OXFORD JOURNAL
OF STUDENT
SCHOLARSHIP

From Social Exclusion to Inflammation: Cultural, Gendered, and Biological Dimensions of Acculturative Stress in Chinese Immigrant Female Populations

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ABSTRACT

Asian Americans are one of the fastest-growing populations in North America, doubling their population from approximately 11.9 million in 2000 to 24.8 million in 2023 in the United States alone (Krogstad & Im, 2025). Yet, a strong understanding of the issues that this population faces still needs to be developed. This review examines stigma around mental health that exists in Asian culture, how that produces isolating and suppressive behaviours that, coupled with a lack of language proficiency and unfamiliar cultural norms, manifest into a lack of help-seeking behaviours for Asian immigrants despite the relative abundance of mental health care. Significant sections of the discussion will focus on the gendered expectations and societal factors that affect Asian American women in China and continue to affect them in their subsequent immigration to Western countries, which create barriers to achieving a higher socioeconomic status. This, then, correlates with an exacerbation of women's existing vulnerabilities to mood disorders, such as inflammatory hormone fluctuation, differences in social and emotional cognition and possible predispositions to hyper-active HPA arousal, which predispose women to developing somatic symptoms: increased difficulty with daily functioning and inflammation. Discussion will also include potential mitigating factors such as social support and different methods of cultural adaptation.

INTRODUCTION

Asian North American women undergo two main intersections of hardship. Firstly, the immigrant experience: mental health disparities among immigrants with differing levels of acculturation are a significant issue, known to academics as ‘acculturative stress:’ when immigrants experience the strain from reconciling the culture of their origin with the host culture, and can include limited understanding of a new language, the pressures of acquiring a new language, perceived cultural incompatibilities, and cultural self-consciousness” (Sung et al, 2019). For Chinese immigrants, these challenges intersect with discrimination, isolation, and Confucian customs, which emphasize social harmony and resilience (Ivanhoe et al., 2005); therefore, acting as a barrier to seeking help and support.

Secondly, the gendered norms that restrict women's social and economic authority, starting in China, persist in migration. These conditioned values of domesticity restrict education, labour, and economic opportunities. These barriers remain in host countries and lower SES. In addition, women display specific vulnerabilities to depression as a result of hormonal fluctuations during menstruation, menopause, and puberty, deregulating stress response systems.

The struggles of these two populations meet to create a unique situation in which Asian North American Women are burdened with adapting to a new environment while being pressured into adhering to traditional and restrictive gender roles. And the combination of the two results in inflammation. Women, due to fluctuations in progesterone levels during development, disrupt the Hypothalamic-Pituitary-Adrenal (HPA) axis: the body's primary neuroendocrine stress system linking the brain to the adrenal glands via hormonal networks. This dysregulation results in impaired anti-inflammatory cortisol. Meanwhile, immigrants are susceptible to inflammation through Slavich and Irwin's social signal transduction theory. Where social exclusion, in this case, discrimination, triggers the body's stress response system, and upregulates inflammatory gene transcription.

Despite the gravity of many of the issues that Asian American women are facing, much of the existing research on their mental health focuses broadly on immigrant populations without accounting for culture-specific pressures. Among studies focusing on the prevalence of depression in women, few consider the effect of the unique cultural and social aspects when evaluating women's vulnerability towards mental illness. Furthermore, relatively few studies examine how acculturative stress manifests in poor physical health, and how these effects change or are mitigated in the context of gender. Because of this gap, the present paper on the dimensions of distress in Asian American women details the intersection of three main areas: immigrant acculturative stress, women's biological and social vulnerabilities, and the cultural stigma against help-seeking and how they combine to create a unique disadvantage that yields increased susceptibility to mental distress, which manifests into somatic symptoms and lower socioeconomic status (SES) among Asian immigrant women.

Indeed, Asian North American women live at the intersection of acculturative stress, cultural disparity, gendered barriers, and the innate vulnerability to mood fluctuations carried on from conditioned values into host cultures. This population's unique disadvantage creates a susceptibility to withdrawal and depressive symptoms, and can manifest as inflammation, lowered SES, and lower quality of life; however, a longer duration of stay, social support, and cultural adaptation can gradually mitigate these effects and promote improved well-being.

SECTION 1: PSYCHOLOGICAL VULNERABILITIES IN IMMIGRANTS

This first section examines the progression of immigration-related hardships of Asian North American women. It begins with collectivist cultural norms in China that emphasize restraint, which is internalized from an early age. Then, these conditioned beliefs persist during migration, creating cultural dissonance and a sense of isolation in host societies. This very isolation subsequently intensifies acculturative stress,

resulting in further isolation: a cyclical pattern of withdrawal. Finally, the section considers additional external factors that affect acculturative stress.

Stigma and the lack of health-seeking behaviours

In East Asian collectivist cultures and schools of thought that strongly emphasize social harmony and interdependence, discussion of mental illness is perceived as a flaw in upbringing and the family unit. Therefore, resulting in both public and self-imposed stigma that disincentivizes help-seeking behaviours to prevent jeopardizing their community (Zheng et al., 2022). A common phenomenon in Confucian beliefs, *filial piety,* perpetuates this (Ivanhoe et al., 2005). Filial piety refers to the idea of a strong social hierarchy: children should remain obedient, care for, and respect their parents, manifesting into an obligation to be self-controlled, achievement-oriented, and to suppress displays of emotional difficulties (Ivanhoe et al., 2005). In a New Zealand study on the use of on-campus counselling services in universities, approximately 12% of Chinese students in one New Zealand sample reported use of services despite 53% of participants reporting moderate to severe psychological distress (Atherton & Cornwall, 2022). In addition to this, there is the finding that in East Asian cultures, withholding emotional display altogether may be socially rewarded, likely shaping early socialization (Chung et al. 2018). This pattern is known as expressive suppression, where one consciously hides their emotions by inhibiting outward emotional displays (Gao et al., 2022). However, while this behaviour is rewarded in East Asian cultures, when migrating to a culture in North America that typically values self-assertion and expressive suppression, this suppression brings isolation and poorer mental health (Butler et al. 2003). Compiled together, certain aspects of East Asian collectivism result in a suppression of distress that cannot be mitigated because of a lack of help-seeking.

Stigma towards those with mental illness

This view of shame around distress creates fear around those with mental illnesses: the perceived failure to adhere to social standards instils a perception that one is unpredictable or lacks self-control. It is this framing that may explain findings of a significant population of Chinese college students who perceive those with mental illness as unpredictable or dangerous, sometimes implicitly thought to be socially contaminating (Li et al., 2024). Moreover, stigma exists within caregivers themselves, as nurses are likely to fear those with schizophrenia, despite being individuals who care for these patients on a day-to-day basis (Hao et al., 2025). In addition, people with low familiarity with mental illness are susceptible to misinformation about mental illness, and thus likely amplify perceived dangerousness (Yin et al., 2020). For immigrants, limited familiarity with mental illness is strengthened by social isolation and language barriers, in turn, solidifying perceptions of dangerousness toward mental illness. This further instils a fear of seeking help for the sake of their communities' and their own reputation (Atherton & Cornwall, 2022). Because of this, even in an environment that is more open and positive about mental health, Chinese immigrants carry with them a cautiousness for considering their distress as clinically significant because the moral attitudes around mental health, carried with them from their country of origin, remain, creating

a hostile climate for those who are unwell. This ultimately produces an environment in which psychological distress must be endured privately.

Isolation in a new nation

Moving beyond traditional cultural stigma, migration to a new country further discourages help-seeking. Due to new social norms, unfamiliar language, and leaving behind the social support in their country of origin, many Asian Americans develop a sense of social isolation in their host countries that renders them vulnerable to migrational stressors (Fradkin et al. 2014). In an evaluation of administrative records and prenatal screening of over two hundred thousand women in Manitoba, Canada, immigrant mothers reported higher social isolation than non-immigrants; With recent immigrants (those arriving in the last five years) having the highest odds of social isolation (Ewesesan et al., 2022). Suggesting that immigrants, particularly recent ones, have significant difficulties in gaining social support in their host countries; however, time spent in the new country will gradually facilitate the rebuilding of social networks and familiarity with cultural norms.

Although restrictive cultural beliefs make this gradual adaptation more difficult; children of foreign-born Asian families have fewer interpersonal relationship skills, evaluated by teachers and parents on a child's ease in joining play, ability to make and keep friends, and amount of positive interaction with peers, among other things (Huang et al., 2012); researchers have associated these populations with a higher chance of internalizing problems compared to U.S-born caucasian children, correlating with negative psychological outcomes. These patterns reflect a tendency to direct distress inward through withdrawal rather than outward expression, and could be a result of cultural differences. Specifically, Confucian ideals, which emphasize restraint and self-regulation, disincentivize behaviour that leads to developing interpersonal skills and compounding preexisting isolation. One raised with these values would benefit from displaying more reserved traits in their country of origin and would encounter a disparity between cultures in host countries that rely more heavily on outward sociability. Adding to this culture discrepancy, many Asian immigrants report feelings of loneliness stemming from host culture differences, limited English proficiency, and perceived discrimination (Fang et al, 2021). Given the stark differences in sensibilities between Eastern and Western cultures, in this regard, Asian American immigrants are especially unequipped for challenges that may preclude their awareness altogether.

Isolation and Acculturative Stress

Acculturative stress is the psychological, emotional, and physical strain experienced by individuals as they adapt to a new place, resulting from a conflict between one's heritage culture and host culture (Hahm et al., 2010). This becomes especially detrimental when paired with previously discussed isolation. Acculturative stress is positively associated with depressive symptoms, while social support shows a negative association with depression (Fang et al, 2021). Importantly, social support moderated the relationship between acculturative stress and depressive symptoms, indicating that the absence of social

support is an element that makes the experience of individuals already struggling with acculturative stress worse (Sung et al, 2019).

This is in part because social support provides a network of support and a place of belonging, altering how acculturative stress is perceived, providing psychological shelter. It is thought that social support helps to enhance the psychological processes that are associated with emotional processing, making stressful situations less burdensome (Rochelle et al, 2024). Central to this pattern is *social efficacy*, an individual's perceived ability to successfully handle social or interpersonal situations. Individuals who believe they are more capable of navigating social interactions are more likely to seek support and cultivate stable relationships (Fradkin et al, 2014). However, heightened acculturative stress in places with unfamiliar language or social norms increases the complexity of social interactions and weakens one's sense of social efficacy. This limits the formation of relationships and social networks, ultimately weakening access to the social support that buffers debilitating stress. In summary, social support acts as a buffer against acculturative stress; yet, in the case of immigrants, they may be deprived of these benefits due to their isolation. This manifests in a cycle where immigrants are more likely to isolate due to previous cultural discrepancies, intensifying the effects of acculturative stress, and, as heightened acculturative stress reduces perceived social efficacy, are unable to build a social network, further contributing to isolation.

External Factors on Acculturative Stress

Beyond the context of the family, external stressors magnify acculturative stress. A strong positive association exists between perceived discrimination and acculturative stress across ethnic groups, while family cohesion does not significantly buffer this relationship (Sung et al. 2019). Within collectivist cultural contexts, such as those in many East Asian immigrant families, family cohesion emphasizes interdependence, role obligation, and group harmony. Thus, the fact that family cohesion fails to attenuate acculturative stress suggests that collectivist family structures, i.e. family structures where the group's needs are prioritized, while supportive in relational domains, do not inherently prevent acculturative stress when immigrants are at risk of discrimination.

Moreover, gender may function as a moderating factor; women who had reported being diagnosed with major depressive disorder (MDD) or experiencing suicidal ideation were more likely to report moderate levels of perceived discrimination, while men only experienced comparable outcomes at high levels of perceived discrimination (Hahm et al. 2010). This indicates potential gender differences in sensitivity to perceived discrimination due to the preexisting gendered expectations and responsibilities that exist in Chinese society. Women being socialized to prioritize relational harmony above their own needs contribute to the gravity of social exclusion by disrupting their perceived worth, defined innately by the quality of their interpersonal relationships. In contrast, men, socialized to value emotional stoicism and have their self-worth based more on performance rather than on the quality of their interpersonal relationships, require more intense discriminatory experiences before comparable levels of distress occur. Altogether, this illustrates that acculturative stress is compounded by multiple aspects and intensifies in

the face of discrimination and that this may be moderated by gender, and, while beneficial, familial cohesion is an inadequate buffer, indicating a flaw in traditional collectivist practices as a way to mitigate mental distress.

SECTION 2: THE SOCIAL, CULTURAL, AND BIOLOGICAL VULNERABILITIES OF WOMEN

This section details the progression of gendered hardships that Asian North American women face. Starting with the internalization of traditional norms that are prominent in Chinese Culture, which firstly hinder economic productivity, and secondly, hinder social authority. Lastly, how these two factors, both economic and social subordination that develop in China, hinder socioeconomic status (SES), labour participation, and social mobility in women's host countries.

Gender norms in China and Economic Hinderance

Gender norms in China reflect social structures that position women as subservient to men, as women are prescribed with an internalized nurturance, obedience, and domesticity, while masculinity is more often associated with authority and productivity (Mao et al. 2024). These expectations are reflected in structural norms, where investment into education or paid labour is undermined, in place of domestic labour being their primary contribution. Chinese women, on average, earn less money, have lower education, and have poorer mental health than their male counterparts (Yang & Sun 2023); a higher agreeance with traditional gender-role attitudes, such as the presumption of being weaker and more nurturing than men, significantly correlated with lower income among women but did not affect men's earnings, according to a nationwide 2013 survey, (Qing, 2020). This points to the fact that women's own acceptance of these norms discourages them from combating these expectations, because their place in society is that of subservience; doing so would be both socially and economically counterproductive. In addition to this economic disparity, women across China performed 1.25 hours more daily housework than men on average, with a higher level of traditional gender norm internalization corresponding with more hours of housework performed (Guan & Zuo, 2021). This imbalance in unpaid labour restrains their ability to participate in the workforce, secure a high-status or high-paying job, or hold authority in relationships; at the same time, increasing psychological strain through the expectancy of undervalued labour with no economic products.

Power Imbalances within Relationships and Social Subservience

Women not only face the added burden of gendered expectations economically, but in their personal lives as well. Beyond their prescription of domesticity, women are expected to uphold filial piety in their familial relationships (Nan et al., 2025). During motherhood, the experience of first-time mothers (scientifically known as primiparas) in China is expected to undergo a confinement period called "zuo yue zi," meaning "the sitting month," where women stay home for the first month after their child's birth, undergoing strict diets and restricted hygiene (Nan et al., 2025). This process is enforced by family

members with higher authority than the mother, such as husbands and the husband's family (Ivanhoe et al., 2005). While this is considered to aid the mother, this practice can result in sleep deprivation and muscular atrophy. Despite this, the confinement period is still in practice, exemplifying how obedience and endurance, imposed by those of higher authority, such as husbands and in-laws, are valued over well-being. In addition, the prevalence in China of hegemonic masculinity, a sociological concept that describes the dominant and socially valued form of masculinity as aggressive, assertive, and stoic, contributes to power imbalances within couples. In a survey of rural areas in central China, 1,017 men and 1,103 women, covering men's self-report of perpetration, women's self-report of victimization, 91% of men reported controlling partner behaviour, and 52% of men supported the use of violence to defend male reputation (Wang et al., 2019). These points highlight gender inequalities that exist within families and social relationships, which create a culture in which women are subordinate to men beyond broader economic patterns, but are evident in personal relationships and family dynamics.

Struggles of Immigrant Women in Western Countries

Outside of the gendered barriers in China, immigrant women continue to face barriers after moving to a new country. In Canada, 66% of immigrant women educated outside the country worked full-time compared to 79% of women educated in Canada in 2021 (Drolet, 2022). This disparity suggests that foreign education is undervalued in the Canadian labour market, resulting in a significant under-representation of otherwise qualified skilled workers. This barrier to labour lowers immigrant women's socioeconomic status (SES), further solidifying their economic subservience to men in society. Moreover, marriage is associated with reduced full-time employment for immigrant women, despite a positive association among Canadian-born women: this indicates that traditional expectations around domesticity and caregiving persist in immigrant households unimpeded by the structure of the Western countries in which women reside. This pattern is exacerbated by motherhood, with children reducing full-time employment across both immigrant and Canadian-born women. This displays that even within Western countries, expectations about women's roles in the family constrain their labour participation (Drolet, 2022). Overall, due to the previously discussed values in Chinese culture, women internalize domestic qualities that hinder their economic participation. These beliefs persist as women migrate to Western countries, readily accepting the roles they've already been conditioned to. Next, these social, cultural, and economic factors are explored in tandem with biological vulnerabilities to create a higher risk for depressive symptoms in immigrant women.

SECTION 3: THE MANIFESTATION OF PSYCHOLOGICAL AND SOMATIC SYMPTOMS

Now, this section moves beyond social stressors separate in both immigrant and female populations, and into how both of these separate identities combine to create susceptibility to psychological somatic symptoms in Asian female immigrants. Where both ovarian hormones and Slavich and Irwin's social signals transduction theory combine to create a unique disadvantage amongst this population.

Ovarian Hormones on Stress and Inflammation

Epidemiological research suggests that females may be biologically more predisposed to developing major depressive disorder than males, beginning in adolescence and persisting throughout adulthood (Salk et al., 2016). Women are more likely to display signs of anxiety, earlier on in adolescence, compared to males, as well as a higher level of diagnosis, comorbidity and frequency of anxiety than men into their adulthood (McLean et al., 2011). While this data may be impacted by gendered expectations about mental health and emotional mentality, it could also be due to heightened levels of Hypothalamic-Pituitary-Adrenal (HPA) axis activity during periods of female sexual development, caused by ovarian hormones such as estrogen and progesterone during puberty, the menstrual cycle, and menopause (Gordon et al., 2015). The HPA axis is the hormone-based communication network between the brain and the endocrine glands, regulating digestion, energy, and the release of cortisol (a steroid hormone that regulates blood pressure, metabolism, and inflammation), in the face of distress.

Allopregnanolone (ALLO) is a positive allosteric modulator of the GABA receptor (the central nervous system's primary inhibitory neurotransmitter, which dampens anxiety and neural activity in stress), synthesized from progesterone, which enhances GABAergic signalling in the brain, helping regulate emotional reactivity. This system, under normal hormonal conditions, creates a protective buffer against stress by regulating the activity of the HPA axis (Benedetto et al., 2024). However, in perimenopause, puberty, and the menstrual cycle, progesterone levels fluctuate, causing ALLO to fluctuate as well, in turn, weakening the inhibitory effects of GABA on the HPA axis's response to stress. This results in increased sensitivity to perceived threat (Slavich & Sacher, 2019). Moreover, GABA's lack of neuroplasticity exacerbates this vulnerability, as it cannot adapt to ALLO levels as easily, adding to the destabilization of the HPA axis (Gordon et al., 2015). Further, the dysregulation of the HPA axis causes cortisol signalling to become impaired, weakening its anti-inflammatory properties (Osimo et al., 2015). Without the suppressive effect of cortisol, the pro-inflammatory cytokines, small signalling proteins that activate the immune system and contribute to neuroinflammation, are enhanced (Slavich & Sacher, 2019).

Yet, these biological sex differences remain underestimated with traditional models of mood disorders, failing to account for the underlying biological disadvantages of women during hormonally volatile periods in life. As a result, much of the existing literature on women's mood disorders insufficiently captures how sociocultural pressures exacerbate biological vulnerabilities. Among Asian women specifically, these biological factors are compounded by traditional cultural expectations of domesticity, filial piety, and emotional restraint; all of which, while not inherently harmful, cause an internalization of traditional beliefs that contextualize emotions as inherently disruptive (Nan et al., 2025).

Immigration, Stress and Inflammation

Research that suggests acculturative stress may affect chronic health issues in addition to psychological well-being has been amassing, suggesting a link between stress, stress hormone secretion and inflammatory activity in the body. Acculturative stress is significantly associated with elevated protein

markers of inflammation (Fang et al, 2014), and Slavich and Irwin's signal transduction theory of depression may explain the connection between the previously discussed isolative behaviours of immigrants and inflammation. Slavich and Irwin's theory states that interpersonal loss or social rejection and exclusion are processed by the brain as threats to social safety, causing proinflammatory cytokines to be released. This is because social threat stimulates the anterior insula, which connects areas that modulate the activity of the HPA axis and the sympathetic nervous system (SNS). The SNS production of the hormones epinephrine and norepinephrine causes inflammation by allowing transcription factors to upregulate gene expression of proinflammatory response genes (Osimo et al, 2020). As previously discussed, because of the myriad of challenges associated with acclimating to life in North America, immigrants may develop a vulnerability to the social rejection and exclusion required in the social signal transduction theory, and therefore, may be as susceptible to experiencing inflammation through this theory. Further, these proinflammatory markers can induce somatic symptoms such as fatigue and appetite loss (Iwata et al, 2015).

SECTION 4: DISCUSSION AND FUTURE DIRECTION

The evidence presented suggests that distress among Chinese female immigrants stems from a cumulative interaction of social, cultural, and biological factors. Acculturative stress emerges as a common experience of immigration, shaped by the isolation, discrimination, and lack of social support, exacerbated by a reluctance to seek help. These stressors interact with traditional gendered norms that hinder women's economic and social authority and extend into inflammatory pathways via biological disadvantages.

One important direction for future research is the increase in longitudinal research that tracks immigrants across multiple stages of resettlement, allowing long-term correlation between these variables to be defined. Much of the existing literature focuses on cross-sectional data, which can limit the understanding of how these processes evolve. Importantly, such research would distinguish whether inflammatory responses attenuate innately after resettlement or as a product of the social support accumulated over time.

This paper has also explored the role of culture, specifically the interaction between collectivism and Confucian values, and how this has affected the help-seeking and interpersonal behaviour of Asian immigrants. However, this paper predominantly deals with static risk factors that come from these patterns of thought; future research should examine the nature of cultural values and how they cause unique vulnerabilities in specific migration contexts. Filial piety, for example, rewards emotional constraint, in turn potentially causing individuals to not seek help. But, it also provides meaning, identity, and community cohesion, indicating that these cultural values are extremely nuanced and complete, thereby preventing a deterministic pathologizing of cultural norms.

Additionally, while strong research exists on Asian immigrants' experience in host countries, and the psychological and biological vulnerabilities between men and women separately, there is a gap in research

on the intersection of both experiences, which is the unique situation that Asian immigrant women face. The findings in this paper indicate that women, compounded by their biological vulnerability and the gendered expectations that limit their capabilities in economic and labour participation, struggle in migrating to a new country, but greater attention should be paid to gendered expectations as a moderating factor in the relationship between acculturative stress and mental health outcomes.

The emerging literature indicates that the position of Asian immigrant women is extremely complex and challenging. While a strong foundation exists, a stronger body of knowledge will provide insight into culturally relevant and effective interventions that lower the distress of female Asian immigrants by emphasizing social support, economic participation, and accessible healthcare.

CONCLUSION & MITIGATING FACTORS

Despite the numerous psychological and biological risks associated with acculturative stress, several mitigating factors exist to attenuate its impact on immigrant mental and physical health. One of these factors is social support, as higher levels of social support were associated with lower odds of scoring high on proximal psychological measures of depression, i.e. self-rated health (Morey et al, 2010). This effect could be crucial, particularly for women, because of the "tend-and-befriend" response during stress coined by Taylor et al. (2000). This stems from the biological primed-response to stress in females: the release of oxytocin, a hormone and neurotransmitter that is crucial for maternal-infant bonding. This would have favoured the survival of the offspring in dangerous positions. This response is associated with lower HPA axis reactivity when social support is present. Consistent with this, women's social ties are associated with lower distress, stronger immune functioning, and reduced vulnerability to stress, whereas the absence of such ties predicts greater loneliness, depression, and anxiety (Bedrov & Gable, 2023). Overall, one of the possible key mediating factors of acculturative stress, and the symptoms that may come from it, is social support, which is particularly helpful for regulating female physiology.

A natural product that comes with social support, and another key mediating factor, is an increased orientation toward the host culture. Greater American orientation in immigrant women who have moved to Western countries was not only associated with greater authoritative parenting, but also a higher mental well-being and lower depressive symptoms among immigrant mothers, while lower American orientation predicted increased depressive symptoms (Yu et al, 2016). Further, the association between acculturative stress and inflammatory markers weakened after prolonged acculturation quality and length of residence (Fang et al, 2014). As established, a longer duration of stay results in more relationships and stronger social support to be formed; drawing from the aforementioned signal transduction theory of depression, while many immigrants may face increased inflammation after their initial move, the increased social support that naturally follows orientation towards the host culture reduces inflammatory signalling.

In summary, this research elucidates several intrinsic and extrinsic factors exacerbating the difficulty of immigration for Chinese migrants to North America. In China, strong collectivist Confucian beliefs persist that follow filial piety. Admitting to mental distress is viewed as failing that code, and brings the

family collective dishonour. Immigrants growing up in China carry these beliefs about mental health as they migrate to other countries, internalizing mental distress and fearing the idea of seeking help. This, combined with language barriers, unfamiliar cultural practices, and leaving a network of support behind in their heritage country, fosters isolative behaviours. A cycle exists wherein immigrants isolate, perpetuating the effects of acculturative stress, further preventing immigrants from seeking social support, and ultimately increasing their isolation. In the meantime, gender norms in China create a financial reliance on men, and beliefs of inferiority carry over as women migrate to a new country, along with their lack of education, work experience, and financial stability. This detracts from their social mobility and thus their SES in their new country. This is further compounded by the biological vulnerabilities to depressive symptoms that women face: periods of hormonal fluctuations weaken the inhibitory effects of GABA and destabilize the HPA axis, causing an exaggerated cortisol response and neuroinflammation. Longer duration of stay and strong social support, though, help mitigate adverse effects.

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