a review of the literature, I found only three studies exploring the issue of depression and South Asian Canadians (Abouguendia & Noels, 2001; Lai & Surood, 2008; Samuel, 2009). Therefore, this research was exploratory in nature and examined an area with limited prior research in Canada. The single male participant made it difficult to explore the experiences of depression with South Asian Canadian men, but the lack of male participants is common among studies with South Asians (Bhui, Chandran, & Sathyamoorthy, 2002; Dhillon & Ubhi, 2003). Additionally, no intention was made to examine the experiences of a

particular gender, and in fact, the male participant supported the women's narratives of gender inequality in South Asian Canadian families. The participants had been in Canada for at least 10 years and spoke English, however, acculturation levels still varied among the participants. Similarly, participants were not screened for generation levels. It is likely that the first generation participants who immigrated to Canada in their teens and twenties had greater challenges adjusting to their newly adopted environment, the new language, and the potential discrimination from others. The second generation participants born in Canada faced a different set of challenges in trying to deal with and navigate the demands of two different cultures and the potential cultural conflict (Frie, 2008). These potential family and relationship conflicts can make the transition to adulthood a difficult process with greater psychosocial challenges for these participants (Young et al, 2008). These acculturation and generational issues may have contributed to the relationship conflicts, negative feelings, and other issues that the participants' discussed in the study.

Another potential limitation of the study was the use of a single data source, semi-structured interviews. The use of interviews limits the data to self reports on experience, which inherently involves the interviewee choosing what is disclosed. There was no utilization of data outside the individual on a societal level, which may have included messages from the media, outside individuals, written sources, and observations. If time had permitted, these sources may have helped to build a holistic understanding of the South Asian Canadian experience of depression. However, the most important goal of this exploratory research

study was to explore the South Asian Canadian stories and experiences of depression, which was best accomplished using semi-structured interviews.

The use of an open-ended definition of depression was another potential limitation of the study. In the study, participants defined depression in their own terms based on their observations and experiences. The reasoning behind this decision was to ensure that the study was not limited to only those individuals that met a clinical classification of depression or those who were diagnosed with depression, since this may have limited the number of potential participants. Furthermore, an open ended definition allowed participants' to share their subjective understanding and experience of depression. The use of an open ended definition meant that each of the participants might have been dealing with different types of depression, from relatively mild cases to severe cases. This variation may have affected the participants' experiences of depression. The definition of depression used in this study was supported by the fact that five out of the six participants sought professional help and were treated for depression by a health professional. However, the focus of the study was on the contextual experiences that occurred during the experience of depression. In the end, the use of an open-ended definition for the current exploratory study proved to be appropriate for the current study despite the potential limitations.

Future Research

The current research study used a broad qualitative approach that generated a large amount information regarding the South Asian experience of

depression. Future research studies can explore the various topics generated from the research in detail to increase the holistic understanding of the South Asian Canadian experience of depression. The current research focused on several areas related to depression that require further research, which include family influences, socio-cultural influences, coping methods, and the general experience of depression. Specifically, the personal growth that the participants' indicated experiencing during and after their recovery from depression is an interesting area for further research. This finding was not mentioned in the prior research literature, but personal growth and positive changes have been reported to occur after the end of a long term romantic relationship among University students and after traumatic events (Calhoun & Tedeschi, 2004; Hebert & Popadiuk, 2008). This makes personal growth a topic to further develop in future research studies related to depression. Another area for future research would involve exploring the South Asian male perspective of depression since they are underrepresented in the research literature. As the depression research literature with South Asian Canadians develops, it will be helpful to do research with specific groups based on acculturation levels, religious background, and generational levels. South Asian Canadian seniors are a group that might have a difficult time adjusting to the Canadian society, which makes it important to explore mental health issues like depression with this population in future studies.

The current research focused on the South Asian Canadian experience of depression, but it might be helpful to get the perspective of mental health

professionals who work with these depressed individuals to expand the understanding of the experience. While the majority of the participants did go to their family doctors for their depression symptoms, there was still a reluctance to seek help from outsiders and mental health professionals. It is possible that family doctors are not informed or are hesitant to refer their patients to mental health professionals. The barriers to seeking help is another important topic that requires further exploration, in conjunction with the stigma surrounding the discussion of depression and mental health issues in the family and with others.

Implications for Counselling

The findings of the research study can provide mental health professionals with relevant knowledge regarding depressed South Asian Canadians. By increasing the cultural sensitivity of mental health professionals, the research findings have the potential to improve the effectiveness of treatments. Mental health professionals would benefit from becoming familiar with the influential socio-cultural factors and family factors highlighted by participants in their experiences with depression. It is important to note that the results of the study should not be used to stereotype or make negative assumptions towards individuals, but rather be used as a guide to work with South Asian clients and to promote discussions of the socio-cultural context. The increased cultural sensitivity would allow mental health professionals to understand the contextual factors that are a part of the South Asian Canadian experience of depression. Specifically, it is important to increase the understanding of the important roles

that the family and the culture have on the lives of individuals, which makes it difficult for them to simply exercise their autonomy and leave negative situations. The research findings point to the balancing act and the process of hybridity that South Asian Canadians endure between South Asian cultural values and Canadian cultural values in forming their hybrid cultures (Kalra, Kaur, & Hutnyk, 2005). In general, the research findings underline the social, family, and cultural contexts that are a part of a South Asian Canadian's environment. By acknowledging and being sensitive to these contextual factors, therapeutic relationships and treatments may achieve greater congruence with these contexts.

The South Asian Canadian participants indicated that the most commonly used coping method was relationships. The participants acknowledged that the most helpful relationships had two important qualities: they allowed the participants to feel that others were not judging them, and they could openly express themselves. These findings are important for mental health since the creation of a nonjudgmental and safe therapeutic relationship is one of the goals of mental health treatment, especially, since it has been suggested that the relationship between the therapist and the client is the main determining factor of the efficacy of the therapy (Antoniou & Blom, 2006). Mental health professionals have the ability to offer South Asian Canadians experiencing depression beneficial coping methods and treatments. A number of the participants indicated an absence of positive and nonjudgmental relationships in their lives and this is an area in which mental health professionals can help provide positive

therapeutic relationships for those in need. A primary obstacle that mental health professionals must nevertheless overcome, is reaching South Asian Canadians through the stigma that surrounds depression and mental health within the South Asian community.

The South Asian Canadian participants referred to various factors that made it difficult to seek help, this included a lack of information, stigma around depression and mental health, and a fear of shaming the family. The research findings showed that the majority of participants eventually approached their family physicians and utilized them as a gateway for receiving formal help. They may play an important part in ensuring that the South Asian Canadians receive the appropriate information, treatments, and referrals regarding depression and mental health. The research findings suggest that it is important that family physicians and mental health professionals work together to ensure that the knowledge and resources are available to be shared with South Asian Canadians experiencing depression. Other methods for getting information out to South Asian Canadians may include having mental health professionals active in the South Asian media sources, such as magazines, newspapers, and talk shows. Additionally, temples and gurdwaras could provide mental health professionals with a venue to reach a large number of South Asian Canadians. The results of this study suggest that developing therapeutic relationships and focusing on increased cultural sensitivity are areas that can help mental health professionals provide quality care for South Asian Canadians suffering from depression.

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APPENDIX A: INFORMED CONSENT FORM

PARTICIPANT CONSENT FORM

South Asian Canadian Experiences of Depression

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Simon Fraser University and those conducting this study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of participants. This form and the information it contains are given to you for your own protection and to ensure your full understanding of the procedures, risks, and benefits described below.

Purpose of Research

I am conducting the research study to build on the limited knowledge that exists about the South Asian Canadian experience of depression and to gain an understanding of the socio-cultural factors that have an influence on the experience of depression.

Study Procedure

The study involves taking part in one semi-structured interview lasting approximately 60-90 minutes. Interviews will be conducted in a private meeting

room at Simon Fraser University or at a local public library, depending on your preference. At the beginning of the interview, the researcher will take note of your demographic information such as age, marital status, and living arrangements. The interview will focus on your personal experiences with depression and your perceptions about the socio-cultural factors that are influential during the experience of depression. All interviews will be audio-recorded. Once the interviews have been transcribed, you will have an opportunity to obtain a copy to ensure accuracy and to provide any additional feedback. The copy may be obtained in-person at SFU, via mail, or if consented via a password protected copy through email.

Confidentiality

Your personal identifying information collected in the course of the study will be used only for the purposes of this study, and will be kept confidential to the full extent permitted by law. To clarify, all information will be kept confidential unless information is reported that we are required by law to report to the appropriate authorities. We will assign each participant an identification number and only that number will be kept on all study materials. All study documents will be stored in a locked cabinet at the researcher's home and will only be accessed by the researcher and his supervisor. All computer-stored information will be password protected. All study documents will be destroyed five years after the study ends. When the results of this study are published, no identifying information will be used.

Limits to the Confidentiality Agreement

If at any point during the project you are judged to be a serious danger to yourself, another person or have disclosed information regarding the abuse or neglect of a child, information gathered during the study and related to this risk may be given to an appropriate professional.

Potential Risks

There is a risk that you might experience some emotional distress as a result of discussing your experience with depression. Should you experience any distress, we encourage you to discuss this with the researcher, as the researcher can help refer you to the appropriate mental health resources. Participation in this study is voluntary and you may decline to answer any questions or to withdraw from the study at any time. Declining to answer certain questions or withdrawing from the study will not have any consequences.

Potential Benefits

Participation in the study may help to provide important insights into the South Asian Canadian experience of depression which has the potential to inform and

help caregivers, health care workers and other South Asian Canadians in dealing with the experience of depression. Participation might also benefit you personally by providing you with a forum to discuss your experiences with depression and the influences of socio-cultural factors on your experiences.

Information about the Study or the Results of the Study

Should you have any questions about this study, or if you would like to receive a copy of the study results once complete, please contact Amarjit Grewal at amarjitg@sfu.ca.

Concerns about the Rights of Research Participants

If you have any questions, concerns or complaints about your treatment or rights as a research participant, you may contact:

Hal Weinberg, Director
Office of Research Ethics
Simon Fraser University
Burnaby, B.C. Canada
V5A 1S6
778 782 6593

Consent to Participate

Your participation in this research study is entirely voluntary. Please note that you may refuse to participate or withdraw from the study at any time without any consequences.

Your signature on this form will signify the following:

- you have received a copy of this consent form describing the procedures, possible risks and benefits of this research study
- you have been given an adequate opportunity to consider the information
- you voluntarily agree to participate in an interview

Please feel free to ask any questions relating to this study or your participation.

Participant signature

Date

Participant name (print)

Date

Witness/Investigator signature

Date

Witness/Investigator name (print)

Date

APPENDIX B: INTERVIEW PROTOCOL

Self Identified Depression

- 1) How are you feeling about being here?

- 2) Tell me a little about yourself and your sense of self growing up as a South Asian Canadian.

- 3) Tell me about your experience of depression as a person growing up in a South Asian culture?

- 4) Define depression from your own experience.

- 5) What sorts of things had an influence on the development and experience of depression? (Prompts: Family, Community and Culture)

- 6) Tell me about the sorts of things that you found helpful in dealing with your feelings of depression? (Prompts: Relational, Formal, Traditional, Religion, Coping Methods)

- 7) After going through this experience, what advice might you give to other South Asian people/families who are dealing with depression?

Interaction with Depressed South Asians

1. How are you feeling about being here?
2. Tell me a little about yourself and your sense of self growing up as a South Asian Canadian.
3. Tell me about your experience of interacting with the depressed South Asian family member or friend?
4. Define depression from your experiences with the family member or friend.
5. What sorts of things do you believe had an influence on the development and experience of depression for your South Asian family member or friend? (Prompts: Family, Community and Culture)
6. Tell me about the sorts of things that the family member/friend found helpful in dealing with their experience of depression? (Prompts: Relational, Formal, Traditional, Religion, Coping Methods)
7. What advice might you give to other South Asian people/families who are dealing with depression?