



University  
of Victoria

Graduate Studies

Notice of the Final Oral Examination  
for the Degree of Doctor of Philosophy

of

**LAUREN CHANCE**

MSc (University of Victoria, 2010)

BSc (University of Waterloo, 2007)

“Beyond Somatization: Values Acculturation and the Conceptualization of  
Mental Health Among Immigrant Chinese Canadian Families”

Department of Psychology

Friday, April 24, 2015

12:00 P.M.

David Turpin Building

Room A136

Supervisory Committee:

Dr. Catherine Costigan, Department of Psychology, University of Victoria (Supervisor)

Dr. Christopher Lalonde, Department of Psychology, UVic (Member)

Dr. Karen Kobayashi, Department of Sociology, UVic (Outside Member)

External Examiner:

Dr. Yulia Chentsova-Dutton, Department of Psychology, Georgetown University

Chair of Oral Examination:

Dr. Carmen Rodriguez de France, Department of Curriculum and Instruction, UVic

## Abstract

This dissertation investigated the relations between values-based acculturation and conceptualizations of internalized distress among immigrant Chinese Canadian families with adolescents. Parents and adolescents were classified into one of three primary acculturation profiles (separated, integrated, or assimilated), according to Berry's (1997) model of acculturation based on their endorsement of Chinese and Western cultural values. Confirmatory factor analyses were used to determine if the factor structure of measures of internalized distress (e.g., the CES-D) differed according to individual's acculturation profile. Next, multivariate analyses of variance were used to compare the proportion of various symptom types (somatic, affective, interpersonal, low positive affect) across acculturation profiles, as well as with a comparison sample of non-immigrant families. Finally, hierarchical regression analyses were used to assess the relations between the proportion of somatic symptoms reported and both cultural and demographic variables believed to increase one's susceptibility to experience stigma related to mental health symptoms. As hypothesized, the traditional Western four-factor model of the CES-D fit best for participants who endorsed high levels of Canadian values and low levels of Chinese values (i.e., those classified as assimilated). Both the Western four-factor and more holistic three-factor models showed acceptable model fit for individuals who endorsed both Canadian and Chinese values highly (i.e., those classified as *integrated*), and neither model fit the data among participants who endorsed low levels of Canadian values and high levels of Chinese values (i.e., those classified as *separated*). Contrary to hypotheses, parents and adolescents from non-immigrant families endorsed higher proportions of somatic symptoms compared to their immigrant counterparts. Furthermore, among immigrant Chinese Canadians, factors believed to lead to less reporting of somatic symptoms because of less perceived stigma (e.g., greater endorsement of Canadian values, younger age, longer time in Canada) were instead related to higher proportions of somatic symptoms. These unexpected findings were understood in the context of the cultural appropriateness of the specific somatic symptoms assessed by the CES-D. The expected pattern of group differences in the proportion of positive affect was found. Females reported a higher proportion of affective symptoms compared to males and no acculturation-based or gender differences were found with respect to interpersonal symptoms. Several key implications emerged from the results of this dissertation. The value in grouping participants by cultural value endorsement rather than cultural background was demonstrated, in terms of both research and clinical practice. Future research could employ qualitative methods for a more nuanced understanding of how individuals conceptualize the various cultures that influence their perceptions of health, illness, and stigma. In terms of clinical practice, the importance of assessing cultural values in relation to symptom reporting was discussed, as well as the importance of ensuring front line health care professionals have the training needed to identify cultural variations in the reporting of distress.