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Assessment of the Efficacy of Multicultural Therapy in Reducing Anxiety and Improving the Psychological and Socio-Affective Well-Being of International Students in West Asia

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A B S T R A C T

Purpose: This study aimed to assess the efficacy of multicultural therapy in reducing anxiety and psychological distress and improving social well-being and social performance among international students in West Asia.

Methods and Materials: This quantitative study was conducted in two descriptive and quasi-experimental phases. The statistical population consisted of 250 international students studying at Mohaghegh Ardabili University during the 2023–2024 academic year. In the screening phase, 124 students were selected through multistage cluster sampling and completed the Beck Anxiety Inventory, Keyes Social Well-Being Scale, Hadian-Nasab Social Performance Questionnaire, and Goldberg General Health Questionnaire. Following screening, 30 students who met the inclusion criteria, including a Beck Anxiety Inventory score greater than 17, were selected and randomly assigned to a multicultural therapy group and a wait-list control group, with 15 participants in each group. Both groups completed pretest and posttest assessments. The experimental group received multicultural therapy, whereas the control group received no active intervention during the study period. Data were analyzed using analysis of covariance after examining the relevant statistical assumptions.

Findings: After controlling for pretest scores, multicultural therapy produced a significant reduction in anxiety compared with the wait-list control condition, $F(1, 27) = 44.83$, $p < .001$, partial $\eta^2 = .624$. Significant group differences were also observed in social well-being, $F(1, 27) = 35.63$, $p < .001$, partial $\eta^2 = .569$, and social performance, $F(1, 27) = 29.73$, $p < .001$, partial $\eta^2 = .524$, with higher adjusted posttest scores in the experimental group. General psychological distress was also significantly lower in the multicultural therapy group, $F(1, 27) = 40.25$, $p < .001$, partial $\eta^2 = .598$.

Conclusion: Multicultural therapy appears to be an effective culturally responsive intervention for reducing anxiety and psychological distress and enhancing the social well-being and social performance of international students.

Keywords: *Multicultural therapy; Anxiety; Psychological distress; Social well-being; Social performance; International students; West Asia.*

1. Introduction

The internationalization of higher education has substantially increased the movement of students across national, linguistic, cultural, and educational boundaries. International students contribute to the intellectual diversity, intercultural exchange, research capacity, and economic development of host universities, yet their experiences are often shaped by demands that extend beyond the ordinary academic pressures encountered by domestic students. In addition to adapting to new instructional methods and institutional expectations, international students must frequently negotiate unfamiliar cultural norms, language-related difficulties, changes in social status, separation from family networks, financial uncertainty, and the psychological consequences of migration. These concurrent demands can make international students particularly vulnerable to anxiety, social withdrawal, impaired interpersonal functioning, and reduced psychological well-being. Evidence concerning immigrant and internationally mobile students indicates that adaptation is not determined solely by individual motivation or academic ability; rather, it is influenced by the interaction of personal resources, cultural identity, institutional climate, social acceptance, and access to culturally appropriate support systems. Perceived school or university climate, for example, can shape immigrant students' engagement by affecting their sense of safety, belonging, recognition, and participation in the educational environment (Hu et al., 2025). Similarly, cultural capital influences whether international students can understand implicit academic expectations, communicate effectively with faculty members, and convert their previous educational experiences into success within the host institution (Davies, 2024). These findings suggest that the psychological adjustment of international students should be approached as a multidimensional process situated at the intersection of mental health, cultural transition, social integration, and institutional inclusion.

Anxiety is among the most prevalent and functionally significant mental health problems experienced by university students. It can involve persistent worry, physiological arousal, anticipatory fear, concentration difficulties, sleep disturbance, avoidance, and impaired academic and interpersonal performance. A systematic review and meta-analysis of college populations demonstrated that symptoms of anxiety and depression are widespread and are associated with multiple demographic, academic, social, and environmental factors (Li et al., 2022). From a global perspective, anxiety disorders contribute substantially to psychological disability and frequently occur in association with socioeconomic adversity, gender-related factors, educational pressures, and limited access to care (Javaid et al., 2023). Cross-national research also indicates that many mental disorders first emerge by adolescence or early adulthood, meaning that the university period coincides with a developmentally sensitive stage during which psychological difficulties may become established or recurrent (McGrath et al., 2023). In multicultural populations, anxiety risk may be further intensified by unequal access to resources, family conditions, social marginalization, and difficulties reconciling different cultural expectations. Comparative evidence involving multicultural and non-multicultural adolescents has shown that the correlates of generalized anxiety may differ according to cultural and migration-related backgrounds, emphasizing the importance of considering social context when evaluating anxiety (Ha & Shin, 2025). Anxiety among international students should therefore not be understood merely as an individual symptom pattern; it may also represent a response to repeated cultural stressors, uncertainty, social evaluation, unfamiliar communication rules, and perceived threats to identity or belonging.

Cognitive theories explain anxiety as the result of biased threat appraisal, heightened attention to danger, negative predictions, and maladaptive beliefs concerning personal vulnerability and coping capacity. Individuals experiencing anxiety may overestimate the probability or severity of negative events while underestimating their ability to respond effectively. These cognitive processes can generate avoidance, reassurance seeking, withdrawal, and physiological hyperarousal, which in turn prevent corrective learning and maintain anxious responses over time (Clark & Beck, 2023). For international students, culturally unfamiliar situations may provide frequent triggers for such appraisals. Classroom participation, public speaking, interactions with professors, administrative procedures, social gatherings, and communication in a second or third language can be interpreted as situations involving a high risk of embarrassment, rejection, misunderstanding, or failure. Research on public-speaking anxiety among international students has demonstrated that culturally informed cognitive-behavioral counselling can help address dysfunctional beliefs and avoidance patterns associated with communication in multicultural educational settings (Anwar

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et al., 2024). In addition, digital and stakeholder-based research on university anxiety has identified academic stress, social comparison, uncertainty, and insufficient support as important targets for preventive and therapeutic interventions (Liu et al., 2023). Consequently, effective treatment for international students should address both general anxiety-maintaining processes and the culturally specific meanings attached to threat, failure, emotional expression, help-seeking, and interpersonal evaluation.

The psychological experiences of international students are also shaped by acculturative stress, which arises from the demands of adapting to a host culture while maintaining meaningful connections with one's culture of origin. Acculturative stress may include homesickness, language strain, perceived discrimination, identity conflict, cultural isolation, value incongruence, and uncertainty regarding appropriate behavior. From a cognitive-behavioral perspective, these experiences can increase anxiety when cultural differences are interpreted as evidence of personal inadequacy, social danger, or an inability to belong (Li & Li, 2024). Repeated exposure to stressful situations may gradually produce cumulative psychological burden, especially when individuals lack opportunities for recovery or effective coping. The frequent stressor and mental health model proposes that the long-term impact of stress depends on the frequency and accumulation of stress responses as well as the individual's capacity to adapt resiliently (Kalisch et al., 2023). International students may encounter such stressors almost daily through academic communication, residence arrangements, financial responsibilities, cultural misunderstandings, visa-related concerns, and limited access to familiar support systems. Research on multicultural adolescents similarly suggests that acculturative stress can reduce life satisfaction through pathways involving bicultural acceptance, self-esteem, and social withdrawal (Kim & Kim, 2022). Although international university students differ developmentally from adolescents, these mechanisms remain relevant because cultural acceptance, self-worth, and social connectedness continue to influence adaptation in emerging adulthood.

Psychological health among international students cannot be separated from their social and socio-affective well-being. Socio-affective well-being refers to the quality of emotional and interpersonal functioning, including the ability to experience belonging, trust others, regulate emotions, form supportive relationships, participate in community life, and perceive oneself as socially valued. International students may achieve adequate academic performance while still experiencing loneliness, alienation, social dysfunction, or emotional disconnection. Social capital is particularly important because access to supportive relationships provides information, practical assistance, emotional validation, and opportunities for meaningful participation in the host society. A mixed-methods examination of international students showed that social capital and symbolic interactions within the host environment influence social integration and the construction of a meaningful social position (Li & Li, 2023). Research conducted among international students at a Canadian university likewise highlighted the importance of coping strategies and social support in protecting mental health during cultural transition (Mozafari et al., 2022). When reliable support is absent, students may become increasingly isolated, interpret cultural difficulties as personal failures, and avoid situations that could otherwise facilitate adaptation. Mental health difficulties can also undermine persistence in higher education, particularly among immigrant students whose legal status, financial conditions, or institutional vulnerability may create additional uncertainty (Moreno et al., 2022). Accordingly, interventions should seek not only to reduce symptoms but also to strengthen interpersonal confidence, social participation, emotional security, and the capacity to build culturally meaningful support networks.

The broader social determinants of mental health provide an essential framework for interpreting these difficulties. Mental health outcomes are shaped by social and economic conditions, including income, housing, discrimination, education, political circumstances, access to services, and the distribution of power and opportunity (Vigo et al., 2024). International students in West Asia may encounter a distinctive combination of stressors associated with regional diversity, multilingual educational contexts, differences in religious or cultural norms, limited culturally adapted mental health services, and varying levels of familiarity with psychological treatment. Epidemiological evidence from Qatar has shown that mood and anxiety disorders constitute important public mental health concerns and that treatment access does not always correspond to the level of need (Khaled et al., 2024). Global evidence concerning antidepressant use also demonstrates substantial differences between low-, middle-, and high-income settings, indicating that access to mental health treatment is shaped by national resources and health-system capacity (Kazdin et al., 2023). Although pharmacological treatment may be necessary for some individuals, many students require accessible

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psychosocial interventions that can address anxiety, adjustment problems, cultural meaning systems, and social functioning without pathologizing normal responses to migration. Reliable screening is therefore important for identifying psychological distress and distinguishing students who may benefit from preventive or therapeutic support. Research on the development and validation of anxiety-related screening measures has further emphasized the relationship between anxiety symptoms, demographic characteristics, and general mental health (Ghobadian & Javadi, 2024).

Cultural identity is neither fixed nor simply replaced when students enter a host society. Instead, international students may construct hybrid, bicultural, or multicultural identities by negotiating elements of their original and host cultures. This process can promote flexibility and personal development, but it can also create tension when individuals feel pressure to abandon important cultural values or when they are treated as permanent outsiders. Research on multicultural identity construction among Chinese students in the United Kingdom has shown that adaptation involves an active reorganization of identity rather than passive cultural assimilation (Jin & O'Regan, 2024). Social identification is also influenced by communication practices and opportunities to connect with both co-national and host-country communities. Social media can facilitate adaptation by preserving relationships with family and cultural communities, providing information about the host society, and creating spaces for social participation. At the same time, reliance on online communication may limit direct engagement or intensify social comparison. Studies of international students have found that social media use and social identification are associated with cross-cultural adaptation (Jiang & Wang, 2024), while other research has emphasized its potential to strengthen cultural learning, access to information, and social connection (Zhang et al., 2024). These findings indicate that therapeutic work with international students should consider both offline and digital social environments and should explore how students use communication technologies to regulate emotion, maintain identity, and establish belonging.

The effects of earlier adversity must also be recognized when evaluating psychological and social functioning. International students do not enter the host environment with identical developmental histories or psychological resources. Some may have experienced childhood adversity, family instability, violence, displacement, or chronic social disadvantage before migration. A scoping review of adverse childhood experiences found consistent associations with poorer mental health and impaired social functioning, suggesting that present adjustment difficulties may reflect the interaction between current stressors and earlier vulnerabilities (Tzouvara et al., 2023). Multicultural therapy must therefore avoid assuming that all distress is caused exclusively by cultural transition. Instead, it should allow therapists to examine how cultural identity, developmental history, family relationships, social position, and current institutional experiences interact. This is particularly important for vulnerable populations, for whom therapeutic safety depends on recognition of power differences, cultural meanings, and contextual sources of distress (Vélez Agosto & Almario-Zgheib, 2024). A culturally responsive intervention can help distinguish between adaptive cultural values and patterns that maintain distress, while also avoiding the imposition of the therapist's own assumptions about independence, emotional disclosure, family involvement, gender roles, or help-seeking.

Multicultural therapy offers a framework for addressing these intersecting psychological, cultural, and social processes. It is based on the principle that effective psychotherapy requires attention to clients' cultural identities, social contexts, experiences of privilege or marginalization, and culturally shaped understandings of health and distress. Rather than adding cultural information to an otherwise unchanged treatment model, multicultural therapy regards culture as integral to case conceptualization, the therapeutic relationship, assessment, intervention selection, and evaluation of outcomes. It has consequently been described as a practice imperative rather than an optional specialization, particularly in societies and institutions characterized by cultural diversity (Vasquez & Johnson, 2022). In work with international students, multicultural therapy can provide a space in which experiences of homesickness, exclusion, identity conflict, communication anxiety, and discrimination are validated and examined without reducing the student to a cultural stereotype. It can also integrate evidence-based techniques such as cognitive restructuring, emotional regulation, behavioral activation, exposure, problem solving, interpersonal skills training, and strengthening of social support, while adapting their delivery to the client's language, values, migration history, family context, and cultural expectations.

The quality of multicultural therapy depends heavily on therapists' competence and their ability to reflect critically on their own assumptions. Multicultural competence

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includes cultural self-awareness, knowledge of diverse cultural frameworks, skill in culturally responsive intervention, and sensitivity to social justice issues. Deliberate practice has been proposed as a means of helping therapists develop these abilities through repeated exercises, feedback, reflection, and refinement of culturally relevant clinical skills (Harris et al., 2024). Training experiences in refugee-serving and multicultural settings further indicate that competence develops through sustained engagement with culturally diverse clients, structured reflection, and the integration of social context into therapeutic decision-making (Kuokim, 2024). International counselling students themselves may require particular support in developing multicultural and social justice competencies because they simultaneously occupy the roles of cultural learners, trainees, and potential providers of psychological care (Zhai & Prescod, 2025). These insights are relevant to treatment with international students because the therapist must establish credibility and trust while remaining open to correction, cultural difference, and alternative interpretations of distress. A culturally humble stance allows the therapist to treat the student as an expert on their own cultural experience rather than relying on generalized assumptions about nationality or ethnicity.

Multicultural therapy may reduce anxiety by modifying culturally embedded threat interpretations and increasing the student's sense of agency in unfamiliar environments. It may improve psychological health by normalizing adjustment-related reactions, strengthening coping strategies, and helping students differentiate realistic external challenges from anxiety-driven predictions. It may also enhance social performance by providing opportunities to rehearse communication, examine interpersonal misunderstandings, develop assertiveness, and identify culturally acceptable forms of help-seeking and relationship building. Furthermore, the intervention may promote social well-being by strengthening feelings of belonging, social contribution, trust, and meaningful participation. Such changes are especially important because psychological symptoms and social functioning are mutually influential: anxiety can lead to avoidance and withdrawal, while isolation and weak social integration can intensify anxiety. Culturally responsive therapy is therefore well positioned to interrupt this reciprocal cycle by addressing emotional, cognitive, behavioral, interpersonal, and contextual factors simultaneously.

Despite the expansion of international education and the growing recognition of student mental health needs, important gaps remain in intervention research. Much of the literature has focused on prevalence, risk factors, adaptation experiences, or students studying in North American, European, and East Asian settings. Fewer controlled studies have evaluated culturally responsive psychological interventions for international students in West Asian universities, where patterns of cultural similarity and difference may not correspond to conventional distinctions between Western hosts and non-Western students. International students in this region may share certain religious, historical, or communal values with host populations while differing in language, nationality, ethnicity, educational background, and social customs. These overlapping similarities and differences can produce complex forms of belonging and exclusion that are not adequately captured by generalized acculturation models. The limited evidence concerning structured multicultural therapy in this context creates a need for research that simultaneously examines symptom reduction and positive social outcomes. Evaluating anxiety alone would provide an incomplete account of adaptation; assessment should also include psychological health, social performance, and social well-being because successful adjustment involves both reduced distress and improved capacity to participate meaningfully in the host environment.

Accordingly, the aim of the present study was to assess the efficacy of multicultural therapy in reducing anxiety and psychological distress and improving social well-being and social performance among international students in West Asia.

2. Methods and Materials

2.1. Study Design and Participants

The present research employed a two-phase quantitative design consisting of a descriptive screening phase followed by an experimental phase with a randomized pretest–posttest wait-list control-group design. The descriptive phase was conducted to assess the psychological, socio-affective, and social functioning of international students and to identify students experiencing clinically meaningful anxiety and related difficulties in psychological and social adjustment. In the experimental phase, multicultural therapy constituted the independent variable, whereas anxiety, social well-being, social performance, and general psychological health were treated as the dependent variables. The experimental group received the multicultural therapy intervention, while the control group was placed on a waiting list and did not receive

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an active psychological intervention during the study period. Both groups completed the same measurement instruments before the beginning of the intervention and immediately after its completion. This design allowed the researchers to determine whether changes in the posttest scores of the experimental group could be attributed to participation in multicultural therapy after controlling for initial differences in the participants' pretest scores.

The statistical population consisted of 250 international students enrolled at Mohaghegh Ardabili University during the 2023–2024 academic year. International students studying away from their countries of origin may experience language barriers, cultural distance, limited social support, academic pressure, homesickness, perceived discrimination, uncertainty regarding social norms, and difficulties establishing meaningful interpersonal relationships. These experiences can increase their vulnerability to anxiety and weaken their psychological and socio-affective well-being. Accordingly, the initial screening phase was designed to identify students whose anxiety and social or psychological functioning indicated a need for a culturally responsive psychological intervention. Multistage cluster sampling was used to select participants for the screening phase. Academic units, educational programs, or classes containing international students were regarded as sampling clusters, and clusters were selected sequentially until the intended screening sample was obtained. A total of 124 international students were invited to participate in the initial assessment and completed the study questionnaires in the presence of the researcher. The researcher provided standardized instructions and clarified the meaning of questionnaire items when necessary without directing or influencing the participants' responses.

Following the screening assessment, students' questionnaires were scored according to the scoring procedures of the respective instruments. Students who obtained a score greater than 17 on the Beck Anxiety Inventory and demonstrated difficulties in psychological or social functioning were considered for participation in the experimental phase. From the screened students, 30 individuals who met the eligibility criteria were selected as the final experimental sample. To minimize selection bias and distribute potentially confounding characteristics as evenly as possible, the 30 eligible participants were randomly assigned to either the multicultural therapy group or the wait-list control group. Each group consisted of 15 participants. Random allocation was performed only after the completion of the pretest assessments so that participants' baseline scores could not influence the assignment process.

The inclusion criteria were obtaining a Beck Anxiety Inventory score greater than 17, being enrolled as an international student at Mohaghegh Ardabili University during the study period, expressing willingness to participate in the research, providing written informed consent, and agreeing to attend the multicultural therapy sessions regularly. Participants were also required to complete both the pretest and posttest assessments. The exclusion criteria included absence from more than two intervention sessions, voluntary withdrawal from the study, failure to continue the therapeutic process, incomplete posttest questionnaires, or participation in another structured psychological treatment that could substantially affect the study outcomes during the intervention period. Students experiencing conditions that required immediate specialized psychiatric or emergency intervention were to be referred to appropriate professional services rather than retained solely within the research intervention.

Participants assigned to the experimental group received a structured multicultural therapy intervention. The intervention was organized around culturally responsive therapeutic principles and was intended to address the psychological and social challenges associated with studying and living in a cultural environment different from one's country of origin. The therapeutic process emphasized recognition of cultural identity, examination of culturally shaped beliefs and emotional experiences, identification of acculturative stressors, and development of adaptive responses to migration-related and educational challenges. Attention was also given to homesickness, communication problems, perceived cultural distance, experiences of social exclusion, interpersonal misunderstandings, academic stress, difficulties expressing emotions in an unfamiliar cultural environment, and tensions between the values of the students' home culture and those of the host society. Therapeutic activities encouraged participants to identify anxiety-provoking interpretations, develop culturally acceptable coping strategies, improve emotional awareness, strengthen interpersonal communication, expand social support networks, and establish a more integrated sense of belonging within the university environment. The intervention further sought to validate cultural differences rather than treating them as deficits and to assist participants in recognizing personal and cultural strengths that could facilitate psychological adaptation.

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The wait-list control group did not receive multicultural therapy or another researcher-provided psychological intervention during the experimental period. However, participants in this group continued to have access to the ordinary educational, counseling, and student-support services available at the university. At the end of the intervention period, both groups completed the posttest assessment under conditions comparable to those of the pretest. Participants were identified through coded forms rather than by their names to protect confidentiality and to connect pretest and posttest responses accurately. Participation was voluntary, and the students were informed that they could discontinue their involvement without academic or administrative consequences. All collected information was treated as confidential and was used exclusively for research purposes. The participants were informed about the objectives and procedures of the research, the nature of the wait-list condition, the expected requirements of participation, and their right to withdraw before written informed consent was obtained.

2.2. Data Collection Tools

Data were collected using the Beck Anxiety Inventory, the Keyes Social Well-Being Scale, the Hadian-Nasab Social Performance Questionnaire, and the 28-item Goldberg General Health Questionnaire. Together, these instruments provided a multidimensional assessment of the participants' anxiety symptoms, perceptions of their social environment, socially responsible functioning, psychological distress, and general mental health. Linguistically appropriate versions of the questionnaires were administered according to the participants' language proficiency. The researcher was available during questionnaire completion to explain instructions or unfamiliar terms, particularly when linguistic or cultural differences could affect comprehension. Nevertheless, explanations were provided in a standardized manner, and no interpretation was offered that might encourage a particular response.

The Beck Anxiety Inventory was developed by Beck and Steer in 1990 to assess the severity of anxiety symptoms in adolescents and adults. It is a 21-item self-report instrument that primarily measures cognitive, emotional, and physiological manifestations of anxiety experienced during the recent period. Symptoms assessed by the inventory include nervousness, inability to relax, fear of losing control, sensations of choking, trembling, dizziness, heart pounding, difficulty breathing, fear of the worst happening, and other bodily or affective indicators of anxiety. Each item is rated on a four-point scale ranging from 0, indicating that the symptom was not experienced at all, to 3, indicating that the symptom was experienced severely. Item scores are summed to produce a total score ranging from 0 to 63, with higher scores representing greater anxiety severity. In the present study, a score greater than 17 was used as the operational eligibility threshold for entry into the experimental phase, indicating that participants experienced at least a meaningful level of anxiety that could potentially benefit from psychological intervention. The Beck Anxiety Inventory has been widely used in clinical and nonclinical populations and has been adapted for use in Persian- and Arabic-speaking contexts. The psychometric properties of its Persian version have been supported in previous research, including the work of Kaviani and Mousavi, who reported satisfactory evidence regarding its reliability and validity. In the present study, the Beck Anxiety Inventory was administered at pretest and posttest, and a reduction in the total score was interpreted as an improvement in anxiety symptoms.

Social well-being was assessed using the Keyes Social Well-Being Scale, developed in 1998 within Keyes' theoretical framework of positive mental health. Social well-being refers to the way individuals evaluate their functioning in society, understand the social environment, perceive their relationship with the broader community, and judge their ability to contribute meaningfully to collective life. The 21-item form of the scale was used in the present study. The items are rated on a five-point Likert scale ranging from strong disagreement to strong agreement. The instrument measures five related dimensions of social well-being: social actualization or social flourishing, social coherence, social integration, social acceptance, and social contribution. Social actualization concerns the belief that society possesses the capacity for positive development and that social conditions can improve over time. Social coherence refers to the extent to which individuals perceive the social world as understandable, organized, meaningful, and relatively predictable. Social integration assesses feelings of belonging, connectedness, and commonality with one's community or social environment. Social acceptance reflects a generally positive attitude toward other people, including trust, tolerance, acknowledgment of human complexity, and acceptance of interpersonal differences. Social contribution evaluates whether individuals perceive themselves as valuable members of society who have something meaningful to offer to other people and the community.

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The items within the Keyes Social Well-Being Scale are distributed across the five dimensions, with the initial items assessing social flourishing, the subsequent items measuring social coherence, and the remaining items covering social integration, social acceptance, and social contribution. Several negatively worded items are reverse-scored before calculating the subscale and total scores. After reverse scoring, higher scores indicate a more positive evaluation of society, a stronger sense of social belonging, greater acceptance of others, a stronger perception of personal social value, and higher overall social well-being. This instrument was particularly appropriate for the present study because international students' well-being may depend not only on individual emotional states but also on their perceptions of social acceptance, cultural inclusion, predictability of the host environment, and ability to contribute within the university community. Previous studies conducted in Persian- and Arabic-speaking populations, including research associated with Sabouri and Ahari, have supported the construct validity and internal consistency of the scale. Cronbach's alpha coefficients of approximately 0.81 have been reported, indicating satisfactory internal consistency. In the present research, increased posttest scores were interpreted as evidence of improvement in social well-being.

Social functioning was measured using the Hadian-Nasab Social Performance Questionnaire, a structured 16-item instrument developed to assess social performance through different aspects of social responsibility. The questionnaire evaluates how individuals understand, implement, and experience the consequences of socially responsible behavior. Its items are organized into three principal domains. Six items assess the foundations of social responsibility, including beliefs, attitudes, and values that encourage responsible participation in interpersonal and collective contexts. Five items assess the processes through which social responsibility is translated into behavior, such as cooperation, communication, participation, observance of social expectations, and constructive engagement with other people. The remaining five items examine the outcomes or consequences of social responsibility, including the individual's perception of the interpersonal and community results of socially appropriate behavior.

Responses to the Social Performance Questionnaire are scored on a five-point Likert scale ranging from 1, strongly disagree, to 5, strongly agree. The scores of the relevant items are summed to calculate domain scores, and all item scores are combined to calculate a total social performance score. Higher scores indicate more adaptive social functioning, a stronger orientation toward social responsibility, greater constructive participation, and more effective interpersonal and community behavior. The questionnaire's content has been evaluated by experts for conceptual clarity, relevance, and correspondence with the construct of social responsibility. Previous psychometric evaluations have reported Cronbach's alpha coefficients greater than 0.70 for its dimensions, demonstrating acceptable internal consistency. The instrument was therefore considered suitable for assessing changes in the social functioning of international students who might initially experience difficulty communicating, participating, or establishing effective relationships within the host academic environment. In the present study, improvement was represented by an increase in the total and domain scores from pretest to posttest.

General psychological health was assessed using the 28-item Goldberg General Health Questionnaire. The General Health Questionnaire was originally developed by Goldberg in 1972 as a screening instrument for identifying psychological distress and probable psychiatric difficulties in community and nonpsychiatric populations. Different versions of the questionnaire have been developed, including 60-, 30-, 28-, and 12-item forms. The GHQ-28 was selected for the present research because of its well-established four-factor structure and its ability to assess several major areas of psychological functioning without requiring an extensive clinical interview. The instrument contains four subscales, each consisting of seven items. The somatic symptoms subscale assesses physical manifestations that may accompany psychological distress, including fatigue, physical discomfort, weakness, and concerns about bodily functioning. The anxiety and insomnia subscale assesses tension, persistent worry, nervousness, sleep disturbance, and related symptoms. The social dysfunction subscale evaluates difficulties performing ordinary social, academic, occupational, and daily activities. The severe depression subscale assesses more serious depressive experiences, including hopelessness, worthlessness, loss of meaning, and thoughts related to life not being worth living.

The Likert scoring method was applied to the GHQ-28 in the present study. Under this method, the four response alternatives for each item are scored from 0 to 3, producing a total score ranging from 0 to 84. Higher scores indicate greater psychological distress and poorer general mental health, whereas lower scores indicate fewer symptoms and better psychological functioning. Therefore, a decrease in the posttest GHQ-28 score was interpreted as an

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improvement in psychological health. Subscale scores were also available to distinguish changes in somatic symptoms, anxiety and insomnia, social dysfunction, and severe depressive symptoms. The GHQ has demonstrated strong psychometric properties across cultural and linguistic populations. Goldberg and Williams reported a split-half reliability coefficient of 0.95, indicating excellent reliability, while more recent applications have also reported high internal consistency. Cronbach's alpha coefficients of approximately 0.92 have been documented in relevant studies, supporting the use of the instrument as both a screening measure and an outcome measure in psychological research.

2.3. Data Analysis

The collected data were examined using descriptive and inferential statistical procedures. Before conducting the principal analyses, the data were screened for incomplete responses, coding errors, out-of-range values, and unusual response patterns. Pretest and posttest scores were calculated in accordance with the scoring instructions of each instrument, including the reverse scoring of negatively worded Keyes Social Well-Being Scale items. For the Beck Anxiety Inventory and the General Health Questionnaire, lower posttest scores represented improvement, whereas higher scores on the Keyes Social Well-Being Scale and the Social Performance Questionnaire represented more favorable outcomes. Descriptive statistics, including frequencies and percentages for categorical participant characteristics and means and standard deviations for continuous variables, were used to summarize the participants' demographic characteristics and outcome scores. The pretest and posttest means and standard deviations were calculated separately for the multicultural therapy and wait-list control groups.

Analysis of covariance was used as the principal inferential statistical method for evaluating the effectiveness of multicultural therapy. A separate univariate ANCOVA was conducted for each dependent variable, including anxiety, social well-being, social performance, and general psychological health. In each analysis, the posttest score was entered as the dependent variable, group membership was entered as the fixed independent factor, and the corresponding pretest score was entered as the covariate. This procedure adjusted the posttest group means for baseline differences and provided a more precise estimate of the intervention effect than a direct comparison of unadjusted posttest scores. A statistically significant adjusted group effect in favor of the experimental group was interpreted as evidence that multicultural therapy contributed to improvement in the corresponding outcome.

Before interpreting the ANCOVA results, the relevant statistical assumptions were evaluated. The distributions of the outcome variables and residuals were examined for substantial deviations from normality, and extreme univariate outliers were investigated. The linear relationship between each pretest covariate and its corresponding posttest outcome was examined. The homogeneity of regression slopes assumption was assessed by testing the interaction between group membership and the pretest covariate. A nonsignificant interaction indicated that the relationship between the pretest and posttest scores was sufficiently similar across the experimental and control groups. Levene's test was used to evaluate the homogeneity of error variances. Independence of observations was maintained through individual participation and random assignment. Statistical significance was evaluated at the 0.05 level. In addition to significance tests, adjusted posttest means and effect-size estimates were considered when evaluating the magnitude and practical importance of the observed intervention effects. The combined use of descriptive statistics, baseline-adjusted comparisons, assumption testing, and effect-size interpretation provided a systematic basis for determining the efficacy of multicultural therapy in reducing anxiety and improving the psychological and socio-affective well-being of international students.

3. Findings and Results

The descriptive-analytical phase included 250 international students, of whom 140 participants (56.0%) were male and 110 participants (44.0%) were female. Most participants were master's students (n = 170, 68.0%), while 80 participants (32.0%) were doctoral students. Regarding academic discipline, 150 students (60.0%) were studying psychology and 100 students (40.0%) were studying educational sciences. The quasi-experimental phase included 30 eligible students who were randomly assigned to the multicultural therapy group (n = 15) and the wait-list control group (n = 15). Of these participants, 17 (56.7%) were male and 13 (43.3%) were female. In contrast to the descriptive-analytical sample, most participants in the quasi-experimental phase were doctoral students (n = 18, 60.0%), while 12 participants (40.0%) were master's students. In terms of academic discipline, 18 participants (60.0%) were

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studying educational sciences and 12 participants (40.0%) were studying psychology. The differences between the two phases reflected their distinct purposes and sampling procedures: the descriptive-analytical phase was intended to characterize the psychological and social conditions of the broader population, whereas the quasi-experimental phase included only students who met the eligibility criteria for participation in multicultural therapy. In the descriptive-analytical phase, the mean total score for psychological distress was 38.25 with a standard deviation of 6.45, indicating a moderate overall level of psychological difficulty. The mean scores for the General Health Questionnaire dimensions were 8.75 ± 2.15 for anxiety and insomnia, 7.83 ± 1.92 for depression, 9.64 ± 2.37 for social dysfunction, and 12.03 ± 3.14 for somatic symptoms. The mean social status score was 47.72 ± 7.28, suggesting that the students' social well-being and functioning were neither severely impaired nor fully optimal.

Table 1

Descriptive statistics for the study variables by group and measurement occasion

Variable	Group	Pretest Mean	Pretest SD	Posttest Mean	Posttest SD
Anxiety	Multicultural therapy	25.73	4.12	14.20	3.76
Anxiety	Wait-list control	25.27	4.06	24.47	4.21
Social well-being	Multicultural therapy	48.87	6.35	67.93	7.02
Social well-being	Wait-list control	49.33	6.11	50.27	6.34
Social performance	Multicultural therapy	41.60	5.48	55.47	5.76
Social performance	Wait-list control	42.13	5.31	42.80	5.42
General psychological distress	Multicultural therapy	39.27	6.22	25.53	5.46
General psychological distress	Wait-list control	38.87	6.08	38.07	6.15

As presented in Table 1, the pretest means of the multicultural therapy and wait-list control groups were relatively similar across all study variables, indicating that the two groups had broadly comparable psychological and social conditions before the intervention. The mean anxiety score in the multicultural therapy group decreased from 25.73 ± 4.12 at pretest to 14.20 ± 3.76 at posttest, representing a substantial reduction in anxiety symptoms. In comparison, the anxiety score of the wait-list control group showed only a minor decrease from 25.27 ± 4.06 to 24.47 ± 4.21. The mean social well-being score of the multicultural therapy group increased from 48.87 ± 6.35 at pretest to 67.93 ± 7.02 at posttest, whereas the corresponding score in the wait-list control group changed only slightly from 49.33 ± 6.11 to 50.27 ± 6.34. A similar pattern was observed for social performance. The mean social performance score in the experimental group increased from 41.60 ± 5.48 to 55.47 ± 5.76, while the control group demonstrated only a small increase from 42.13 ± 5.31 to 42.80 ± 5.42. General psychological distress, as measured by the GHQ-28, decreased from 39.27 ± 6.22 to 25.53 ± 5.46 in the multicultural therapy group. Because higher GHQ-28 scores represent greater psychological distress, this reduction indicated an improvement in general mental health. By contrast, the wait-list control group showed a limited reduction from 38.87 ± 6.08 to 38.07 ± 6.15. Overall, the descriptive findings indicated that participants receiving multicultural therapy experienced lower anxiety and psychological distress and higher social well-being and social performance following the intervention, while the control group demonstrated minimal changes.

Table 2

Analysis of covariance for the effects of multicultural therapy on the posttest outcomes

Dependent variable	Source	Sum of Squares	df	Mean Square	F	p	Partial η^2
Anxiety	Group	620.45	1	620.45	44.83	< .001	.624
Anxiety	Error	373.68	27	13.84	—	—	—
Social well-being	Group	1045.72	1	1045.72	35.63	< .001	.569
Social well-being	Error	792.45	27	29.35	—	—	—
Social performance	Group	687.36	1	687.36	29.73	< .001	.524
Social performance	Error	624.24	27	23.12	—	—	—
General psychological distress	Group	987.84	1	987.84	40.25	< .001	.598
General psychological distress	Error	662.58	27	24.54	—	—	—

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The ANCOVA results presented in Table 2 indicated that, after controlling for the corresponding pretest scores, group membership had a statistically significant effect on all posttest outcomes. A significant difference was found between the multicultural therapy and wait-list control groups in posttest anxiety scores, $F(1, 27) = 44.83$, $p < .001$, partial $\eta^2 = .624$. The adjusted results showed that participants receiving multicultural therapy experienced significantly lower anxiety than those in the control group. The partial eta-squared value indicated that approximately 62.4% of the adjusted variance in posttest anxiety was associated with group membership, representing a large intervention effect.

A statistically significant group effect was also found for social well-being, $F(1, 27) = 35.63$, $p < .001$, partial $\eta^2 = .569$. After adjustment for baseline social well-being, participants in the multicultural therapy group reported significantly higher posttest social well-being than participants in the wait-list control group. The effect size indicated that 56.9% of the adjusted variance in posttest social well-being was explained by the intervention condition. Similarly, the effect of group membership on social performance was statistically significant, $F(1, 27) = 29.73$, $p < .001$, partial $\eta^2 = .524$. Participants who received multicultural therapy demonstrated significantly better social performance after the intervention than those who remained on the waiting list, with the intervention accounting for approximately 52.4% of the adjusted posttest variance.

The ANCOVA further revealed a significant difference between the two groups in general psychological distress, $F(1, 27) = 40.25$, $p < .001$, partial $\eta^2 = .598$. After controlling for pretest psychological distress, the multicultural therapy group obtained significantly lower GHQ-28 scores than the wait-list control group. This finding indicated that the intervention reduced psychological distress and improved the general mental health of international students. The partial eta-squared value showed that approximately 59.8% of the adjusted variance in posttest psychological distress was attributable to group membership. Taken together, the ANCOVA findings supported the efficacy of multicultural therapy in reducing anxiety and general psychological distress while improving social well-being and social performance among international students.

4. Discussion and Conclusion

The present study investigated the efficacy of multicultural therapy in reducing anxiety and psychological distress and improving social well-being and social performance among international students in West Asia. The findings indicated that, after controlling for pretest scores, participants who received multicultural therapy reported significantly lower anxiety and general psychological distress than those in the wait-list control group. They also obtained significantly higher scores in social well-being and social performance. The magnitude of the observed effects was substantial across all four outcomes, with multicultural therapy accounting for a considerable proportion of the adjusted variance in anxiety, social well-being, social performance, and general psychological distress. These results suggest that a culturally responsive therapeutic intervention can produce changes that extend beyond symptom relief and influence how international students understand themselves, regulate their emotions, interact with others, and participate in the social environment of the host university. This multidimensional pattern is particularly important because the difficulties experienced by international students are rarely limited to one psychological domain. Anxiety, social withdrawal, reduced belonging, impaired functioning, and general distress often reinforce one another, and an intervention that addresses these interconnected processes may be more effective than an approach focused exclusively on isolated symptoms.

The significant reduction in anxiety observed in the experimental group is consistent with research showing that international students are exposed to a combination of academic, interpersonal, cultural, and migration-related stressors that can intensify threat perception and emotional arousal. College students already constitute a population at elevated risk for anxiety and depressive symptoms, and international status can add language difficulties, cultural uncertainty, social evaluation concerns, and limited access to familiar sources of support (Javaid et al., 2023; Li et al., 2022). The present findings may be explained partly by the ability of multicultural therapy to help participants identify the cultural and situational meanings attached to their anxious thoughts. International students may interpret communication errors, unfamiliar classroom practices, or difficulty establishing relationships as evidence of personal failure or rejection. By examining these interpretations

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within a culturally sensitive therapeutic relationship, participants may have learned to distinguish actual environmental challenges from exaggerated predictions of embarrassment, exclusion, or inadequacy. This explanation is compatible with the cognitive theory of anxiety, according to which anxiety is maintained by biased appraisals of threat, underestimation of coping capacity, and avoidance behaviors that prevent corrective learning (Clark & Beck, 2023). Multicultural therapy may therefore have reduced anxiety by combining culturally informed understanding with cognitive and behavioral strategies that challenged catastrophic beliefs and encouraged gradual engagement with previously avoided situations.

The anxiety findings are also aligned with evidence that culturally adapted cognitive-behavioral approaches can reduce specific forms of anxiety among international students. Previous work addressing public-speaking anxiety in multicultural counselling settings has shown that intervention becomes more effective when cognitive restructuring and behavioral practice are adapted to students' cultural backgrounds and communication concerns (Anwar et al., 2024). International students may experience speaking in class, interacting with faculty members, completing administrative procedures, and communicating in a nonnative language as threatening situations. These situations involve not only performance demands but also concerns about accent, cultural misunderstanding, stereotyping, and negative evaluation. The multicultural therapy intervention used in the present study likely provided a context in which such concerns could be discussed without being dismissed as irrational or reduced to general test anxiety. Recognition of culturally grounded fears may have increased therapeutic credibility and strengthened participants' willingness to use coping skills. The findings also correspond with research emphasizing the importance of culturally responsive practice as a core therapeutic requirement rather than an optional addition to conventional psychotherapy (Vasquez & Johnson, 2022). When the therapist acknowledges culture as an integral component of emotional experience, clients may feel safer, less judged, and more capable of examining the beliefs and behaviors that maintain anxiety.

Another possible explanation for the decline in anxiety is that multicultural therapy helped participants manage acculturative stress. International students must often adapt to unfamiliar norms while preserving meaningful ties to their original cultural identities. This process can generate identity conflict, homesickness, uncertainty, and fear of social rejection. Previous research has demonstrated a direct relationship between acculturative stress and anxiety and has emphasized the role of cognitive appraisals in determining whether cultural transition is experienced as manageable or threatening (Li & Li, 2024). Multicultural therapy may have altered these appraisals by normalizing acculturation difficulties and reframing cultural difference as a challenge that can be negotiated rather than as proof that the student does not belong. This interpretation is also consistent with the frequent stressor and mental health model, which proposes that repeated exposure to everyday stressors can gradually increase psychological burden when individuals lack sufficient coping and recovery resources (Kalisch et al., 2023). Because international students face recurring rather than isolated cultural stressors, the therapeutic development of emotion-regulation strategies, problem-solving skills, and culturally meaningful coping responses may have reduced the cumulative impact of these experiences.

The significant improvement in general psychological health further indicates that the effects of multicultural therapy were not confined to anxiety symptoms. The experimental group showed a marked reduction in overall psychological distress as measured by the General Health Questionnaire. General psychological health among international students may be influenced by somatic complaints, sleep problems, depressive symptoms, loss of motivation, and difficulty carrying out ordinary academic and social responsibilities. The observed reduction in distress may have resulted from the intervention's attention to multiple dimensions of adaptation, including emotional awareness, self-acceptance, interpersonal support, coping with discrimination or misunderstanding, and management of academic pressures. Global evidence suggests that many mental disorders emerge during adolescence or early adulthood, making the university years a critical period for prevention and early intervention (McGrath et al., 2023). When culturally appropriate care is unavailable, distress may persist, worsen, or interfere with educational continuity. Studies of mental health treatment across countries have also demonstrated substantial inequalities in access to pharmacological and psychological care, particularly across different income contexts (Kazdin et al., 2023). The present findings therefore support the value of accessible, culturally responsive psychosocial services within universities as an early intervention strategy for students who may otherwise remain untreated.

The improvement in psychological health also corresponds with research demonstrating that the mental

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health of international and immigrant students is closely related to coping strategies and perceived social support. International students who possess effective coping resources and supportive relationships are generally better able to manage cultural transition, whereas students who feel isolated may experience greater distress (Mozafari et al., 2022). Multicultural therapy may have strengthened psychological health by helping participants identify existing sources of support, communicate their needs more effectively, and develop new connections within the host environment. It may also have reduced self-blame by locating distress within the interaction between individual vulnerabilities and social conditions. This contextual understanding is consistent with the social determinants perspective, which emphasizes that mental health is shaped by discrimination, educational opportunity, economic conditions, social inclusion, and access to services rather than by intrapersonal factors alone (Vigo et al., 2024). In West Asian university settings, international students may encounter particular combinations of language barriers, cultural similarities, cultural differences, financial concerns, and uncertainty regarding the availability of psychological care. Research from the region has confirmed that anxiety and mood disorders represent substantial public mental health concerns and that a significant treatment gap can remain despite the presence of need (Khaled et al., 2024). The current findings suggest that university-based multicultural therapy may help address part of this gap.

The increase in social well-being was another central finding of the study. Social well-being includes perceptions of belonging, social acceptance, social coherence, social contribution, and confidence in the possibility of positive social development. These dimensions are especially relevant to international students because adaptation depends not only on individual emotional stability but also on whether the host environment is experienced as meaningful, inclusive, and open to participation. Previous research has shown that institutional climate can affect immigrant students' engagement by influencing their sense of recognition, security, and connection to the educational setting (Hu et al., 2025). International students who perceive the university as unwelcoming or unpredictable may avoid social interaction and interpret ordinary difficulties as evidence that they are excluded. Multicultural therapy may have improved social well-being by allowing participants to examine these perceptions, develop more realistic interpretations of social encounters, and identify opportunities for participation that were previously overlooked. At the same time, the intervention may have validated genuine experiences of marginalization, thereby avoiding the implication that all social difficulties were products of distorted thinking.

The improvement in social well-being is consistent with studies emphasizing the importance of social capital and social integration in international student adjustment. Social relationships provide emotional support, information, practical assistance, and opportunities for identity confirmation. International students who are able to establish meaningful ties within the host society are more likely to experience belonging and perceive themselves as valued participants in the community (Li & Li, 2023). Multicultural therapy may have enhanced these outcomes by strengthening communication skills, reducing avoidance, and helping students understand how cultural norms influence interpersonal behavior. It may also have encouraged participants to maintain supportive relationships with members of their cultural communities while developing connections with individuals from the host society. This balanced approach is important because adaptation does not necessarily require abandoning the culture of origin. Research on multicultural identity construction indicates that international students frequently develop hybrid or bicultural identities through active negotiation between cultural contexts (Jin & O'Regan, 2024). Therapeutic recognition of this identity process may have helped participants integrate different aspects of themselves rather than viewing their cultural commitments as mutually exclusive.

The observed improvement in social performance similarly suggests that multicultural therapy influenced participants' capacity to translate psychological gains into interpersonal and community behavior. Social performance involves socially responsible action, effective communication, cooperation, engagement, and the ability to carry out ordinary social and academic roles. Anxiety can interfere with these functions by promoting withdrawal, avoidance of group activities, reluctance to request assistance, and fear of negative evaluation. Once anxiety decreased, participants may have been more willing to communicate with classmates, participate in university activities, and engage in problem solving. The intervention's emphasis on culturally appropriate communication and interpersonal rehearsal may also have helped students interpret social expectations more accurately. Cultural capital can influence international students' educational success because students differ in their familiarity with the

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implicit rules, communication styles, and institutional expectations of the host system (Davies, 2024). By making some of these expectations explicit and helping students develop context-sensitive strategies, multicultural therapy may have improved both social and academic functioning.

The social performance results may also be interpreted through the role of digital communication in cross-cultural adaptation. International students frequently use social media to maintain relationships with family and co-national peers, obtain information about the host society, and form new social connections. Research has found that social media use can contribute to social identification and cross-cultural adjustment, although its effects depend on how online engagement is structured (Jiang & Wang, 2024; Zhang et al., 2024). Multicultural therapy may have encouraged students to use digital communication more intentionally, balancing online contact with direct participation in the university community. This could reduce isolation without requiring students to sever emotionally important ties to their home cultures. However, the intervention may also have helped participants recognize when online comparison, exposure to exclusionary content, or excessive dependence on distant relationships was interfering with local adaptation. The development of more flexible communication patterns could consequently improve social performance and perceptions of belonging.

The substantial effects across psychological and social outcomes may also reflect the quality of the therapeutic relationship. Multicultural competence requires more than knowledge about cultural groups; it involves self-awareness, openness, cultural humility, and the ability to adapt therapeutic techniques without relying on stereotypes. Deliberate practice in multicultural therapy has been proposed as a means of strengthening therapists' ability to recognize cultural ruptures, respond to identity-related concerns, and communicate respect across differences (Harris et al., 2024). Training in multicultural and refugee-serving contexts likewise shows that culturally responsive competence develops through reflection, supervision, and direct engagement with diverse clients (Kuokim, 2024). When international students perceive that their cultural values and experiences are understood, they may disclose distress more openly and engage more actively in treatment. This is particularly relevant for students from backgrounds in which formal psychological treatment is unfamiliar or stigmatized. A respectful and collaborative therapeutic relationship may therefore have contributed to both symptom reduction and improved social functioning.

The findings additionally support the importance of social justice awareness in counselling international students. International students' difficulties may arise partly from structural and institutional conditions rather than only from individual coping deficits. Multicultural and social justice counselling competence enables therapists to recognize the effects of power, exclusion, language privilege, and institutional barriers on psychological well-being (Zhai & Prescod, 2025). This perspective may have helped participants understand that some of their distress reflected genuine contextual pressures and was not simply a sign of weakness. Therapeutic validation can reduce shame and create space for both personal change and constructive engagement with the environment. The usefulness of this approach is also supported by work with vulnerable populations, which emphasizes that culturally responsive therapy must consider social position, prior adversity, and unequal access to resources (Vélez Agosto & Almario-Zgheib, 2024). Some international students may also carry earlier experiences of trauma, family instability, or social adversity that influence present emotional and interpersonal responses. Since adverse childhood experiences are associated with later mental health problems and impaired social functioning, culturally sensitive assessment should avoid attributing all distress solely to current acculturation (Tzouvara et al., 2023).

The present results have implications for the persistence and educational success of international students. Psychological distress, weak social integration, and uncertainty about belonging can reduce academic engagement and increase the likelihood of withdrawal from university. Research involving immigrant college students has shown that mental health and immigration-related circumstances can influence students' intention to persist in higher education (Moreno et al., 2022). By reducing anxiety and strengthening social well-being and functioning, multicultural therapy may indirectly support attendance, classroom participation, academic confidence, and continuation of study. The intervention may be particularly valuable for students whose difficulties remain unnoticed because they continue to meet academic requirements despite experiencing substantial internal distress. The findings therefore support a broader definition of student success that includes psychological safety, cultural inclusion, social connection, and functional participation in addition to grades or degree completion.

Several limitations should be considered when interpreting the findings. The experimental sample was

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small and consisted of only 30 international students from one university, which limits the statistical power and generalizability of the results. The participants were selected after screening for elevated anxiety, and the findings may therefore not apply to international students with mild symptoms, severe psychiatric disorders, or different adjustment profiles. The study used a wait-list control condition rather than an active comparison intervention, making it difficult to determine whether the outcomes resulted specifically from multicultural therapy or partly from attention, group participation, therapeutic expectancy, and contact with the therapist. The reliance on self-report instruments may also have introduced response bias, social desirability, or differences in the cultural interpretation of questionnaire items. The posttest was conducted immediately after the intervention, and no follow-up assessment was available to determine whether the improvements were maintained. In addition, variations in nationality, language proficiency, length of residence, socioeconomic status, prior treatment, and degree of cultural distance were not examined as moderators of treatment response.

Future research should replicate the study with larger and more diverse samples recruited from several universities and countries across West Asia. Multicenter randomized controlled trials could compare multicultural therapy with cognitive-behavioral therapy, supportive counselling, psychoeducation, or another active intervention to clarify its specific therapeutic contribution. Researchers should include follow-up assessments at three, six, and twelve months to evaluate the durability of treatment effects. Future studies could also examine whether nationality, gender, language proficiency, perceived discrimination, acculturative stress, social support, bicultural identity, and duration of residence influence intervention efficacy. Mixed-methods research would be valuable for exploring participants' subjective experiences of multicultural therapy and identifying which therapeutic components are perceived as most helpful. It would also be useful to include behavioral indicators of social participation, academic engagement, service utilization, retention, and educational performance alongside self-report measures.

In practice, universities should integrate culturally responsive mental health screening and intervention into international student support services. Counselling centers should provide multilingual information, reduce stigma surrounding help-seeking, and train clinicians in multicultural competence, cultural humility, migration-related stress, and the social determinants of student mental health. Multicultural therapy may be offered individually or in small groups, particularly during the early stages of students' arrival and adjustment. Programs should address anxiety management, cultural identity, emotional regulation, communication skills, social support, discrimination, homesickness, and navigation of institutional expectations. Collaboration among counselling centers, international student offices, academic departments, residence services, and peer-support programs may help identify vulnerable students earlier and create a more inclusive university environment. Practitioners should also avoid treating international students as a homogeneous group and should adapt interventions to each student's language, cultural values, migration history, family context, and personal goals.

Authors' Contributions

All authors significantly contributed to this study.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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