This study explores the psychological process that Vietnamese family members go through to adjust to the caregiving role for their relatives with dementia. Adopting constructivist grounded theory, 30 face-to-face, semi-structured interviews, including 10 follow-up interviews, were conducted with 20 Vietnamese primary family caregivers of relatives with dementia from the National Geriatric Hospital in Vietnam. The study results reveal that Vietnamese family caregivers held limited understanding of dementia. They used the mixed model combined both folk and biomedical approaches to make sense of dementia. They perceived dementia as a result of the aging process, or specific physical or psychological conditions, such as brain damage or depression. Family cohesion and responsibility are highly valued, leading to their decision to voluntarily undertake the role of primary caregiver, and to delay decisions to seek help outside the family, regardless of the multiple burdens they experience.

Most importantly, a new integrative theory that explains the psychological process through which Vietnam family caregivers go through as primary caregivers emerged from the data. The transactional model illustrates the core psychological adjustment process as an iterative cycle of four stages (Experience of the symptoms and hands-on caregiving activities; Acknowledgement of hardship and changes of the self in caregiving; Experiment with strategies for providing care to the relative and strategies for self-care; and Acceptance of the caregiving situation and role). Caregiver personal factors (demographic and relationship characteristics with care recipients; personal beliefs and commitments in caregiving; and personal history of caregiving and coping with past adversity) and structural factors (cultural values and norms; social support; and social pressure) interact with each other to impact their psychological adjustment process. By attending to the nexus of individual experiences, transactional processes, and cultural context, this research may provide an important new framework for examining transition into the caregiving role more generally. The specific results regarding the role of the ‘self’ in caregiving, acceptance, and post-trauma growths significantly contribute to the existing literature examining resilience and coping attributes of family caregivers. Not only do these results have implications for cross-cultural studies, they can also inform interventions development targeting resilience for diverse family caregivers in a broader context.