



NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
GENERAL PSYCHOLOGY PROGRAM

**COMPARISON OF ACCULTURATION AND SOCIAL
SUPPORT AMONG THE DEPRESSED AND NON-
DEPRESSED INTERNATIONAL STUDENTS**

MAHSA MOHAJER

MASTER'S THESIS

NICOSIA
2020

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NICOSIA
2020

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DECLARATION

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ABSTRACT

COMPARISON OF ACCULTURATION AND SOCIAL SUPPORT AMONG THE DEPRESSED AND NON-DEPRESSED INTERNATIONAL STUDENTS

Depression remains growing globally, among students particularly more crucial than other groups. According to the previous studies, depressive symptoms among international students' provoke by lack of social support and significant acculturative stress. As regards , the aim of this study is a comparison of acculturation and social support among the depressed and non-depressed international students at Near East University in Cyprus. 100 participants were included in that study with the purposive sampling method. Socio-demographic form, Acculturative stress scale, Perceived Social Support scale, Depression CES-D scale were given to participants. Then in this assessment demonstrates that acculturative stress was significant among depressed and non-depressed students. Also, this study has shown that depressive people have affected social support and acculturative stress among international students in Cyprus. Additionally, in this study was found that risk factors of depression were fear, guilt, and social support.

Keywords: Acculturation, Depression, Social support, Acculturative stress , International students

ÖZ

DEPRESYONDA OLAN VE DEPRESYONDA OLMAYAN ULUSLARARASI ÖĞRENCİLERDE KÜLTÜRLEŞME VE SOSYAL DESTEĞİN KARŞILAŞTIRILMASI

Depresyon, öğrenciler arasında diğer gruplardan daha önemli derecede öğrenciler arasında küresel olarak büyümeye devam ediyor. Önceki çalışmalara göre, uluslararası öğrenciler arasında depresif belirtiler, sosyal destek eksikliği ve önemli aktürafif stres nedeniyle artmaktadır. Bu çalışmanın amacı, Kıbrıs'taki Yakın Doğu Üniversitesi'ndeki depresif olan ve depresyona girmeyen uluslararası öğrenciler arasında kültürleşme ve sosyal desteğin karşılaştırılmasıdır. Amaçlı örnekleme yöntemi ile bu çalışmaya 100 katılımcı dahil edilmiştir. Katılımcılara sosyo-demografik form, Kültürel stres ölçeği, Algılanan Sosyal Destek ölçeği, Depresyon CES-D ölçeği verilmiştir. Daha sonra bu değerlendirmede, depresif ve depresif olmayan öğrenciler arasında kültürel stresin anlamlı olduğunu ortaya cikmıstır. Ayrıca bu çalışma, depresif kişilerin Kıbrıs'taki uluslararası öğrenciler arasındaki sosyal destek ve kültürel stresden etkilendiğini göstermiştir. Bu çalışmada depresyon risk faktörlerinin korku, suçluluk ve sosyal destek olduğu da tespit edilmiştir.

Anahtar Kelimeler: Kültürleşme, Depresyon, Sosyal destek, Kültürleşme stresi, Uluslararası Öğrenciler

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ABBREVIATION

TRNC : Turkish Republic of Northern Cyprus

NC : North Cyprus

MDD : Major Depression Disorder

PTSD : Post Traumatic Disorder

INTRODUCTION

Therefore, one of the worldwide epidemic problems is depression, this mood disorder, classified as a third and foremost subscriber to the health issue. Depression has a severe negative influence on the processing of behavior and skills in daily life furthermore standard of living, moreover related to increasing commonness the numerous somatic disorders and grew any cause of death, all-cause of mortality (Melin, Svensson, Thulesius, 2018). Common symptoms such as sad, loss of interest, anxious or nervous feeling, hopeless and suicide ideation. Currently, prevalence demonstrates to be increasing and also foreign students informed that depression features were more distinguished in compare within indigenous students (Acharya, Jin, Collins, 2018). Particularly among college students is higher than the entire group of individuals non-collegian learners. Among college students in reference to the compound of hereditary, biological, psychological, interpersonal, environmental circumstances is exacerbating reasons to that future risk of depressive symptoms or major depressive disorder. However, until this moment, toward academic followers, for the imminent determinant of depressive symptoms, neither signified methodical review neither meta-analysis study (Yan, et al., 2019).

Acculturation is an essential subject for studying to find out individuals how to deal with living in new societies or with different cultures, also preventing side effects acculturation issues need to investigated more designed for how could have a safe and secure society with emphasized on improving positive opportunities of immigration for immigrants. Hence individual's well-being, has a dynamic relationship between mental-health, adequate behavior, civilized and quality of culture also notably acculturation related to psychology and culture While acculturation is a consequence of the combination of heritage culture and host culture. Due to this combination, these are having a mutual impact on culture and mental health. Consequently, it is a cross-cultural transition. During temporarily staying in other countries like international students, adjustment is important however global mobility is opening a positive chance for culture exchange (Armes, & Ward, 1989). While acculturation influence on mental health of immigrants then it is important background of

immigrants means pre-migration experience like war, death of loved ones, starvation, torture, or other issues, trauma they have challenged and experienced because those traumata have relationship with post-migration adjustment and mental illness (Daphne, Cole, Ginette, Ferszt, & Faan, 2019; Schweitzer, Melville, Steel, & Lacherez, 2006).

According to Huang (1977) suggested international students have the possibility of difficulty for replacement social support, the same as social networks, friends, and family, all affiliated in their hometown (Sümer, Poyrazli, & Grahame, 2008). In 1990 'Rudd' assumed that lack of social support rises the possibility of hopelessness and extra affected by habitancy tension, therefore, undergo greater levels of anxiety besides depression. In 2010 ZHANG found that no influence on acculturation by heritage culture among chines international students in Germany. Even though consequently Neuroticism plus Openness stayed two participated predictors from sociocultural adjustment Sociability also conventional acculturation was solely associated with overall adjustment, even though academic adjustment obtained exclusively associated with Conscientiousness. Whole aspects from psychological adaptation remained connected through Neuroticism plus Conscientiousness, whenever positive essentials like self-confidence and self-respect also life achievement, settlements when need and desire successful fulfillment implied linked facing extraversion and openness (Zhang, 2010). However international study shows that 3.1 % of those who are living in Turkey suffer from anxiety and depression that study is revealed by international comparison (Andrade, et al., 2003). Also, depression and anxiety of immigrants and ethnic minorities are higher than European native citizens, this study was done based on population in 23 European Countries (Missinne, Bracke, 2012; Ince et la., 2014). Since generally international students from Africa, Asia, the Middle East, more suffer from acculturative stress than international students from western countries (Yeh, & Inose, 2003). And generally, a high level of acculturative stress belongs to collectivist culture society such as Africa, Middle Eastern and Latin American countries (Inglehart. & Osyserman, 2004). Furthermore, according to this study, international stunts about 37 nationalities which the majority belong to this category where is

collectivism. Depression is a common disorder among Turkish Cypriots (Çakıcı, et al., 2017). In this, the current study is performing about comparing acculturation and social support among depressed and non-depressed international students at Near East University in North Cyprus, which is in context to find out risk factors of cross-cultural adjustment in this groups. Thus, this is important due to what sorts of correlation, international students have difficulties with depression and acculturation plus discover the impacts of social support among them.

Problem statement

Depression is growing up among the world because of many different reasons such as genetic, life style, stressors factors of capitalist world and immigration is one of those reasons as well. That individuals and societies are challenging with those side effect on the quality of life. Acculturation impact on the psychological health also physical well-being, lack of social support, as a result of negative affect, due to theses inevitable processes need to study for preventing and treatment of this phenomenon at least among international students. Refer to many studies demonstrated that depression is increasing globally so as a statement of depression among students higher than the general population. Then depressive symptoms is high among immigrants, however, social support one of the predictors but studies revealed that among students with lack of social support may exacerbate depressive symptoms, as a ramification, need a serious study for what reasons bring up depressive symptoms and what predictors may reducing acculturative stress factors and lifestyle stressors on international students. In this study by comparing between depressed and non-depressed international student try to understand association depression with acculturative stress and the possibility of buffering depression by social support on the international students.

Aim of the study

Comparison of Acculturation and Social Support among the Depressed and Non-Depressed International students

Importance of the study

International students have many difficulties in Cyprus. Since international students have come to abroad for studying, they have no social support. Though their religion and cultural characteristics are different, in both directions between Turkish host culture society and international students, there were cultural stressful interaction. This interaction has many psychological effects, especially on international students. Depression is one of the most common psychological disorder in Cyprus (Çakıcı et al., 2017). Cultural conflicts were also caused by depressive syndromes, sadness, anxiety, sleeping disorder, hopelessness, loneliness, eating disorder, Isolation. The purpose of this present study was to compare the acculturation and social support between depressed and non-depressed international students. With this study also the length of residence in the Cyprus, cultural distance, perceived discrimination, and certain demographic characteristics such as gender, age, marital status, education level, and economic status has been evaluated for the effect on depressive international students.

Limitations of the study

150 questionnaires spread among international students, but just 100 students responded, for more accuracy and validation need clinical and qualitative study because of some reasons for example, in this study unavailable to have premigration history of international students, number of questions was important for them, should not be too much, so out of students' toleration for responding - there was difficulty for perceiving questions for some students that were not clear notion of questions. The name of questionnaires brings up insecure of negative judgment, so many students feel insecure that some of them because of the depression scale, they were resistant to fill the form or did not give an accurate answer.

Definitions

Depression: Depression may grow as a severe health issue while continuing negative feelings for long-lasting and including mild or severe exacerbate. Thus, depression is different from regular mood changing, besides some temporary emotional reactions through difficulties during daily life. Although depression can basis for an individual to suffer considerably also function inefficiently at work, at school, in the relationship. Further, during the most acute level, depression can lead to suicide which implies between 15-29 years old this signifies as a second reason to death. Within each year because of suicide to 800, 000 people die. According to WHO in 2010 depression has been recognized as a major reason for disability. Even though there are known viable medicines and treatment for depression, less than half of those influenced within the world in numerous nations, however, less than 10% get such medications and therapy. Impediments to compelling care incorporate a need for assets, the need for prepared health-care suppliers, and social disgrace related to mental disarranges. Another obstruction to successful care is the wrong evaluation. In nations of all wage levels, individuals who are discouraged are regularly not accurately diagnosed, and others who don't have the clutter are as well regularly misdiagnosed and endorsed antidepressants. In the world's depression, sadness and other mental wellbeing conditions are on the mounting. A World Wellbeing Get together determination passed in May 2013 has called for a comprehensive, facilitated reaction to psychological disorders at the national level" (World Wellbeing Organization, 2018).

Brain functional reason of depression: Depression is characterized by a mood-congruent attentional bias at later stages of information processing. The basic idea is decreased activity in prefrontal areas, mediated by the serotonin metabolism which the hypothalamic-pituitary-adrenal (HPA) axis controls, as a result of sustained activation of the amygdala in response to stressors in the environment because of impaired attenuation of subcortical regions. Thus, impaired ability to utilize attentional inhibitory to control above negative elaborative progressions after the confrontation with stressors, like a one symptoms of depression as rumination by declined prefrontal control in interface with depressogenic or tend to depression (Raedt, Koster, 2010). Correspondingly, major depression due to reward networking impaired during

reward processing, pleasure-seeking (Zhu, et al., 2017). Considerably connectivity reduction in both fear and reward system reasons for major depression comorbidity, posttraumatic disorder that was associated with reduce connectivity of the centromedial amygdala (CMA), basolateral amygdala (BLA)- orbitofrontal cortex (OFC), nucleus accumbens (NAcc) thalamus pathways were correlated by major depression MDD symptoms and PTSD symptoms (Zhu, et al., 2017). Likewise, there is similar abnormality pattern in general anxiety disorder and major depression which researchers found that decrees connectivity between amygdala (fear generating) and rostral ACC (fear regulating) and dysfunctional of prefrontal cortex reflect at the less effortful and less conscious so impaired emotional regulation and decreased emotional processing (Etkin, Egner, Kalisch, 2011; Gyurak, Gross, Etkin, 2011; Carballo, Scheuerecker, Meisenzahl, 2011; Prater, Hosanagar, Klumpp, Angst, Phan, 2013).

Therefore, the study put forward which depression does not derive, solely producing excessively many rather extremely few of certain brain chemicals. Somewhat, out of order mood regulation via the brain, genetic vulnerability, stressful life events, medicines, moreover medical problems these are possible causes of depression” (Health, 2017).

Symptoms: Refer to World Health Organization Depression is a common mental disorder, characterized mood by persistent sadness and a loss of interest in activities that you normally enjoy, hopeless, helplessness, nervous or anxious feelings and even sleeping disorder, eating disorder, suicidal ideation (Wang, Shi, Luo, 2017; Yana, et al., 2019). At the Bottom of severity is a depressed mood (Am. Psychiatry Assoc, 2013). the feeling of guilt and psychomotor retardation top level of major depression (MMD) (Primo de Carvalho Alves L, Pio de, 2017). characterized by disability to accomplish everyday liveliness, at least for two weeks (WHO).

Prevalence: Depression is a well-known disease globally, including more than 300 million people afflicted. (WHO2018). The prevalence of depressive symptoms corresponded to the common population otherwise non-college students is higher among college students as state by different meta-analyses

Prevalence reveals to be increasing because of developmental phase in life university scholars who are an education in higher academic level or higher level institutes they suffer from daily life stressors and other additional unique stressors as well. In addition, the quality of adaptation to the new environment on campus, educational expectations, moreover the higher education program (Yan, Ning, Guangyi, Yubei, Bingyuan, Yili, Chuanxin, Gongying, 2019) (Liu Y et al, 2019). Prevalence of depressions identified “. The highest depression proportions are found in the Middle East, North Africa, sub-Saharan Africa, Eastern Europe, and the Caribbean. The lowest proportions were in East Asia, followed by Australia/New Zealand and Southeast Asia, especially in Japan” (Çakıcı, Gökçe, Babayiğit, Çakıcı & Eş, 2017; Ferrari, Charlson, Norman, Patten Freedman, Murray, 2013).

Risk factor: There are diversities of risk factors for depression which Studies reveal that the main possible risk factor is genetic features, follow by that in brain change of functional and structural will occur. Although, children will be at high risk while existing family members who have depression and mental disorders. Many studies show generally female more than male suffer by depression in addition to marital statuses such as widow and divorce higher than married. Even though age is important, elderly above 55 with the thought of death and growth of health issues. Lifestyle when stressful life events. Physical and psychological trauma then event that has long-term negative effects for instance the trauma affected by the death of a close friend or family, severe disease, mistreatment either abusive and violent relationship so these make high possibility to depression. Additional other potential factors economic issues and social environment problems. however, in the North Cyprus socio-culture one of the main reasons besides other main factors so according to the historical background of North Cyprus such as war, colonization, immigration, financial difficulty, moreover traumatic experiences, consequently depression currently is one of the particular serious issues among the population (Cakıcı, et al., 2017).

Treatment: Depression is treatable, Standard treatments with talking therapies as cognitive-behavioral therapy (CBT), third wave of therapy is Mindfulness-Based Cognitive Therapy (MBCT), or antidepressant medication otherwise combination of these two treatments while they are unsuccessful for many patients (World Health Organization, 2018; Hollon, & Dimidjian, 2009). Clinical neuroscience therapy, however, there is an alternative treatment Prefrontal transcranial direct current stimulation (tDCS) but has revealed changeable efficiency for depression, and its mechanisms are poorly understood (Camilla, et al., 2019).

Acculturation

Culture: Culture is controversial and complicates notion at social science, so it has a different definition, therefore according to the traditional explanation of culture is the best thoughts and discourse at the one society'. There are two kinds of culture, one of them is 'high culture' that means the collection of excellent and advanced thoughts also contemplation then reveals as fine arts and aesthetic such paint, music, authentic literature and philosophy. The other one is 'popular culture' which is belong to daily life from the majority population or common people, but consequently, these two evaluated giving the big – ticket to first group worthiness and good then the other populist that's worthlessness and bad. So accordingly, to social science and humanism, the study of culture they called 'cultural turn, 'although emphasized on the semantics and knowledge of meaning for the definition of culture. Followed by that means, culture produce and transaction of semantic and also process of production of collections from practices. Therefore, mutual values among one group or society are culture. This explanation similar to anthropology definition, however, emphasized more in sociology. culture consists of the beliefs, behaviors, objects, and other characteristics common to the members of a particular group or society. Through culture, people and groups define themselves, comply with society's shared values, and contribute to society. Whereas understanding of some question, who I am? (identity), what are feeling and interests? (emotions) and I belong to where and I belong to what or I belong to which groups? Then this has appeared in the practice and thoughtful behavior of people. Moreover, social life might be mentioned in

close relation to the cultural compound of meaning and function of values, language, and identity (Stuart, 1391). However, it is difficult to answer this question; what is culture. Nevertheless, religions and nations are two important key concepts of culture also these are vital in consequence for understanding and resolving conflict in the world. Culture is commencing to function in the plane of social as well as “collectively intersubjective interactions” thus culture is changeable by the social interaction and is not physical mechanism (Yamamoto, 2017). Besides, according to the myriad study shows that culture engages in recreation as a major role in an individual’s reaction and perception in different health conditions (Zisberg, 2017).

Acculturation: Concept of acculturation is combining and transition of heritage culture with the host culture, practices, values, including identifications, according to Redfield, Linton, and Herskovits,” phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups.” Heritage culture means that culture of an individual or group is belonging homeland or parents in contrast with the host or receiving a culture which acculturation individual move to. Thus, complex and multidimensional this concept of acculturation often uses for migrants, asylum seekers which individuals learn and acquisition new culture and discard original culture those have changed and influence on each other (Altweck, Marshall, 2015).

On the other hand, acculturation has been related to some negative impacts on immigrant’s well-being. Thus, acculturative stress can cause a low level of mental functioning like confusion, frustration, anxiety, and depression (Abu-Bader, Tirmazi, & Ross-Sheriff, 2011). Moreover, the aim of consideration and study on acculturation is the process of cultural learning and adaptation moreover reach out to individuals ‘experience acculturative stress (Berry et al,2006) (Jessica M. Dennis et al,20016). According to Sandhu and Asrabadi (1994) who are developed acculturative stress scale for international students(ASSIS), acculturative stress affected by seven factors perceived discrimination and alienation, homesickness, apprehend hate, fear and insecurity, culture shock, problems in adjusting, guilt, and a classification which

consist of supplementary experiences that do not appropriate to in any of the previous factors (Sandhu, D. & Asrabadi, B, 1994) (Jean-Paul, 2015). To sum up, there are three degrees of change during the acculturation process: first “behavioral shift” which means change is easy for individuals thus without problem change follow shifting. Second is “acculturative stress” which means for individuals’ acculturation is a challenge with problematic and difficulty. Third “psychology” that individuals overwhelmed by acculturative stress accumulate and experiences which are compromised psychology well-being and mental health of individuals. (Berry J. W., 1997).

Symptom: Acculturative stress related to several symptoms, depression, anxiety, somatic symptoms, homesickness, loneliness, sadness, fear, cultural identity confusion, social withdrawal (Yakunina, E.S., Weigold I. K. Weigold A, Sanja Hercegovac, S., Elsayed, N, 2013).

Psychological adaptation: In this current time one of important skill is how adopt to change as Stephan Howking said that “Intelligence is the ability to adapt to change.”

Psychological adaptation brings up to the comparatively stable psychological changes that take place in an individual in response to environmental demands (Berry et al., 2006) (ÇAKIR, 2009). “Psychological adaption mostly involves one's psychological well-being and satisfaction in a new cultural context, whereas sociocultural adaptation refers to one's ability to acquire culturally appropriate knowledge and skills and to interact with the new culture and manage daily life “(Ward, Bochner, & Furnham, 2001). Refer to Berry Culture-shedding is required for psychological adoption, learning new behavior repertoire that is suitable in new cultural context and unlearning behavior that are no longer appropriate (Berry J. W., 1997).

Cultural conflict: The cultural conflict occurred when among bicultural integration identities is not cohesion consequently one group feel to have lack cultural-based or they don't belong to the culture so they are more sensitive to the tension within two culture, therefore, cultural conflict might have happened. So, in the case of immigrants, there is a negative correlation between

psychological adjustment and cultural conflict from sojourners' mainland China and Hong Kong. While there is a positive correlation with self- rate depressive symptoms with conflict cultural identities in immigrant American students (Trimble, 2003).

Risk factor: Acculturation is Cultural and psychological changed when individuals and a group from one culture contact to other culture, so inevitable side effect and risk factors from this dual process which significant stress or increasing maladaptive mental health symptom as well as depression, delinquency (Andrew L. Frazer et al., 2017). Although study about who are immigrant to the USA shows that risk of depression less for those immigrants late in life as elderly group however before teenage years were immigrants with staying longer at the US, for this group adaptation of host culture will face with higher risk and experiencing mental and behavioral health issues, with increasing negative effects. For example, with following age group, In the other study of proxy for acculturation demonstrated that is increased risk of adolescences for smoking lifetime who are English language use from Latino and Asian immigrant in the USA (Garcia C, C., & Marks, A. K, 2011) (Unger, J. B., Cruz, T. B., Rohrbach, L. A., Ribisl, K. M., Baezconde-Garbanati, L., Chen, X., Trinidad, D.R., & Johnson, C. A, 2000). Several reasons explained some risk of tobacco use, depressive symptoms and delinquency, thus family conflict and poor communication while youths with integration to host culture and parent effort to remain to their heritage culture as a separation strategy. But this is complex because of multi-dimensional of nature of acculturation, understanding relationship of acculturation, mental health outcome, hence necessary to examine unique risk with process of acculturation, and individuals and family health (Unger et al., 2000, Andrew L. Frazer et al.2017) (Elder, J. P., Broyles, S. L., Brennan, J. J., Zuniga de Nuncio, M. L., & Nader, P. R., 2005) (Greenman, E., & Xie, Y. , 2008).

Treatment: There are three processes during psychological adaptation and acculturation requires culture shedding, culture learning, culture conflict. migrants need to learn skills essential in the new culture. Also, the language of host culture has an important role in adjusting better host culture and social

connection. Likewise improve personality traits as openness for participated in the host culture to have social support (Berry, 2005).

Social support

Definition: In this social support mentions to the fact of existing and companionship of social and cultural institutions for the support of the acculturating individual (Berry, J. W., Poortinga, Y. H., Segall, M. H., & Dasen, P. R., 2002). Social support has commonly been present related to positive psychological and physical outcomes in the literature, as well as improved physical mental health, improved sense of adaptation, an increased sense of personal competence, empowerment, and boosted sense of reassurance, and self-esteem, resilience, thus social support is protective of stressor for migrants and strongest predictor increased well-being (Berry J. W., 2006). social support is one of the essential dynamics that may influence the adaptation of migrants in their new lifestyle. Social support has extra point for migrant individuals as they may experience the breaking relations to family and friends and this may possibly lead to a feeling of loss and a decline in their capacity to cope with the daily stresses (Hovey, J, D, Magaña, C. G., 2002)

Migrant females experience the loss of significant social support way out containing their consistent relationships, commitment(s), networks, familiar food, places people, and regular behaviors. As a consequence, migrant females more than males experience a loss of their support networks but also come to be the victims of abusive also violent acts accordingly of this loss (ÇAKIR, 2009). In addition, social support has a positive impact on preventing an individual from an economical and legal problem. In another explanation of social support is “an advocative interpersonal process that is centered on the reciprocal exchange of information and is context-specific” (Finfgeld Connett, 2005, p. 5) (ÇAKIR, 2009). Follow by having healthy and positive social networking and caring desire for validation will be satisfying than after stress reduction. Furthermore, Jasinskaja-Lahti, Liebkind, Jaakkola, and Reuter (2006) distinguished that the role of host and ethnic community networks is important for the psychological wellbeing of migrants. As a consequence, in other different studies among American African migrant and Korean migrant

revealed that having communication and support from family, friend, the relative and social network from host society it has a similar and positive effect on the relationship between psychological adaptation as well psychological well-being has an effect on lowering of stress. However, Bengi-Arslan, Verhulst, and Crijnen's (2002) study with Turkish immigrants in the Netherlands, neither the support from neighbors nor from friends and family members appeared as associated with a reduction in the risk for minor psychiatric disorders (Çakır, 2009).

According to Huang (1977) suggested International students have the possibility of difficulty for replacement social support, the same as a social network, friends, and family they had in their home country (Sümer. S., Poyrazli.S., and Grahame. K., 2008). Lack of social support rise up the probability of hopelessness and more sensitive to life stress, therefore, experience higher levels of distress (Rudd, 1990).

Loneliness: Loneliness is normally termed as a feeling of sadness and emptiness so the reason is cognitive awareness of lack of similarity of wish with the things have when there are differences between what a person has and what a person wishes to have (Daniel Perlman, Letitia Anne Peplau, 1982). Most people have loneliness

Loneliness side effects: Loneliness side effect among people especially for adolescence is difference depend on severity and duration so afterward can be strong and chronic which cause serious health and behavioral issues. Then linear study shows who are continuously feel loneliness for a long time during childhood and adolescence there is "high risk of developing sleep disorder, depressive symptoms, low perceive general health, self -harm disorder, self-destruction, eating disorder and raise risk of suicide attempts also school absence and low grade at school theses side effects are because of emotional pain. It is important to a range of risk factors and intensity side effects, for preventing also relive and reduce loneliness. Besides, there are more emphasized studies about individual elements such as genes, personality traits and many-dimensional of social relationships as vital risk factors" (Madsena K.R. et al., 2016).

CHAPTER 1

LITERATURE REVIEW

1.1. Theory of Mind in Major Depressive Disorder

Theory of mind, social communication skills, was termed in 1978 by Premack and Woodruff, therefore after an experiment in chimpanzees then studied the gestures and nonverbal communication of babies then after study shows that chimpanzees are similar to humans, they act to attain their goal, that they attach to their mental states and arrange into a structured whole order and organized their behavior based on them. Theory of mind is the ability to explain the behavior of people due to mental state or to be fundamental also an integral part of keeping up social functioning with interpersonal relationships. However social deficit which is the difficulty of communication and the interpersonal issue of people becomes increasingly common, hence understanding social deficit if a structure is can be convenient. There is, mechanism of irrational thought that related to recognition inaccurately of feedback from interpersonal interactions. This can moderate motivation to involve in social communication, which will decrease reward and increase social isolation, followed by that is intending to major depressive disorder. Besides, follow by myriad studies and theory of mind imply that by major depression metacognition

The scope of the theory of mind is expanded, first- order is defined as a recognized false-belief task that other people have, the capability to identifying other's misunderstanding, misapprehensions. Second-order of theory mind is "thought about thought" or "belief about belief" this is complex and thought about the third person thought and misconception, metaphoric conception is related to first-order which is abstract interpretation of language and irony

conception related to second-order and it is understanding opposite of meaning word of speaker according to the situation they are in. Interpret, the more complex theory of mind skill is a faux pas. In this task, related to perception and mental state of listener who hears the an embarrassing or tactless act otherwise, remark in a social situation (faux pas), it should be understood why the talker does not notice that he/she is speaking inaccurately, why the speaker should not say what he is saying, also why the listener feels humiliated or hurt (Harrington L, Siegert RJ, McClure J, 2005) (Mazza M, De Risio A, Surian L, Roncone R, Casacchia M, 2001). Theory of mind consists of many positively perceived for instance empathy, sympathy, and emotional perspective or includes many negative features such as deception, betrayal, and lying as a result of, difficulty of interpersonal and social area make possibility of major depression at least in part misrepresentations in their ability to read between the lines the emotional provocations and mental statuses correctly (Şencan, 2019).

1.2. Theoretical Framework Strategy of Acculturation

Later in 1980 Berry applied this classification as a basis for his bi-dimensional model in which he defines acculturation in two category one is the degree of participation in the host culture or receiving –culture by migrants and the second one is the degree of maintenance of their own ethnic culture. These two dimensions can show a discrepancy independently of each other and be able to lead to four acculturation strategies which individuals may deal with a dilemma then according to Berry” the first strategy can be described as integration, the combination of maintenance of the ethnic culture and participation in the host culture. Assimilation is the second strategy, which contains participation in the host culture, nonetheless rejection of the original ethnic culture. Third, separation or segregation indicates the preservation of the ethnic culture, but no participation in the host culture; and as a final point marginalization, when both the host and ethnic cultures are rejected.” (Ince B. Ü., Fassaert T., Wit M., Cuijpers P, Smit J, Ruwaard, Riper H, 2014) (Berry J. W., 1980, 2003)

1.3. The enigmatic phenomenon of loneliness

"Loneliness and the feeling of being unwanted. It is the most terrible poverty. " -Mother Teresa (Rokach, 2011) Lonesomeness is a common phenomenon which exists in the daily life, then analysis of loneliness shows there is a different kind of it also can be experienced as pleasure or suffer in fact for someone humiliation, shame, in contrast, some young group fight against that which loneliness experience as a pleasurable and it is important in their lives .one is feeling lonely when a person rejects from others, also lack of connectedness and context, lack of participation in the world when they do not belong to anyone moreover one can feel lonely around many people or one can be alone without feeling lonely. However, Karmic believed that feeling loneliness still ambiguous phenomenon there does not adequately address just in the phenomenological of existential philosophy described loneliness, that as a "social deficit problem" not like psychology which understood, in general, explained as unpleasant and distress feeling which related to pathology (Karnick, 2005). Hence by a new approach and exploring hope for finding a new useful relationship among loneliness, well-being, and health. loneliness can dissolve with sense belonging when one person connects with someone even who is living in another country, city or continents or long-distance (Dahlberg, 2007).

1.4. Inglehart-Welzel cultural map of the world

Survival vs. self-expression and Traditional vs. secular-rational are the cultural map of the world created by two political scientists Ronald Inglehart and Christian Welzel. Therefore this map of the world illustrated convenient perceptions, between countries, cultural differences and similarities. Inglehart believed that there are two basic concepts for perceive the “deep structure” of culture differences, individualism and collectivism. Therefore, personal freedom, individual choice and self-actualization are strongly encouraged by ‘Individualism’ that more belong to industrialized rich Western societies. In contrast in ‘collectivist’ societies common among poor countries, Africa, Asia, ex-communist countries structure of society based on social unit, with communal goal. Individuals identity and satisfaction in life defined Underneath of maintaining with social rules and constancy. Emotional expression is discouraged to maintain social harmony. (Inglehart, R. & Osyserman, D, 2004). according to Moldova map classification cultural zone such as historically Protestant societies like a west Germany, Norway, Sweden self-expression is higher than Catholic societies. Also, English speaker they are high in self-expression. In middle of map Latin American, south Asian. survival and secular-rational values known in Orthodox countries with a high score. in the end, a high score of survival and traditional values belong to African and Islamic countries (MoldovanPress, 2010).

To sum up, Inglehart and Osyserman mentioned rich centuries with self-expression society they are more accept diversity such as religions, foreigners, homosexuality, gender equality and discrimination. However, in survival pole, characteristics of society are intolerance to outgroups, with common hard work, materialistic values (Inglehart et al,2004).

1.5. Acculturation strategy, Depression, Anxiety

There is a study about Turkish migrants in the Netherlands shows the relationship between acculturation strategies and depressive and anxiety disorder who are using integration strategy may have a lower risk of increasing depressive, anxiety or comorbidity of both disorders. In this study among

Turkish migrants in the Netherlands reveals that depressive and four acculturation strategies in comparison among assimilation, separation, marginalization, and integration have a significant relationship. Furthermore, adopting assimilation and integration are more common with young groups of immigrants, however, females and higher educated individuals adopt mostly marginalization and separation. Besides, several studies have displayed that low socio-economic status correspondingly is a risk factor for developing health disorders in general and also developing depression. Although if migrants know the culture of the host society to minimize cultural distance then after give them more ability for managing daily life and live in a new context as a result of these. Thus, behaviors and adaptation have an important role in decreasing depression among migrants (Ince et al., 2014). However, there is an international comparison study revealing that national Turkish who are living in Turkey depressive and anxiety is 3.1% percentage (Andrade L, Caraveo-anduaga JJ, Berglund P, Bijl RV, Graaf RD, Vollebergh W, 2003).

Based on the assumption of culture, a statement that is different definition meant for notions and phenomena because of cultural diversity and cultural perceive consequently stress, depression, self-esteem, and well-being are not similar to every society. Accordingly, there is a possibility of each result being contradictory from other researches for that reason many factors impact this relationship such as host and heritage culture. As an example the cultural value can influence the individual's self-esteem, so rely on which cultural value they adopting. Hence high acculturation depends on strong heritage culture that has been associated with higher-level self-esteem and lower levels of stress and depression (Padilla, 2006) (Wilsona M & Thayer Z, 2018).

Well-being, cultural change and individual health are interesting subjects that human biologists are concerned with studying how the process of globalization and migration affects human health and behavior. Thus, a specific study about the association between acculturation and common health issues shows that such as higher BMI and higher blood pressure among Latino and Asian migrants and migrant offspring. (Wilsona et al., 2018) (Haasen C., Demiralay C., Reimer J, 2008) There was a study about acculturation and mental distress

among Russian and Iranian in Germany that shows there is a significant correlation between acculturation and distress but there is an insignificant relationship between acculturation stress and measurement of residency duration in the host culture. However, in other research demonstration, the psychosocial stress connected to acculturation was shown to reduction for migrants with the extent of time in the new society. According to the study in general still has not been found common factors that have elevated mental disorder among migration. Refer to Berry's stress in every strategy of acculturation is different, for example, separation and assimilation having the slightest short- term stress and integration having more shorter-term stress but a greater decline of stress in the long run.

As a result of former study mainly from USA have shown the association between acculturation and health disorder, that concerning depressive mood that who are good at language and American behavior has higher level of acculturation with lower depression among Soviet migrants in the USA, however in other researches correlation of stress and acculturation among student migration with ethnically mixed sample outcome is negative affect. Furthermore, among Latino youth depression and suicide Ideation are high. In conclusion, this article suggests that in the future study probably include neurobiology parameter measurement will change the outcome of the HPA axis. Elevation of CRH for migrants in path mechanism for scaling acculturation stress hence might be advantageous for preventing a severe mental disorder of migrants (Haasen et al., 2008).

Acculturation when children's learning the English language also American ways immediately loss of the immigrant culture outstrip and leave behind their parent's or their role exchange (role reversal). Lead to bring about loss of native cultural traits and behaviors. Acculturation dissonance was individually associated with depressive symptoms, but interaction effects suggested this relationship relies on levels of assimilation. At high levels of assimilation, acculturation dissonance was not related to depressive symptoms, since depressive symptoms were steadily high. In contrast, there are positive correlation depressive symptoms with assimilation when it is at the low level

so there is no doubt about the association between delinquency with acculturation dissonance but without relation to the level of assimilation. (Andrew et al., 2017) (Berry J. W., 2005) (Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J., 2010).

In the study about immigrant of South Asians living in America demonstrated that who are prefer their own culture more than US culture they reported more symptoms of depression than those who interest with the similar level of US culture and south Asia culture. thus, social support has a better outcome and protects against to raised up depressive symptoms in South Asian immigrants with a low level of integration. however, the separation class has more depressive symptoms, but they found that social support had not differenced effect on assimilation class and integration class (Belinda L. Needham · Bhramar Mukherjee · Pramita Bagchi · Catherine Kim·, 2018).

1.6. Depression, Social support, Loneliness

There are several studies about the association between depression, emotional and social loneliness among older persons. This study reveals that depression is strongly related to emotional loneliness” (lack of others with whom the individual can form an emotional attachment), but not social loneliness (lack of social network acceptable). As an example, in the Dutch population 1-3% sufferd from a strong feeling of loneliness (Peerenboom, Collard, Naarding c, Comijs, 2015). Also, there is a report in other countries 39% to 72% experience of loneliness. Also feeling of loneliness is more common among older age groups than the young group but loneliness has a strong influence on the depression to young people in contrast to older age this shows become a less strong reason for depression. According to Fokkema and van, Tilburg overcoming loneliness was not easy (Fokkema T & Tilburg T. V., 2007) Moreover, another factor has an important role for depression and loneliness such as decreasing health and increasing neuroticism such as a sense of negative effects or emotion while experience stress. This can cause anxious then become depression. Furthermore, there is a negative effect of low self-esteem, declining social network and functional capacity. Therefore

control of your own life can be difficult because of a lower sense of mastery and a lower sense of extraversion like a lack of positive emotion. Furthermore in the hand higher level of openness, extraversion, agreeableness, sociability, and conscientiousness have a positive influence on the relationship. (Peerenboom et al., 2015). Although there is a recent study in the association between acculturation and suicidal ideation among Turkish migrants in the Netherlands. The mediating influence of hopelessness and moderating outcome of secure attachment. In this study, participation was associated with less secure attachment style and less suicidal ideation. In contrast higher hopelessness and higher suicidal ideations nevertheless, more maintenance in one's ethnic culture thus Turkish migrants who are participate with host culture has lower risk of suicide ideation (Eylem O, Dalğa İ, İnce B. Ü., Tok F, Straten A.V., Wit L, .J.F. Kerkho M, & Bhui K, 2019).

Currently, Migration is rising globally this phenomenon creating multicultural societies. So as a consequence of immigration, immigrants would lose their society and relationship or in the new country. Otherwise in the host culture with learning a new language and adjusting the norm, believes characterizing. Therefore defining new identity cause creates acculturation challenges (Berry, J. W., Phinney, J. S., Sam, D. L., & Vedder, P., 2006, Madsena et al., 2016) (Tartakovsky, 2009). Therefore, according to the study shows that the possibility of risk of loneliness increase by immigrants but not with native ethnic group majority. self-identify ethnicity has an important role which can be protective of loneliness among adolescents (K. Rich Madsen et al., 2016).

1.7. Acculturative stress, Depression

Acculturative stress and depression are an obstacle to adapting the host culture for international student. This study shows in china international students struggling with the risk factor of depression because of acculturative stress. Acculturative stress excludes seven components, self-confidence belong to the first central component then the next three distal components such as value conflict, identity threat, and rejection another three proximal components are including poor cultural competence, opportunity deprivation,

and homesickness. As a result, there was a positive correlation between acculturative stress and depression. Also, distal and proximal components association with depression as a direct. self-confidence mediated and has an indirect effect, this reveals value central role of self-confidence for preventing of depression and acculturative stress among international student in China (Liu, Y., Chen, X., Li, S., Yu, B., Wang, Y., & Yan, H, 2016). Therefore, previous studies fund out adapting the new environments possible with enjoying academic and social outcomes, following by a high level of self-confidence. Moreover, self-confidence is the primary source for positive mood and play mediating role between stressors and psychological results, however, lack of self-confidence will be a consequence of depression furthermore combined with a high level of anxiety. Identity exists by integrating value and culture, thus there is a possibility of value conflict and identity treat for international students. Subsequently, probably rejection experience with whom identify themselves with heritage culture more than host culture. Even though distal stressor those are external social and cultural environment has slowed and long-lasting influence. Besides, frequently acculturative stress and depression experience in institutes by international students who are coming from less-developed countries to more –developed. On the other hand, it is not clear about international student living in developing countries like China (Berry, 2008) (Ahmed, S. R., Kia-Keating, M., & Tsai, K. H., 2011) (Liu Y, et al., 2016).

Studies about the acculturative experience of immigrants tend to emphasized the negatives impacts of living overseas. There was a study among Iranian students in Malaysia shows culture shock causes a decreased ability to solving problems and creativity of international students. However, based on this study they looking at the positive effect which affects the possibility of improving their creativity. The creative process is become by acculturation strategy of biculturalism such as integration and marginal. Consequently, suggesting if individuals deliberate international exchanges or programs be a representation and educate students for new customs, norms, values, and behavior. Hence the likelihood of having prevention of side effects on acculturation such as

reducing the stress of acculturation (Falavarjani M.F & Yeh Ch.J, 2018) (Nguyen A.T.D., Benet-Martínez V, 2013).

1.8 Acculturation, Personality and Cross-Cultural Identity

Every international student has own personality, for dealing with stress adaptive their coping strategy. Adjustments remains challenging with language and harmonizing with two dissimilar culture . These two reasons causing complex and significant stress for international students (Jean-Paul, 2015). There is an argument that Strategy for reducing distress needs to having balanced their values, beliefs, and customs with the new culture ones. Students need to develop a secure “cross-cultural identity”. International students when they have a sense of satisfaction for their language and culture, culturally adopted easier. Better adjusting culture is through improving the ability of “cultural chameleon “. International students as an alternative of competition intend to see their own culture and host culture as complimentary (Tong, V., Huang, C., & McIntyre, T, 2006).

In 2007 the study about Chinese international students who are living in USA researchers found that acculturative stress had a positive relationship with depression. Seems to be high maladaptive perfectionism make a stronger negative effect of acculturative stress on depression, however only for who had been living for a long time in the USA. Also mentioned that because of value and culture in china students do not express and sharing of stress experiences. Then that's not common for looking for help or counseling due to being labeled as weakness and personal failure (Wei, M., Heppner, P., Mallen, M., Ku, T., Liao, K., & Wu, T., 2007). There is another study by the aim of which personality factors related to acculturative stress. Therefore the only personality factor was neuroticism, which was correlated with acculturative stress. The point of view of researchers was that students have not effective coping mechanisms to deal with the stressful cross-cultural status quo while they having a high level of neuroticism experience and more negative emotions. High level of neuroticism was related with insufficiency of social support, whereas openness related with homesickness possibly because of

that extrovert people are not enough satisfied with the lack of communication with people from the host culture (Poyrazli, S., Thukral, R., & Duru, E, 2010).

There is some advice from university advisors to international students. Preventing of culture shock for international student first need to sustained in positive attitude then developed sense of resilience to cope with acculturative stress, although depend on personal and multi-cultural strengths recommend them to attend to student' clubs, learning host language, make cross-cultural friendship and learn cultural norms and host country traditions (Yakunina, E.; Weigold, I.; Weigold, A.; Hercegovac, S.& Elsayed, N., 2013) (Berry J. W., 1997)

1.9. Acculturative stress, culture, ethnicity, and race

There are several studies reveal the relationship between acculturative stress, culture, and race by international students. According to some studies about international students in the USA based on Inglehart's world value map. As a result, researchers found that international students adopt life in America for who is coming from collectivism culture such as Africa, Asia, Latin America, they faced more difficulty than European. They believe that the country of the USA where independence, individualism, self-reliance is commonly positively valued. Respectively highest level of Acculturative stress is discrimination that belongs to the student from Africa followed by Asian, Pacific Islander, Middle Eastern, and Latin American students. European students' possibility less suffers from acculturative stress due to several factors. First, their culture, more similar to the USA so a reduced amount of difficulty to adjust host culture. Second, it seems to social connection, social relationship for European students (Constantine et al,2004, Poyrazli et al,2010 Jean-Paul, 2015).

Based on many studies emphasized the important role of language. Therefore during acculturation can predict acculturative stress levels among Asian students. (Constantine, M., Okazaki, S., & Utsey, S., 2004) (Poyrazli et al,2010, Zhang 2012), Nevertheless, in contrast, Patron's study (2014) results do not support this assumption that similar culture and similar language

between host culture and international students, would not experience loneliness. Even though international students from North American, Canadian and English students in Australia would not predict culture shock and they could have culture shock (Patron, 2014) (Jean-Paul, 2015).

There is a model designed for understanding variable culture shock and length of residence in a host country by using the U-curve pattern. Oberg explains that the first six months students experience interest and curiosity about host culture” honeymoon” stage refer to Lysgaard, 1955, a second phase during adopting the host culture they challenge with some difficulty “distress stage”, third phase student gain feel more adopted culture. But other studies reveal that even for first six-months students overwhelmed by culture shock (Brown, L., & Holloway, I, 2008) (Oberg, 1960) (Lysgaard, 1955).

Acculturative stress was a positive association with hopelessness that lead to rising depression and suicide ideation between college students. Acculturative stress with depressive symptoms significantly and positively related among immigrants Korean in the USA, also racially and ethnically different groups of emerging adult students- college (Polanco-Roman L, Miranda R, 2013) (Robert Lane, and Regina Miranda, 2018). Although there was negatively related between ethnic identity, and depressive symptoms among students with racially/ethnically (Polanco R et al,2013, Robert et al 2018). Also, depression and anxiety of immigrants and ethnic minorities are higher than European native citizens those population-based studies in 23 European Countries (Missinne S, Bracke P, 2012) (Ince et la., 2014).

1.10 The relation between depression and social connection

There is an association between a low level of social connection with depression. Durkheim is the first sociologist who declared that lack of social connection leads to suicide attempts more than disconnected with self-well-integrated. Then Social communication is vital for human health. Following epidemiological studies determinedly appointed quality of social connection and quantity of social interaction has more influence on morbidity and fatality in comparison through a level of other risk factors such as smoking, blood

pressure, and obesity (Durkheim, 1951) (House SJ, Landis KR, Umberson D, 1988) (Werner-Seidler A, Afzali MH, Chapman C, Sunderland M, Slad T, 2017).

Important to awareness about the Difference between the social network and social support. Therefore, social support compounded from diverse aspects, which consist of emotional forms of support, such as those derived from intimate, close relationships, furthermore instrumental support, like providing advice which is more pragmatic and practical help. However social networks are the connection between individuals, which these functions they can interact also shares and collect information like social media. As recent meta-analysis studied shows specifically among adults 18-50 years, emotional support was more closely related to depression than instrumental support. (Garipey G, Honkaniemi H, Quesnel-Vallee A, 2016) (Tardy, 1985).

The theory of buffering hypothesis is a scheme holding that the existence of a social support system helps buffer, or protect, an individual from the harmful influence of stressful events. Consequently, avoiding depression because of social connectedness interaction, which reduces stressor or removing stressful reactions or simplifying coping with stress (Werner-Seidler et al, 2017) (Rueger SY, Malecki CK, Pyun Y, Aycocock C, Coyle S, 2016) (Cohen S, Wills TA, 1985). According to intervention studies with quality of social support by Werner-Seidler et al in 2017 found the past year depression reduces significantly by the high-quality social connection with friends and family members (Werner-Seidler et al., 2017).

In 2012 Zhang studied acculturative stress, perceived social support and depression among Chinese international students in the USA. He found a lower level of depression-related with less acculturative stress that correlate with better adjustment. however only when students experience a high level of acculturative stress, social support moderator between depression and acculturative stress. moreover, he believed it is an important role in learning the English language during the acculturation process and the impact of acculturation on international student wellbeing (Zhang, 2012).

1.11. Acculturation, Psychological Adjustment and Psychological Readjustment

In the acculturation psychological adjustment has important role, therefore there are two adjustments, one is psychological adjustment which is mentally and physically well-being these attitudes related to positive-self-image, high self-esteem, low depression, less psychosomatics and good health condition, job satisfaction, organization commitment and second is the socio-culture adjustment which is social skills at the host culture. Although integration and stronger identification from heritage culture has a positive influence on readjustment then adjustment heritage culture and host culture. So, individuals changing identities related to the level of self-concept, clarity, and self-esteem (Birman, D., Simon, C.D., Chan, W.Y. et al, 2014).

1.12. Third culture individuals

Pollock and Van Reken claim that the Third culture of kids also uses as third culture individuals because of study not just about children who are growing up at third culture, at the host culture instead of homeland or parent culture even about an adult who are immigrant to another culture or countries. Without having possession about any culture that makes it possible to having a relationship and sharing their life experiences with all others in the same lifestyle. further one of the elements adapting other cultures is possible with a sense of belongingness that means people need personal, connections to feel accepted and supported. Follow by that study shows during immigrants, expatriation or re-entry or repatriation children for assimilation have delayed because they have difficulty for readjustment heritage culture but adults with better attitudes of psychology readjustment, psychological adjustment, and socio-culture adjustment then better result relate to having stronger heritage culture identification as well.

In contrast for elderly immigrants adopting a new society or new culture is difficult than in adulthood is challenging in comparing with children for tending and integrin with the host culture (Soleman H. Abu-Bader, M. Taqi Tirmazi &

CHAPTER 2

METHOD AND PROCEDURE

2.1. Method

In this study the survey research method was used and data were collected based on the questionnaire. The quantitative data about depression, acculturation and social support will be collected from the voluntary participant, moreover sort of data collection tools will be used as structured questionnaire.

2.2 Population and the sample

Method of selection procedure of the students will be purposive sampling method. 100 international students in Near East University in Cyprus will be collected according to this sampling method.

2.3 Instruments

2.3.1 Survey Questionnaire

The survey questionnaire consists of 4 part. First part of the questionnaire was sociodemographic form, second depression scale, third acculturation scale and fourth was social support.

2.3.2. Socio-demographic form

Social demographic is variable questionnaire prepared by the researchers. The sociodemographic characteristic form assessed the participating

international students' age, gender, marital status, socio-economic status, length of residence, prior intercultural experiences and religion.

2.3.3. Depression CES-D

In 1977 by Radlof developed the CES-D scale which uses for assessing depression. Consequently, this CES-D is extended for estimating students' depressive symptoms. Then depression was evaluated by the Centre for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). This scale includes a 20-item for the self-report scale. That every part is associated with the grade on a 4-point Likert scale, wherever, indicated a greater score that maens a greater level of depressive symptoms. The scale ranges from 1 (rarely or none of the time) to 4 (most or all of the time), considering the regularity amidst which participants have undergone depression. Participants needed to request to choose the description that adequately represents how they had been feeling throughout the former month. Complete scores can rank from 20 to 80. The coefficient alpha of the CES-D for this study was 88.

2.3.4. Acculturative Stress Scale for international Student

In 1994 Sandhu and Asrabadi developed the Acculturative Stress Scale for international students (ASSIS). This scale has 36 items, including perceived discrimination (8 items), homesickness (4 items), perceived hate/rejection (5 items), fear (4 items) and stress due to change (3 items), guilt (2 items) and non-specific concerns (10 items). A 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), where a higher score represents a higher level of acculturative stress, was also deployed. According to Sandhu and Asrabadi, in 1994 and Constantine in 2004 also Wei in 2007, As a sample item is "People from some ethnic groups show hatred toward me nonverbally" there is reported Cronbach's alpha for the 36-item scale ranged from .92 to .94. which indicated a high degree of internal consistency.

2.3.5. Perceived Social Support

The Multidimensional Scale of Perceived Social Support (MSPSS) in 1988 created by Zimet, Dahlem, Zimet, and Farley. This scale is included a 12-item self-report inventory that assesses perceived availability of social support from friends, family and significant others. Every viewpoint has 4 items to estimate the perceived social support from the three perspectives.³⁴ Response options exist in the structure of a 7-point Likert-type scale classifying from 1 (very strongly disagree) to 7 (very strongly agree) when a higher score signifies a greater perceived social support. A specimen item is "There is a special person who is around when I am in need." The reported Cronbach's alpha for the total 12-item scale was .91 and .90 to .95 for the subscales (Zimet, Dahlem, Zimet, & Farley, 1988). In phases of this investigation, the researcher renewed the 4 items measuring perceived social support from significant others with another 3 items dealing with social support from school resources or university services like an international student's services also international students' organizations. The wordings of these items were modified based on the original version of MSPSS. Consequently, the original MSPSS measuring perceived social support from friends and family and the designed 3 items collectively (i.e., 11 items) was the measurement to evaluate international students' perceived social support. The internal coherence of these 3 created items was examined separately to show perceived social support from university resources.

2.4. Statistical Analysis

Descriptive statistical method will be used in the study. For the comparison of the sociodemographic data of depressive and non-depressive students' chi-square and t-test will be used. For the correlation of the depressive inventory scale scores, social support scores and acculturation subscales scores Pearson correlation method will be used in the study.

CHAPTER 3

RESULTS

Table 1.

Gender distribution of depressed and non-depressed students

Gender	Non-depressive Students		Depressive Students		Total Students	
	N	%	N	%	N	%
Male	36	73,5	37	74,0	73	73,7
Female	13	26,5	13	26,0	26	26,3
Total	49	100,0	50	100,0	99	100,0

$\chi^2=,004$, $df=1$, $p=,952$

There were not any significant gender differences between depressed and Non-Depressed International University Students. Both depressed and non-depressed students were mostly male.

Table 2.*Age distribution of depressed and non-depressed students*

Age	Non-depression		Depression		Total	
	Students		Students		Students	
	N	%	N	%	N	%
18-22	13	28,9	10	20,0	23	24,3
23-27	18	40,0	21	42,0	39	41,1
28-32	10	22,2	8	16,0	18	18,9
33-above	4	8,9	11	22,0	15	15,8
Toplam	45	100,0	50	100,0	95	100,0

$\chi^2=3,99$, $df=4$, $p=,407$

There were not any significant age group differences between depressed and Non-Depressed International University Students. Both depressed and non-depressed students were mostly in 23-27 years age group.

Table 3.*Religion distribution of depressed and non-depressed students*

Religion	Non-depression		Depression		Total	
	Students		Students		Students	
	N	%	N	%	N	%
Shiiti	8	16,3	11	22,4	19	19,4
Sunni	12	24,5	15	30,6	27	27,6
Catholic	15	30,6	12	24,5	27	27,6
Protestant	8	16,3	7	14,3	15	15,3
Others	6	12,2	4	8,1	10	10,2
Total	49	100,0	49	100,0	98	100,0

 $\chi^2=3,207, df=5, p=,668$

There were not any significant religion differences between depressed and Non-Depressed International University Students. Both depressed and non-depressed students were mostly in Sunni and Catholic religion.

Table 4.*Social class distribution of depressed and non-depressed students*

Social class	Non-depression		Depression		Total	
	Students		Students		Students	
	N	%	N	%	N	%
Low	2	4,1	5	10,0	7	7,1
Middle	41	83,7	38	76,0	79	79,8
High	6	12,2	7	14,0	13	13,1
Total	49	100,0	50	100,0	99	100,0

$$\chi^2=1,46, df=2, p=,480$$

There were not any significant social class differences between depressed and Non-Depressed International University Students. Both depressed and non-depressed students were mostly in middle class.

Table 5.*Education distribution of depressed and non-depressed students*

Education	Non-depression		Depression		Total	
	Students		Students		Students	
	N	%	N	%	N	%
Undergraduate	24	48,9	26	52,0	50	35,4
Graduate	21	42,9	18	36,0	39	39,4
Phd	4	8,2	6	12,0	10	10,1
Total	49	100,0	50	100,0	99	100,0

 $\chi^2=4,72, df=4, p=,317$

There were not any significant education differences between depressed and Non-Depressed International University Students. Both depressed and non-depressed students were half undergraduate and half graduated.

Table 6.*Employment status distribution of depressed and non-depressed students*

Employment status	Non-depression		Depression		Total	
	Students		Students		Students	
	N	%	N	%	N	%
Part time	11	22,9	11	24,4	22	23,7
Full time	7	14,6	10	22,2	17	18,3
Unemployed	30	62,5	24	53,3	54	58,1
Total	48	100,0	45	100,0	93	100,0

 $\chi^2=1,10, df=2, p=,577$

There were not any significant employment differences between depressed and Non-Depressed International University Students. Both depressed and non-depressed students were mostly unemployed.

Table 7.

Distribution of depressed and non-depressed students according to their families and relatives living in Cyprus

	Non-depression		Depression		Total	
	Students		Students		Students	
	N	%	N	%	N	%
Yes	12	24,5	8	16,0	20	20,2
No	37	75,5	42	84,0	79	79,8
Total	49	100,0	50	100,0	99	100,0

$$\chi^2=1,106, df=1, p=,293$$

There were not any significant families and relatives living status in Cyprus differences between depressed and Non-Depressed International University Students. Both depressed and non-depressed students' families and relatives were mostly living abroad.

Table 8.*Marital status distribution of depressed and non-depressed students*

Marital status	Non-depression		Depression		Total	
	Students		Students		Students	
	N	%	N	%	N	%
Single	39	79,6	40	80,0	79	79,8
In a relationship	7	14,3	3	6,0	10	10,1
Married	3	6,1	7	14,0	10	10,1
Total	49	100,0	50	100,0	99	100,0

 $\chi^2=3,203, df=2, p=,202$

There were not any significant marital status differences between depressed and Non-Depressed International University Students. Both depressed and non-depressed students were mostly single.

Table 9.

Distribution of depression and non-depression according to the importance of religion

Importance of Religion	Non-depression		Depression		Total	
	Students		Students		Students	
	N	%	N	%	N	%
Not important	5	10,2	7	14,6	12	12,4
Important	14	28,6	15	31,2	29	29,9
Very important	30	61,2	26	54,4	56	57,7
Total	49	100,0	48	100,0	99	100,0

$\chi^2=,643$, $df=2$, $p=,725$

There were not any significant religion importance differences between depressed and Non-Depressed International University Students. Both depressed and non-depressed students were mostly believing that religion was very important.

Table 10.*Staying in Cyprus distribution of depressed and non-depressed students*

Staying in Cyprus	Non-depression		Depression		Total	
	Students		Students		Students	
	N	%	N	%	N	%
1-3 year	13	25,4	9	18,7	22	22,2
4 years or more	38	74,6	39	81,3	77	77,8
Total	51	100,0	48	100,0	99	100,0

 $\chi^2=9,39, df=7, p=,225$

There were not any staying in Cyprus differences between depressed and Non-Depressed International University Students. Both depressed and non-depressed students were mostly in 4 years or more in Cyprus.

Table 11.

Comparison of acculturation and social support among the depressed and non-depressed international students

		N	Mean Rank	Z	p
Friends Support	Non-depression	48	53,76	-1,46	,144
	Depression	50	45,41		
Significant Other	Non-depression	49	54,73	-1,83	,067
	Depression	49	44,27		
Family Support	Non-depression	48	53,48	-1,75	,079
	Depression	48	43,52		
Perceived Discrimination	Non-depression	45	37,01	-3,21	,001*
	Depression	46	54,79		
Homesickness	Non-depression	47	41,54	-2,26	,023*
	Depression	48	54,32		
Fear	Non-depression	49	26,50	-8,18	,000**
	Depression	50	73,03		
Culture Shock/ Stress Due to Change	Non-depression	49	37,59	-4,05	,000**
	Depression	48	60,65		
Guilt	Non-depression	49	37,08	-4,58	,000**
	Depression	50	62,66		

Table 12.

Comparison of depression, acculturation and social supports scores of participants who are not depressed.

		1	2	3	4	5	6	7	8	9
1. Depression	r	1,000	,081	,096	,010	-,033	-,182	-,379**	-,294*	-,267
	p	.	,586	,506	,944	,825	,202	,006	,036	,061
2. Perceived Discrimination	r		1,000	,607**	,773**	,680**	,653**	-,265	-,517**	-,087
	p		.	,000	,000	,000	,000	,068	,000	,563
3. Homesickness items	r			1,000	,429**	,838**	,591**	,001	-,258	-,025
	p			.	,002	,000	,000	,993	,070	,866
4. Fear items	r				1,000	,415**	,650**	-,293*	-,466**	-,144
	p				.	,004	,000	,039	,001	,323
5. Culture Shock/ Stress Due to Change	r					1,000	,622**	,037	-,248	,117
	p					.	,000	,804	,089	,434
6. Guilt	r						1,000	-,055	-,296*	,096
	p						.	,704	,035	,509
7. Friends support	r							1,000	,640**	,389**
	p							.	,000	,005
8. Significant other	r								1,000	,322*
	p								.	,022
9. Family support	r									1,000
	p									.

Depression was found to have a negative-medium level relationship with friends' support. Depression has also negative-low level correlation with family support and significant other subscales of Social supports among non-depressed students. Perceived discrimination was found to have positive-high level relationship with significant other subscales of acculturation. Homesickness items was found to have positive, high level relationship with other acculturation subscales. Fear items was found to have positive-medium level relationship with friends support and significant other acculturation subscales. Culture Shock/ Stress Due to Change subscales scores was not found with any correlation with social support subscales. Guilt was found to

have negative-medium level relationship with significant other subscale scores.

Table 13.

Comparison of depression, acculturation and social supports scores participants who are depressed

		1	2	3	4	5	6	7	8	9
1. Depression	r	1,000	,338*	,443**	,217	,279	,291*	-,260	-,116	-,268
	p	.	,025	,002	,148	,055	,047	,078	,438	,072
2. Perceived Discrimination	r		1,000	,676**	,572**	,642**	,645**	,038	-,046	-,060
	p		.	,000	,000	,000	,000	,807	,768	,704
3. Homesickness items	r			1,000	,379*	,634**	,657**	-,106	-,180	-,214
	p			.	,011	,000	,000	,489	,236	,169
4. Fear items	r				1,000	,234	,606**	,169	,234	-,188
	p				.	,118	,000	,261	,117	,222
5. Culture Shock/ Stress Due to Change	r					1,000	,536**	,022	-,106	-,092
	p					.	,000	,886	,478	,543
6. Guilt	r						1,000	,184	,164	-,149
	p						.	,216	,269	,327
7. Friends support	r							1,000	,758**	,461**
	p							.	,000	,001
8. Significant other	r								1,000	,218
	p								.	,151
9. Family support	r									1,000
	p									.

Depression was determined to have a positive-medium level correlation with perceived Discrimination and homesickness and also it was found to have a positive-low level relationship with guilt acculturation subscales. Depression has no correlation between social support sub-scales scores among

depressed students. There was not any correlation between acculturation subscales and social support scale scores among depressed students.

Table 14.

Examination of depression in terms of risk factor

	B	Std. Error	Beta	t	p	ΔR²	Adjusted R²	F
Friends support	-,016	,029	-,019	-,539	,592	,935	,928	138,31
Significant other	-,048	,030	-,062	-1,590	,116			
Family support	,076	,029	,107	2,641	,010*			
Perceived discrimination	,001	,013	,004	,111	,912			
Homesickness	-,014	,026	-,017	-,559	,578			
Fear	,749	,033	,983	22,879	,000*			
Culture Shock Stress Due to Change	-,010	,031	-,012	-,327	,744			
Guilt	-,012	,056	-,009	-,221	,825			

When depression risk factors were examined, it was found that perceived family support and fear positively predicted depression.

CHAPTER 4

DISCUSSION

4.1 General explanation

In this study, the Depression relationship with acculturation and social support was investigated among the international students in North Cyprus NC. This study has shown that depressive people have affected social support and acculturative stress between foreign students within Cyprus. This research was discovered that some risk factors about depression are fear, guilt, and social support. Many factors contribute to college student's depressive mood, such as gender, baseline depression, neuroticism or psychoticism, negative automatic thoughts or negative rumination, dysfunctional attitude, childhood abuse, sex abuse, and stressful life experiences. Those were predictors of depressive symptoms in university students. Then refers through particular biological, psychological and environment, therefore deceivably it possible to resume theoretical framework what factors intervention among college student depressive symptoms, verification of these prognostic factors might help prevent depressive symptoms among students (Yan, et al., 2019). Mental health, level of psychological adjustment and socio-culture adjustment have an important role in acculturation. Because social interaction resulted in a negative influence on the process and quality of life of international students, a correlated relationship can be seen with Depression and anxiety among the international students (Melin, Svensson , Thulesius, 2018). The lifestyle of international university students by many factors' interaction on their' mood and stress. Challenging with some conditions and difficulties, requiring much skill or effort and stressful, need to locate affordable transportation and accommodation, adjust to new climate and food, learn to communicate in the local language, also navigate the unknown and new education system. (Misra,

Crist, & Burant, 2003; Elena Yakunina et al., 2013). Negative cognitive, error cognition, negative attitudes towards and negative emotions may reason of poor quality of life and lack of social connection among individuals (Y.Liu et al., 2019, Tilgahman et al, 2012), Many researches show that due to emotion-regulation difficulty related to depression and anxiety (Hofmann, S. G., Sawyer, A. T., Fang, A., & Asnaani, A., 2012) (Everaert, J., Bronstein, M. V., Castro, A. A., Cannon, T. D. Joormann, J., 2020). The academic success of international students relates to their ability to adapt to the host culture (Liu, et al., 2016).

As a result of this study demonstrated there was relationship between acculturative stress with depression among international students. According to Berry model, acculturative stress is positively related with depression among individuals. Higher level of acculturative stress possibility causes high level of depression (Berry, et al., 1997). Depression is foremost problem among university students, follow by that international students are challenging with acculturation and academic stress that effect on their mental health (Acharya L et al., 2018). In this study perceive of discrimination, culture Shock and Stress due to change, fear also guilt were significantly correlated with depression. Culture shock due to change was high among the students which has stayed four years or more in NC. Some study has found that students have suffered with culture shock even though if they were staying more than six months (Brown et al.,2008). In contrast, U-curve pattern for understanding culture shock and length of residency, it was explained that in the first six months is defined as “honeymoon stage”, second phase challenging to adopt host-culture, third phase student feel more adopt to the host culture (Oberg, 1960, Lysgaard, 1955).

Acculturative stress and depression are obstacle of adapting the host culture for international students (Y Liu et al., 2016). In this study shows that homesickness in both groups, had significant relationship with fear, guilt and culture shock due to change. There is highest possibility of experience for homesickness while more differences between indigenous and host culture (Yeh, C., & Inose, M., 2003). High level of being homesickness and low level of self-confidence relate to depression (Sandhu & Asrabadi, 1994). context of

environment and culture can influence on behavior of people. For example, despite the fact that is tangible some of Turkish Cypriots they don't feel belonging to their own culture and their country, likewise as a result may due to TRNC historical background which was colonized, immigration, war and now as a de facto so their country it is not recognized internationally as independent state. This can be reason of Cypriots suffer with social-Identification and belongingness then may have difficulty with adjustment heritage culture. While there is lack of adopt heritage culture accept other culture is more complicate. Depression is one of the most common mental disorder among Cypriot and (cakici, et al., 2017). however, psychological adjustment and acculturation depends on level of stress and depression. Familiar with cultural diversities, feel Security and social support are important for individuals to accepting heritage culture, hence might individuals with less stress more opening to adjustment of dissimilar cultures. (Werner-Seidler et al., 2017).

In this assessment, comparison of depression, acculturation and social supports scores participants who are depressed demonstrated that depression have a positive-medium level relationship with perceived discrimination. In addition, discrimination had significant correlation with fear, guilt, homesickness, culture shock among depressed students.

Discrimination is one of the social-cultural factors which has no positive impact on acculturation, thus in some populations high level of discrimination can discourage acculturation (Te Lindert A, Korzilius H, Van de Vijver FJ, Kroon S, Arends TJ., 2008) (Fox M, Thayer ZM, Wadhwa PD., 2017). Liu and colleagues examined the neural basis of disgust perception in racial prejudice, their sample is in two groups chines as an in-group and African Americans as an out-group, they found that specifically greater activation in right amygdala and right anterior insula was associated with higher disgust sensitivity (Liu Y, Lin W, Xu P, Zhang D, Luo Y., 2015)(Finnell, 2018). Refer to theory of mind, "thought about thought" or "belief about belief", body language also impacts on the mental health. Therefore, difficulty and disability of read between lines then this emotion provocation and mental statues are correctly due to major depression. So, perceive positive emotion and behaviors like

sympathy and empathy or distinguished negative features such as dishonesty, disloyalty, duplicity and lying. Therefore, as a result of lack of cohesion such as difficulty of inter personal and social area may bring up the major depression possibility (Finnell, 2018; Şencan, 2019). Although there are possibility people with depression, PTSD and social anxiety and functional brain cause more sensitive about negative faces, undesirable facial expression. In addition, negative events besides abnormality of amygdala due to sensory of fear. Consequently, more sensitive and over reactive of amygdala cause avoid to communicate or lack of social connection (Şencan, 2019).

Correspondingly, in 1978-1979 by Tajfel and Turner social identity theory proposed in social psychology about self- concept as an in-group or out- group statues such as “us” and “them” which stranger is enemy who are not belong to us. Many studies show that this kind of social categorization common while evaluation of other cultures according to preconceptions originating in the standards and customs of one's own culture means ethnocentrism and prejudice (Perdue, Dovid, Gurtman, & Tyler, 1990). In addition, Patron believed that there is no guarantee for predicting of culture shock experience, among immigrants in the host culture, however, while there is cultural and language similarity within immigrants and indigenous so there is possibility” just do not understand one another culturally” and “don’t speak same language “(Patron, 2014). In pursuance of Patron assumption, furthermore there is complaining from Turkish immigrants are perceived discrimination in NC, whatsoever they are from almost similar cultural context and use same language. Therefore, other study illustrated that students who are coming from collectivist culture such as Africa, Asia and Latin America they are suffer from more acculturative stress than European, for example African suffer by racial prejudice (Constantine et al., 2004).

The most moral judgments instinctively and spontaneously occurred, due to perceive excessive unfamiliar differences from environments so diversity race or cultures among the groups functioning cause experience feel being risked of treating from alienation. Therefore, stigma and disgrace could produce by normal group behavior in the society with perceive differences (Finnell, 2018).

Might be cultural competency or as Berry suggested culture shedding will improve acculturation.

In this study when depression risk factors were examined, it was found that fear positively predicted depression. Also, comparison of depression, acculturation and social supports scores among participants who were depressed shows that fear was significantly high in relationship with perceive of discrimination and homesickness.

Combination of high level of anxiety with depression Consequence of lack of self-confidence (Y Liu et al, 2016). Excessive fear associated with social anxiety disorder, social phobia. (American Psychiatric Association, 2013). Prevalence in lifetime is 12.1% comorbidity with Major depression is 16.6%. social anxiety is four the most common psychiatrist disorder. (Kessler, R.C., Chiu, W.T., Demler, O., Merikangas, K., & Walters, E.E, 2005). social anxiety is fear of evaluation in positive or negative. Anxious individuals focus on future threats of self and environments, cognitive preconceptions. Then encompass with negative self-image whereas self-evaluation in the same time by positivity-minimizing and negativity-magnifying (Weeks J, 2015).

Emotion- regulation difficulty has major correlation with depression, anxiety, social interaction and poor quality of life. (WHOQOL-BREF , 1998) (Ratnani IJ, Vala AU, Panchal BN, Tiwari DS., 2017) .Major depression symptoms and severity was related to fear , anhedonia and reward pathway connectivity. (Reward decision-making, reward-learning task, monetary reward task). (Zhu X, Helpman L, Papini S,Schneier, F.,Markowitz, C.,Van Meter, P., Lindquist, A., Wager, D., Neria , Y, 2017).Fear of emotion, increase distress and physiological provoke to respond for unpleasant event. General anxiety strategy when negative attitudes towards while compound with negative evaluation of emotion that individuals experience, avoidance or suppress for distracted from undesirable thought or event. Even though this strategy while carrying for long time this paradoxical and negative emotion may lead to severe depression. Difficulty of Emotional regulation strategy can impair of emotional regulation behavior. (Yoon. S, Dang. V, Mertz. J, Rottenberg .J, 2018) (Ratnani IJ, Vala AU, Panchal BN, Tiwari DS., 2017). Depression,

various anxiety disorders, general anxiety, post trauma stress disorder, panic disorder are common psychopathology among ethnic and cultural groups. (Beiser M, Hou F, 2001;) (Mollica RF, McInnes K, Sarajlic N, Lavelle J, Sarajlic I, Massagli MP, 1999). Fear of stranger, Margarita Sanchez-Mazas, Laurent Licata claimed in their book that "Perception of the values of immigrants as being incompatible with those of the receiving society implies the vision of nationals as a homogeneous group sharing common values (Esses et al., 2005). There is view that immigrants could undermine national values hence this advocates that xenophobia correlates with nationalism. Cultural endangerment is treats for individuals and wider community such as fear of losing cultural identity or cultural traditions otherwise fear of what cultural changing will occurred in future. Accordingly, cultural bereavement and cultural extinction are influence on psychosocial adaptation of immigrants furthermore contribute to increased level of stress and intensify symptoms of PTSD. (Nickerson.A, Bryant.R.A, Brooks .R, Steel.Z,& Silove.D., 2009). This is obvious, risk group of anxiety and depression problems among ethnic minority college student(Zvolensky,M.J., Jardin, C., Garey, L., Robles, Z. & Sharp, C., 2016).

In this research comparison of depression, acculturation and social supports scores participants who are depressed shows that depression have a positive-low level relationship with guilt acculturation subscales. However, guilt was significant in association with perceive of discrimination, homesickness, fear, culture shock and stress due to change.

Guilt is the severe symptoms for depression. Guilt is associated to social-emotional process. Guilt relate to rumination, apathy and increased punishment sensitivity (Primo de Carvalho Alves, et al, 2017). There is assumption by researchers while possibility of guilt being extreme or inappropriate, as long as being chronic it can be maladaptive (O'Connor, L. E., Berry, J. W., & Weiss, J., 1999) (Harder, D. W., Cutler, L., & Rockart, L, 1992). Negative cognitive error associated with inappropriate aspect of guilt and depression among adolescence and young children (Tilghman-Osborne, C., Cole, D. A., & Felton, J. W, 2012). Guilt is self-conscience and emotion. Guilt is evoked by moral transgressions and recruits greater prefrontal regions,

representing perspective-taking and behavioral change demands. Guilt stimulates with negative evaluation and norm violation. The process of elevating guilt-proneness due to overgeneralizing self-blaming, thus guilt-processing reduces integration of conceptual social knowledge and specific memory. Guilt is experienced when individuals have negative evaluation of self-behavior, "my behavior is bad" (Tangney, J. P., & Dearing, R. L., 2002). Moreover, guilt has an important role in psychopathology such as depression, anxiety, obsessive-compulsive disorder (OCD), and somatization. (K. F. Jankowski and H. Takahashi, 2014). There was an investigation among college students that shows there was an association between religion with greater depression which correlated with feeling alienation from God and suicidality related to religious fear and guilt, (Exline, J. J., Yali, A. M., & Sanderson, W. C., 2000). As a state by Moldova map classification cultural zone, Catholic societies have lower self-expression than Protestant societies, high scores of survival and traditional values belong to African and Islamic countries which are characteristic of this society. Prejudice to outgroups and suffering with discrimination as well. (MoldovanPress, 2010, Inglehart et al., 2004).

In Cyprus, religion is not very important; there is a liberality of ideology. International students were mostly believing religion is very important and a majority of them belong to Sunni and Catholic religions. Thus, identity exists by integrity between value and culture; therefore, without this cohesion, negative impacts are possible such as value conflict. Identity treats these contrasts and can stimulate stress and guilt (Liu et al., 2016).

In this research, it was found that perceived family support positively predicted depression. Social support mentions to the fact of existing and companionship of social and cultural institutions for the support of the acculturating individual (Berry, J. W., Poortinga, Y. H., Segall, M. H., & Dasen, P. R., 2002). Based on a study of the association between perceived social support and amygdala, it reveals that there is a positive relationship between the size of the social network and the volume of the amygdala, which is large. The left amygdala has dominated the process of social support. A dysfunctional amygdala has an effect of reactivation that is associated with increased fearfulness and difficulty for social connection that possibility leads to comorbidity with general social

anxiety(gSAD), depression, post-traumatic stress disorder (PTSD). (Sato, W., Kochiyama, T., Kubota, K., Uono, Sh., Sawada, R., Yoshimura, S., Toichi, M, 2016). To be expected that International students with social support during process of acculturation may experiences less depression and less acculturative stress. study demonstrated that individuals with high level of acculturative stress and depression will moderate by social support (Berry 2006) (Zhang, 2012). Low level of social support associated with significant high level of depression and high level of stress (Cohen et al, 1985). High level of neuroticism was related with insufficiency of social support and also whereas openness related with homesickness possibly because of that extrovert people are not enough satisfied with the lack of communication with people from the host culture (Poyrazli et al., 2010).

Many middle eastern cultures emphasized on duties and family relationships (Haddad YY, Smith JI, 1996) (Kulwicki, 1996). Refer to Garipey et al study in 2016 illustrated that emotional support influence more than social instrument support in associated on depression. Moreover, in other intervention study revealed that with high quality social connection with friends and family significantly depression reduced (Werner-Seidler et al., 2017).

Furthermore, one of the elements of adapting other culture is possible with sense of belongingness that means people need personal, connections to feel accepted and supported (Soleman H, et al., 2011). Self-identify has an important role which can be protective from loneliness among adolescents (K. Rich madsen et al., 2016). In deed based on recent approach, social identity it has important role in social relation, although has fundamental role in mental and physical wellbeing. (Haslam, 2014).

Refer to Berry and other researchers in acculturation, knowing host language is one of the most important factor for communication and increased social interaction, for example in North Cyprus native language is Turkish and less people use second language as daily lives therefore international students' who are studying in English may face with difficulty to having effective communication then they will experience poor social adjustment. Acculturative stress from language problems, appearance, and discrimination is probable to

cause helplessness and a depression (Bahk, J., Kim, A.M. & Khang, Y., 2017). Fragile social bonding, lack of social support, and lack of sense of belonging are significantly related to depression in adolescents and adults (Bae, 2019)

CONCLUSION AND RECOMMENDATIONS

Conclusion

Aim of this study was comparison of acculturation and social support among the Depressed and Non-Depressed International Students in Cyprus. When comparing the social background of depression among depressed and non-depressed international students in North Cyprus, there was no significant difference, however, acculturative stress was significantly high in both groups.

Moreover, in comparison to depression, acculturation and social supports scores of participants who are not depressed. Depression was found to have a negative-medium level relationship with friends' support and also a negative-low level correlation with family support and significant other subscales of Social supports among non-depressed students.

In the examination, comparison of depression, acculturation, and social supports scores participants who are depressed demonstrated that depression has a positive-medium level relationship with perceived discrimination and homesickness and also it was found to have a positive-low level relationship with guilt acculturation subscales. Depression has no correlation between social support sub-scales scores among depressed students. There was not any correlation between acculturation subscales and social support scale scores among depressed students. Examination of depression in terms of risk factor, it was found that perceived family support and fear positively predicted depression.

Recommendations

According to Berry, There are three degrees of change during acculturation process behavior shifting, acculturative stress, and psychology, accordingly require social capital, psychological capital, well-being for improving the acculturation process and decreased anxiety and depression among individuals.

To sum up, for preventing depression and culture shock need prevent of personality factor of neuroticism, also need to sustained in positive attitude then developed sense of resilience to cope with acculturative stress also developed feel belongingness. Although integration and stronger identification from heritage culture has a positive influence on readjustment then adjustment heritage culture and host culture. So, individuals changing identities related to the level of self-concept, clarity, and self-esteem. Therefore for international students who are suffering from anxiety, depression and lack of adjustment show that self-confidence and social support have important roles, so beside individuals therapy, may group therapy can be effective for increasing their confidence in safe and new environments. Thus if practice toward their communication skills in supportive and trusty communities including connecting with new people concerning decreased level of stress otherwise may experience less feel detachment in the host culture.

In the current era implementing cultural intelligence common within businesses and institutes. This instruction model of intelligence culture if brings forward in the early education stage more advantageous to the prevention of acculturative stress within society. Moreover, programmed should notify international students before they depart their homeland, after they reach in their host country, about the support system and source that are available to international students if they are trying to engage new academic requirements, or face with tough conditions occurring about feeling homesick either loneliness. Hence if the government put compulsory language courses for new international students who are being newcomers in the host culture would have a positive effect on acculturation plus self-confidence for them.

Immigration is a complex process, so pre-migration and post-migration risk factors associated with mental health and will interfere with acculturation. Then this necessary for qualitative investigation among migration or international students for the reduction of relevant risk factors of depression and acculturation among depressive international students.

Based on the result of this study among participants was found a significant correlation between perceived discrimination, fear and depression. Then the

beneficial future study is demanding to compare acculturative stress and acculturation with depression among inhibitions of the host culture, to determining unrealistic risk factors of xenophobia and cultural conflict in the host culture.

REFERENCES

- Acharya, L., Jin, L., Collins, W. (2018). College life is stressful today-emerging stressors and depressive symptoms in college students. *J. Am. College Health*, <https://doi.org/10.1080/07448481.2018.1451869>.
- Ahmed, S. R., Kia-Keating, M., & Tsai, K. H. (2011). A structural model of racial discrimination, acculturative stress, and cultural resources among Arab American adolescents. *American Journal of Community Psychology*, 181-192.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders. 5th ed.* Washington, DC.: American Psychiatric Press.
- Andrade L, Caraveo-anduaga JJ, Berglund P, Bijl RV, Graaf RD, Vollebergh W,. (2003). The epidemiology of major depressive. *Int J Methods Psychiatr Res*, 3-21.
- Andrew L. Frazer . Sonia Rubens,Michelle Johnson-Motoyama, Moneika DiPierro . Paula J. Fite. (2017). Acculturation Dissonance, Acculturation Strategy, Depressive Symptoms, and Delinquency in Latina/o Adolescents. *Child Youth Care Forum*, 46:19–33 DOI 10.1007/s10566-016-9367-9.
- Angela-MinhTu D. Nguyen,Verónica Benet-Martínez. (2013). Biculturalism and Adjustment: A Meta-Analysis. *Journal of Cross-Cultural Psychology*, 44(1) 122-159.
- AP, A. (2000). *Diagnostic and statistical manual of mental disorders IV-TR. 4th ed.* Washington DC.: American Psychiatric Association;.
- Armes, K., & Ward, C. (1989). Cross-Cultural Transitions and Sojourner Adjustment in Singapore. *Journal Of Social Psychology*, 129[2] pp. 273.

- Bae, M. (2019). The relationship between social capital, acculturative stress and depressive symptoms in multicultural adolescents: Verification using multivariate latent growth modeling. *International Journal of Intercultural Relations*, 127-135. <https://doi.org/10.1016/j.ijintrel.2019.11.007>.
- Bahk, J., Kim, A.M. & Khang, Y. (2017). Associations of multicultural status with depressive mood and suicidality among Korean adolescents: the roles of parental country of birth and socioeconomic position. *BMC Public Health*, 17, 116 doi:10.1186/s12889-017-4044-y.
- Beiser M, Hou F. (2001;). Language acquisition, unemployment and depressive disorder among Southeast Asian refugees:A 10-year study. *Soc Sci Med*, 53:1321–1334.
- Belinda L. Needham · Bhramar Mukherjee · Pramita Bagchi · Catherine Kim·. (2018). Acculturation Strategies and Symptoms of Depression: The Mediators of Atherosclerosis in South Asians Living in America(MASALA) Study. *J Immigrant Minority Health*, 20:792–798:DOI 10.1007/s10903-017-0635-z.
- Berry, J. W. (1980). Acculturation as varieties of adaptation. In *Acculturation: Theory, models and some new findings*. Westview Press, 9-25.
- Berry, J. W. (1997). Immigration, Acculturation, and Adaptation. *International Association of Applied Psychology*, 46 (1). 5-68.
- Berry, J. W. (2003). Conceptual approaches to acculturation. In *Acculturation: Advances in theory, measurement, and applied research*. American Psychological Association, 17-37.
- Berry, J. W. (2005). Acculturation: Living successfully in two culture. *International Journal of Intercultural Relations*, 29(6), 697–712. doi:10.1016/j.ijintrel.2005.07.013.

- Berry, J. W. (2006). Stress perspectives on acculturation. In I. D. (Eds., *The Cambridge handbook of acculturation psychology* (pp. (pp. 43-57)). New York, NY, US:: Cambridge University Press.
- Berry, J. W. (2008). Globalisation and acculturation. *International Journal of Intercultural Relations*, 328-336.
- Berry, J. W., Phinney, J. S., Sam, D. L., & Vedder, P. ((2006)). Immigrant Youth: Acculturation, Identity, and Adaptation. . *Applied Psychology:An International Review*, , 55(3), 303-332.
- Berry, J. W., Poortinga, Y. H., Segall, M. H., & Dasen, P. R. (2002). *Cross-Cultural Psychology :Research and Applications (2nd ed.)*. Cambridge, UK: Cambridge University Press.
- Brislin, R. W. (2013). In applied Cross-Cultural Psychology. *SAGE Publications*, : <http://dx.doi.org/10.4135/9781483325392>.
- Brown, L., & Holloway, I. (2008). The initial stage of the international sojourn: excitement or culture shock? *British Journal Of Guidance & Counselling*, 36[1], 33-49-doi:10.1080/03069880701715689.
- Çakir, S. G. (2009). *Factors And Mechanisms Of Resilience Amongturkish Migrant Women In The Uk*. Doctoral Dissertation: Middle East Technical University,.
- Camilla L. Nord, D. Chamith Halahakoon, Tarun Limbachya, Caroline Charpentier, Níall Lally, Vincent Walsh, Judy Leibowitz, Stephen Pilling & Jonathan P. Roiser. (2019). Neural predictors of treatment response to brain stimulation and psychological therapy in depression: a double-blind randomized controlled trial. *Neuropsychopharmacology* .
- Carballedo A, Scheuerecker J, Meisenzahl E, et al. (2011). Functional connectivity of emotional processing in depression. *J Affect Disord*, 134(1–3):272–279.

- Cohen S, Wills TA . (1985). Stress, social support, and the buffering hypothesis. *Psychol Bull*, 98:310–357.
- Constantine, M., Okazaki, S., & Utsey, S. (2004). Constantine, M., Okazaki, S., & Utsey, S. (2004). Self-Concealment, Social Self-Efficacy, Acculturative Stress, and Depression in African, Asian, and Latin American International College Students. *American Journal Of Orthopsychiatry*, 74[3] pp. 230-241. doi:10.1037/0002-9432.74.3.230.
- Dahlberg, K. (2007). The enigmatic phenomenon of loneliness. *informa healthcare*, 195-207.
- Daniel Perlman, Letitia Anne Peplau. (1982). *A Source Book of Current Theory, Research, and*. New York: John Wiley.
- Daphne J. Cole, Ginette G. Ferszt, RN, FAAN. (2019). Migration Experiences of Sierra Leoneans. *Journal of Cultural Diversity* , 38-45.
- Depue, B. E., Olson-Madden, J. H., Smolker, H. R., Rajamani, M., Brenner, L.A., & Banich, M. T. . (2014). Reduced amygdala volume is associated with deficits in inhibitory control: A voxel- and surface-based morphometric analysis of comorbid PTSD/mild TBI. *BioMed Research International*, 691505.
- Durkheim, E. (1951). *Suicide*. free: New York.
- Elder, J. P., Broyles, S. L., Brennan, J. J., Zuniga de Nuncio, M. L., & Nader, P. R. . (2005). Acculturation, parent-child acculturation differential, and chronic disease risk factors in a Mexican-American population. *Journal of Immigrant Health*, , 7(1), 1–9. doi:10.1007/s10903-005-1385-x.
- Etkin A, Egner T, Kalisch R. (2011). Emotional processing in anterior cingulate and medial prefrontal cortex. *Trends Cogn Sci*, 15(2):85–93.
- Everaert, J., Bronstein, M. V., Castro, A. A., Cannon, T. D. Joormann, J. (2020). When negative interpretations persist, positive emotions don't! Inflexible negative interpretations encourage depression and social anxiety by

dampening positive emotions. *Behaviour Research and Therapy*, 24,1-12.

Eylem O, Dalğa I, İnce B. Ü., Tok F, Straten A.V., Wit L, Ad.J.F.M. Kerkho, Bhui K . (2019). Acculturation and suicidal ideation among Turkish migrants in the Netherlands. *Psychiatry Research*, 71-77.

Finnell, D. S. (2018). A call to action: Managing the neural pathway of disgust, bias, prejudice, and discrimination that fuels stigma. *Substance Abuse*, 39:4, 399-403,DOI;10.1080/08897077.2019.1576091.

Fokkema T, & TILBURG TH. V. (2007). Loneliness interventions among older adults: sense or nonsense? 1-35.

Fox M, Thayer ZM, Wadhwa PD. . (2017). Acculturation and health: the moderating role of socio-cultural context. *Am Anthropol*, 119:405–421.

Garcia Coll, C., & Marks, A. K. (2011). The immigrant paradox in children and adolescents: Is becoming American a developmental risk? *Washington, DC: American Psychological Association*.

Gariepy G, Honkaniemi H, Quesnel-Vallee A. (2016). Social support and protection from depression: systematic review of current findings in Western countries. *Br J Psychiatry*, 209:284–293.

Graves, T. D. (1967). Psychological Acculturation in a Tri-Ethnic Community. *Southwestern Journal of Anthropology*, 337-350.

Greenman, E., & Xie, Y. . (2008). Is assimilation theory dead? The effect of assimilation on adolescent well being. *Social Science Research*, 37, 109–137.

Gyurak A, Gross J, Etkin A. (2011). Explicit and implicit emotion regulation: a dual-process framework. *Cogn Emot*, 25(3):400–412.

Haddad YY, Smith JI. (1996). Islamic values among American muslims. In B. B. In:Aswad B, *Family and gender among American muslims* (pp. 19–40.). Philadelphia: Temple University Press.

- Harder, D. W., Cutler, L., & Rockart, L. (1992). Assessment of shame and guilt and their relationship to psychopathology. . *Journal of Personality Assessment*, , 59, 584–604.
- Harrington L, Siegert RJ, McClure J . (2005). Theory of mind in schizophrenia: a critical review., . *Cogn Neuropsychiatry*, 10:249-286.
- Haasen.C, Demiralay .C, Reimer. J. (2008). Acculturation and mental distress among Russian and Iranian migrants in germany. *Elsevier Masson.European Psychiatry*, (23)10-13.
- Hofmann, S. G., Sawyer, A. T., Fang, A., & Asnaani, A. (2012). Emotion dysregulation model of mood and anxiety disorders. *Depression and Anxiety*, 29(5), 409–416. <https://doi.org/10.1002/da.21888>.
- Hollon, S. D., & Dimidjian, S. (2009). .Cognitive and behavioral treatment of depression. In In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of Depression* (pp. 2nd ed., pp. 586-603). New York: Guilford.
- House SJ, Landis KR, Umberson D. (1988). House SJ, Landis KR, Umberson D (1988) Social relationships and health. *Science* , 241:540–545.
- Hovey, J, D,Magaña, C. G. (2002). Psychosocial predictors of anxiety among immigrant Mexican migrant farmworkers: Implications for prevention and treatment. *Cultural Diversity and Ethnic Minority Psychology*, 8(3), 274-289.
- Ince B. Ü., Fassaert T , Wit M, Cuijpers P , Smit J, Ruwaard, Riper H. (2014). The relationship between acculturation strategies and depressive and anxiety. *Bio Med Center*, 1-21.
- Inglehart, R. & Osyserman, D. (2004). Individualism, Autonomy and Self-Expression:the Human Development Syndrome. [.http://sitemaker.umich.edu/culture.self/files/inglehart__oyserman2004.pdf](http://sitemaker.umich.edu/culture.self/files/inglehart__oyserman2004.pdf).

- Jean-Paul, M. (2015). *Acculturative Stress and self-reported English Fluency in International Students in Ireland: A Quantitative Study*. Dublin: DBS School of Arts, dissertation.
- Jessica M. Dennis, Ana Laura Fonseca, Guadalupe Gutierrez, Jillian Shen, Sibella Salazar. (2016). Bicultural Competence and the Latino 2.5 Generation. *Hispanic Journal of Behavioral Sciences*, 38(3) 341–359.
- John W. Berry, Jean S. Phinney, David L. Sam, Paul Vedder. (2006). Immigrant Youth: Acculturation, Identity, and Adaptation. *Applied Psychology*, <https://doi.org/10.1111/j.1464-0597.2006.00256.x>.
- Karnick, p. M. (2005). Feeling Lonely: Theoretical Perspectives. *Nursing Science Quarterly*, 7-12.
- Katrine Rich Madsen, Mogens Trab Damsgaard, Signe Smith Jervelund. (2016). Loneliness, immigration background and self-identified. *Routledge Taylor & Francis Group*, 1977–1995.
- Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 617–627.
- Kessler, R.C., Chiu, W.T., Demler, O., Merikangas, K., & Walters, E.E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 617–627.
- Kulwicki, A. (1996). Health issues among Arab Muslim families. In B. B. In: Aswad, *Family and gender among American Muslims* (pp. 187–207). Philadelphia: Temple University Press.
- L. Peerenboom, R.M. Collard, P. Naarding, H.C. Comijs. (2015). The association between depression and emotional and social. *The association between depression and emotional and social*, 26-31.

- Laura Altweck, Tara C. Marshall. (2015). When You Have Lived in a Different Culture,. *plos*, 1-17.
- Liu Y, Lin W, Xu P, Zhang D, Luo Y. (2015). Neural basis of disgust perception in racial prejudice. *Hum Brain Mapp*, 36(12):5275–5286.
- Lysgaard, S. (1955). Adjustment in a foreign society: Norweigan Fulbright grantees visiting the United States. *International Social Science Bulletin*, 7, 189–190.
- Maji, S. (2018). Society and ‘good woman’: a critical review of gender difference in depression. *Int. J. Soc. Psychiatry.*, <https://doi.org/10.1177/0020764018765023>.
- Markowitz, J. C., Petkova, E., Neria, Y., Van Meter, P. E., Zhao, Y., Hembree, E., Marshall, R. D. (2015). Is exposure necessary? A randomized clinicaltrial of interpersonal psychotherapy for PTSD. *e American Journal of Psychiatry*, 172, 430–440.
- Mazza M, De Risio A, Surian L, Roncone R, Casacchia M . (2001). Selective impairments of theory of mind in people withschizophrenia. *Schizophr Res.*, 47:299-308.
- Mehrdad F. Falavarjani & Christine J. Yeh. (2018). The impact of acculturation identification and acultrative stress. *Journal of Ethnic and Migration Studies*, 44:13, 2219-2239.
- Melin EO.,Svensson R, Thulesius HO. (2018). Psychoeducation against depression, anxiety, alexithymia and fibromyalgia:a pilot study in primary care for patients on sick leave. *Scandinavian Journal Of Primary Health Car*, Vol. 36, No. 2, 123–133.
- Meredith Wilsona and Zaneta Thayer. (2018). Impact of acculturation on depression, perceived stress and self-esteemin young Middle Eastern American adults. *Annals of Human Biology*, 45:4, 346-353.

- Missinne S, Bracke P. (2012). Depressive symptoms among immigrants and ethnic minorities. *Soc Psychiatry Psychiatr Epidemiol*, 97-109.
- MoldovanPress. (2010, september 10). *Inglehart-Welzel Cultural Map of the World*. Retrieved from MoldovanPress: <https://moldovanpress.wordpress.com/2010/09/10/inglehart-welzel-cultural-map-of-the-world/>
- Mollica RF, McInnes K, Sarajlic N, Lavelle J, Sarajlic I, Massagli MP. (1999). Disability associated with psychiatric comorbidity and health status in Bosnian refugees living in Croatia. *JAMA*, ;282:433–439.
- O'Connor, L. E., Berry, J. W., & Weiss, J. (1999). Interpersonal guilt shame, and psychological problems. *Journal of Social and Clinical Psychology*, 18, 181–203.
- Oberg, K. (1960). Culture shock: Adjustment to new cultural environments. *Practical Anthropology*, 7, 177-182.
- Padilla, A. M. (2006). Bicultural social development. *Hispanic J Behav Sci*, 28:467–497.
- Patron, M. (2014). Loss and Loneliness Among International Students. *Psychology Journal*, 11[1] pp. 24-43.
- Perdue, David, Gurtman, & Tyler. (1990). Us and Them: Social Categorization and the Process of Intergroup Bias. *American Psychological Association*, No. 3, 475-186.
- Polanco-Roman L, Miranda R. (2013). Culturally related stress, hopelessness, and vulnerability to depressive symptoms and suicidal ideation in emerging adulthood. *Behav Ther*, 2013;44:75–87. doi:10.1016/j.beth.2012.07.002.
- Poyrazli, S., Thukral, R., & Duru, E. (2010). International students' race-ethnicity, personality and acculturative stress. *Journal Of Psychology And Counselling*, 2[8] pp. 25-32.

- Prater KE, Hosanagar A, Klumpp H, Angstadt M, Phan KL. (2013). Aberrant Amygdala–Frontal Cortex Connectivity During Perception Of Fearful Faces And At Rest In Generalized Social Anxiety Disorder. *Depression And Anxiety* , 30:234–241DOI 10.1002/da.22014.
- Ratnani IJ, Vala AU, Panchal BN, Tiwari DS,. (2017). Association of social anxiety disorder with depression and quality of life among medical undergraduate students. *J Family Med Prim Care*, 6:243-8.
- Robert Lane, and Regina Miranda. (2018). The effects of familial acculturative stress and hopelessness on suicidal ideation by immigration status among college students. *JOURNAL OF AMERICAN COLLEGE HEALTH*, NO. 2, 76–86-
<https://doi.org/10.1080/07448481.2017.1376673>.
- Rokach, A. (2011). From Loneliness to Belonging: A Review. *Psychological Publishing*, 70-81.
- Rudd, . (1990). An integrative model of suicidal ideation. *Suicide and Life-Threatening Behavior* , 20, 16–30.
- Rudi De Raedt , Ernst H. W. Koster. (2010). Understanding vulnerability for depression from a cognitive neuroscience perspective. *Cognitive, Affective, & Behavioral Neuroscience*, 50-70.
- Rueger SY, Malecki CK, Pyun Y, Aycock C, Coyle S . (2016). A meta-analytic review of the association between perceived social support and depression in childhood and adolescence. . *Psychol Bull* , 142:1017–1067.
- Sandhu, D. & Asrabadi, B. (1994). . Development of an acculturative stress scale for international students: preliminary findings 1. *Psychological reports.*, 75[1] pp.45-448.doi:10.2466/pr0.1994.75.1.435.
- Sato, W., Kochiyama, T., Kubota, K., Uono, Sh., Sawada, R., Yoshimura, S., Toichi, M. (2016). The association between perceived social support and amygdala structure. *Neuropsychologia*, 85 237–244.

- Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *American Psychologist*, 65(4), 237–251.
- Schweitzer, R., Melville, F., Steel, Z. and Lacherez, P. (2006). Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. *Australian and New Zealand Journal of Psychiatry*, 40, 179-187.
- Şencan, B. (2019). Theory of Mind in Major Depressive Disorder. *Current Approaches in Psychiatry 2019*; 11(1):42-54, 11(1):42-54.
- Soleman H. Abu-Bader , M. Taqi Tirmazi & Fariyal Ross-Sheriff. (2011). The Impact of Acculturation on Depression Among older muslim immigrants in the united sate . *Journal of Gerontological Social Work*, 54:4, 425-448.
- Stuart, H. (1391). *cultural representations and Signifying Practice* . tehran : nashreney.
- Sümer. S., Poyrazli .S., and Grahame. K. (2008). Predictors of Depression and Anxiety Among International Students. *Journal of Counseling & Development*, 427-437.
- Tangney, J. P., & Dearing, R. L. (2002). *Shame and guilt*. New York: Guilford.
- Tardy. (1985). Tardy CH (1985) Social support measurement. *Am J Commun*, 13:187–202.
- Tartakovsky, E. (2009). The psychological well-being of unaccompanied minors: A longitudinal study of adolescents immigrating from Russia and Ukraine to Israel without parents. *Journal of Research on Adolescence*, 177-204.
- Te Lindert A, Korzilius H, Van de Vijver FJ, Kroon S, Arends TJ. (2008). Perceived discrimination and acculturation among Iranian refugees in the Netherlands. *In J Intercult Rel* , 32:578–588.

- Tilghman-Osborne, C., Cole, D. A., & Felton, J. W. (2012). Inappropriate and Excessive Guilt: Instrument Validation and Developmental Differences in Relation to Depression. *J Abnorm Child Psychol*, 40:607–620. DOI 10.1007/s10802-011-9591-6.
- Tong, V., Huang, C., & McIntyre, T. (2006). Promoting a Positive CrossCultural Identity: Reaching Immigrant Students. *Reclaiming Children And Youth*. *Reclaiming Children And Youth*, 14[4] pp. 203-208.
- Unger, J. B., Cruz, T. B., Rohrbach, L. A., Ribisl, K. M., Baezconde-Garbanati, L., Chen, X., Trinidad, D.R., & Johnson, C. A. (2000). English language use as a risk factor for smoking initiation among Hispanic and Asian American adolescents: Evidence for mediation by tobacco-related beliefs and social norms. *Health Psychology*, 19(5), 403–410. doi:10.1037/0278-6133.19.5.403.
- Wang, Y.H., Shi, Z.T., Luo, Q.Y. (2017). Association of depressive symptoms and suicidal ideation among university students in China. *Medicine*, 96(13), e6476.
- Weeks J, W. (2015). Replication and Extension of a Hierarchical Model of Social Anxiety and Depression: Fear of Positive Evaluation as a Key Unique Factor in Social Anxiety. *Cognitive Behaviour Therapy*, 2, 103–116, <http://dx.doi.org/10.1080/16506073.2014.990050>.
- Wei, M., Heppner, P., Mallen, M., Ku, T., Liao, K., & Wu, T. (2007). Acculturative stress, perfectionism, years in the United States, and depression among Chinese international students. *Journal of Counselling Psychology*. 54[4] pp. 385-394. , *Journal of Counselling Psychology*. 54[4] pp. 385-394. doi:10.1037/0022-0167.54.4.385.
- Werner-Seidler A. Afzali MH . Chapman C. Sunderland M . Slad T. (2017). The relationship between social support networks and depression in the 2007 National Survey of Mental Health and Well-being. *Soc Psychiatry Psychiatr Epidemiol*, 52:1463–1473. DOI 10.1007/s00127-017-1440-7.

- Whoqol-Bref. (1998). Development of the World Health Organization quality of life assessment. *Psychol Med*, 28:551-8.
- World Health Organization. (2018, March 22). *depression*. Retrieved from these https://www.who.int/mental_health/management/depression/en/:
- Yakunina, E.; Weigold, I.; Weigold, A.; Hercegovac, S. & Elsayed, N. . (2013). international Students' Personal and Multicultural Strengths: Reducing Acculturative stress and Promoting Adjustment. *Journal of Counselling & Development* . 91, pp. 216-233., 91, pp. 216-233.
- Yamamoto, T. (2017). Cultural Psychology of Differences and EMS; a New. *Integr Psych Behav*, 345–358.
- Yang Liu, Xinguang Chen, Shiyue Li, Bin Yu, Yan Wang, Hong Yan. (2016). Path Analysis of Acculturative Stress Components and. *John Wiley & Sons, Ltd*, 524–532.
- Yan L, Ning Z, Guangyi B, Yubei H, Bingyuan J, Yili W, Chuanxin L, Gongying L. (2019). Predictors of depressive symptoms in college students: A systematic review and meta-analysis of cohort studies. *Journal of Affective Disorders* 244, 196–208.
- Yeh, C., & Inose, M. . (2003). International students' reported English fluency, social support satisfaction, and social connectedness as predictors of acculturative stress. *Counselling Psychology Quarterly*, 16[1] pp. 15-28. doi:10.1080/0951507031000114058.
- Yu Y, Yang X, Yang Y, Chen L, Qiu X, Qiao Z, et al. (2015). The Role of Family Environment in Depressive Symptoms among University Students: A Large Sample Survey in China. . *PLoS ONE* , 10(12): e0143612.
- Zhang, Y. (2012). "An Examination of Acculturative Stress, Perceived Social Support and Depression Among Chinese International Students. *Child and Family Studies - Theses. Paper 3., Paper 3.*

Zhu X, Helpman L, Papini S, Schneier, F., Markowitz, C., Van Meter, P., Lindquist, A., Wager, D., Neria, Y. (2017). Altered resting state functional connectivity of fear and reward circuitry in comorbid PTSD and major depression. *Depress Anxiety*. Wiley, 34:641–650. doi:10.1002/da.22594.

Zisberg, A. (2017). Anxiety and depression in older patients. *International Journal for Equity in Health*, 1-11.

Zvolensky, M.J., Jardin, C., Garey, L., Robles, Z. & Sharp, C. (2016). Acculturative stress and experiential avoidance: relations to depression, suicide, and anxiety symptoms among minority college students. *Cognitive Behaviour therapy*, vol. 45, no. 6, 501–517. <http://dx.doi.org/10.1080/16506073.2016.1205658>.

APPENDIX

APPENDIX A: Informed Consent

An Investigation of Comparison of Acculturation and Social Support among the Depressed and Non- Depressed International students

Participant Information Sheet and Informed Consent Form

Dear Participant,

This scale is part of a research study that I am carrying out in order to understand if there is any relationship among acculturation, depression and social support among international student. The data collected through this scale will be used to compare the acculturation and social support between depressed and non-depressed international students. By filling in the following scale, you agree to participate in this study.

Please note that your participation in the study is voluntary and whether you agree to participate or not will have no impact on your grades for the courses you are/were enrolled in. Your identity will not be revealed in any case to third parties. The data collected during the course of this study will be used for academic research purposes only and may be presented at national/international academic meetings and/or publications. You may quit participating in this study at any time by contacting me. If you opt out of the study, your data will be deleted from my database and will not be included in any further steps of the study. In case you have any questions or concerns, please contact me using the information below.

Yours faithfully

Mahsa Mohajer

Psychology department of Near East University

E-mail: lrmmahsa@gmail.com

APPENDIX B: Demographic Information Form

Instructions: In this questionnaire, you will have two sections. Section I is about your personal information. Please tick the appropriate answer and/or explanation

1	What is your gender?	<input type="radio"/> Male
2	What's your age?	_____ years old
3	What country were you born in? What is your citizenship?	
4	What country was your mother born in?	
5	What country was your father born in?	

APPENDIX C: Acculturative Stress Questionnaire (ASSIS)

Instructions: We are interested in how you feel about the following statements. Please read each statement carefully. Circle a number 1, 2, 3, 4 or 5 which indicates how much the statement applied to you **over the past 3 months**. There is no "right" or "wrong" answer. Please respond to what you think or how you feel at this point in time.

The rating scale is as follows:

1=Strongly Disagree, 2=Somewhat Disagree, 3= Neutral, 4= Somewhat Agree

5= Strongly Agree

Questions		1	2	3	4	5
		Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strong agree
1	I feel that my people are discriminated against.					
2	I am treated differently because of my race.					
3	I am treated differently because of my color.					
4	Many opportunities are denied to me.					
5	I am treated differently in social situations.					

APPENDIX D: Perceived Social Support Questionnaire

Instructions: We are interested in how you feel about the following statements. Please read each statement carefully. Circle a number 1, 2, 3, 4, 5, 6 or 7 which indicates how much the statement applied to you **over the past 3 months**. There is no “right” or “wrong” answer. Please respond to what you think or how you feel at this point in time.

The rating scale is as follows: 1= Very Strongly Disagree, 2= Strongly Disagree

3= Mildly Disagree, 4= Neutral, 5= Mildly Agree, 6= Strongly Agree,

7= Very Strongly Agree

Question 1-4 is about your perception toward support from family.		1 very strongly disagree	2 strongly disagree	3 mildly disagree	4 neutral	5 mildly agree	6 strongly agree	7 very strongly agree
1	My family really tries to help me.							
2	I can get the emotional help and support I need from my family.							
3	I can talk about my problems with my family.							
4	My family is willing to help me make decisions.							
Question 5-8 is about your perception toward support from friends.								
5	I have friends with whom I can share my joys and sorrows.							

APPENDIX E: Depression Questionnaire (CES-D)

Instructions: We are interested in how you feel about the following statements. Please read each statement carefully. Circle a number 1,2,3, or 4 which indicates how much the statement applied to you **over the past 1 month**. There is no “right” or “wrong” answer. Please respond to what you think or how you feel at this point in time.

The rating scale is as follows: 1=Rarely or none of the time 2=Some or a little of the time 3= Occasionally or a moderate amount of time 4= All of the time

		1	2	3	4
		rarely or none of the time	some or a little of the time	occasionally or a moderate amount of time	all of the time
1	I was bothered by things that usually don't bother me.				
2	My sleep was restless.				
3	I talked less than usual.				
4	I did not feel like eating; my appetite was poor.				
5	I had crying spells.				

APPENDIX F: Permissions of Scales

Acculturative Stress Scale for international Student



Daya Sandhu <sandhud@lindsey.edu>

to me

Thu, May 2, 10:08 AM ☆ ↶ ⋮

Dear Mahsa Mohajer,

Greetings from USA!

Thank you for your interest in my research and publications. You have my permission to use my scale, "*The Acculturative Stress Scale for International Students (ASSIS)*" for your research project. To facilitate your research, I am sharing a copy of my original scale of the ASSIS for your review and use. I am also sending a copy of my previously published article in the *Psychological Reports* which has psychometric properties of this scale. You may also like to review the literature related to this scale for more information about psychometric properties. Numerous studies have been conducted using this scale. If you have any questions or if you need additional information, please do not hesitate to contact me at Sandhud@lindsey.edu.

With my best wishes on your research project!

Sincerely,

Daya Singh Sandhu

Dr. Daya Singh Sandhu, Ed.D., NCC, NCCC, NCSC, LPCC

Director of Research and Professor

Doctoral Program in Counselor Education and Supervision

Office: Goodin Building 233

210 Lindsey Wilson Street

Lindsey Wilson College

Columbia, KY 42728

(270) 384-8583 or (502) 931-2158 (cell)

Sandhud@lindsey.edu or Dayasandhu29@hotmail.com

Fulbright Senior Research Scholar (2002, 2010, & 2017)

Fellow: American Counseling Association

Diplomate: American Mental Health Counselors Association

President: Association of Multicultural Counseling and Development

Hind Rattan: NRI Society and Govt. of India (2014)

Global Achievers Award: Received on October 25, 2018 at the

House of Commons, British Parliament, London, England.

Depression CES: *This scale is free to use without permission*

References

Radloff LS, The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 1977, pp.385-401.

This scale is free to use without permission

Stanford Patient Education Research Center

1000 Welch Road, Suite 204
Palo Alto CA 94304
(650) 723-7935
(650) 725-9422 Fax
self-management@stanford.edu
http://patienteducation.stanford.edu

Funded by the National Institute of Nursing Research (NINR)

Perceived Social Support: *This scale is free to use without permission*

The Multidimensional Scale of Perceived Social Support (MSPSS)

MSPSS.pdf

Multidimensional Scale of Perceived Social Support (MSPSS)

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The Multidimensional Scale of Perceived Social Support (MSPSS) is a brief research tool designed to measure perceptions of support from 3 sources: Family, Friends, and a Significant Other. The scale is comprised of a total of 12 items, with 4 items for each subscale. My colleagues, Nancy Dahlem, Sara Zimet, Gordon Farley, and I (Gregory Zimet) first published on the MSPSS in the *Journal of Personality Assessment* in 1988.

Across many studies, the MSPSS has been shown to have good internal and test-retest reliability, good validity, and a fairly stable factorial structure. It has been translated into many languages, including (but not limited to) Urdu, Hebrew, Tamil, Danish, Farsi (Persian), French, Italian, Korean, Lithuanian, Hausa, Norwegian, Simplified Chinese, Traditional Chinese, Slovene, Malay, Slovak, Spanish, Swedish, Polish, Portuguese, Romanian, and Thai. For linguistically-validated translations, consider using [TransPerfect](#).

The MSPSS is free to use. Please simply credit the following paper (and any others that are relevant), if you use the scale:

Zimet GD, Dahlem NW, Zimet SG, Farley GK. The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment* 1988;52:30-41.

MSPSS.pdf

BIOGRAPHY

Mahsa in 1982 was born in Tehran, Iran. She graduated from Computer Graphic Design from the University of Applied Science and Technology (UAST) in Tehran, Iran. Mahsa is interested in learning new and different skills and pieces of knowledge. Therefore, commonly she attempted to have diversely experienced, which before moving to Cyprus, she was study language in the U.K and Australia. Accordingly, she was attending many workshops and courses like Transaction Analysis (TA), Art therapy, Theater, philosophy, and other subjects too.

Furthermore, since she came to Cyprus, she received a Bachelor of Political Science with a major in International Relations from Near East University. Then after continuing her study in master of General Psychology also she entered the International relation in politic science graduate program as well at N.E.U. Then she is throughout the following two years of master programs, participated in courses such as workshop- Neurofeedback of slow cortical Potentials also transcranial Direct Current Stimulation(tDCS), besides those she participated in, Assessment and Diagnosis of Sleep Disorder; A Cognitive Neuroscience Approach". Moreover, she takes part in the Iranian Symposium on Brain Mapping Updates. She wishes could improve her knowledge, may at least she become a more genuine person and developing the quality of her life and may share advantageous knowledge and happiness with others.

Sincerely Yours

Mahsa Mohajer

PLAGIARISM REPORT

Comparison of Acculturation and Social Support among the Depressed and Non-Depressed International students

ORJİNALLİK RAPORU

% 15	% 10	% 8	%
BENZERLİK ENDEKSİ	İNTERNET KAYNAKLARI	YAYINLAR	ÖĞRENCİ ÖDEVLERİ

BİRİNCİL KAYNAKLAR

1	surface.syr.edu İnternet Kaynağı	% 2
2	link.springer.com İnternet Kaynağı	% 1
3	etd.lib.metu.edu.tr İnternet Kaynağı	% 1
4	www.tandfonline.com İnternet Kaynağı	% 1
5	www.biomedcentral.com İnternet Kaynağı	% 1
6	dailytimes.com.pk İnternet Kaynağı	% 1
7	Yan Liu, Ning Zhang, Guangyi Bao, Yubei Huang, Bingyuan Ji, Yili Wu, Chuanxin Liu, Gongying Li. "Predictors of depressive symptoms in college students: A systematic review and meta-analysis of cohort studies",	% 1

ETHICS COMMITTEE APPROVAL



18.09.2019

Dear Mahsa Mohajer

Your application titled **“Comparison of Acculturation and Social Support among the Depressed and Non-Depressed International students”** with the application number YDÜ/SB/2019/508 has been evaluated by the Scientific Research Ethics Committee and granted approval. You can start your research on the condition that you will abide by the information provided in your application form.

Assoc. Prof. Dr. Direnç Kanol

Rapporteur of the Scientific Research Ethics Committee

A handwritten signature in cursive script, reading "Direnç Kanol".

Note: If you need to provide an official letter to an institution with the signature of the Head of NEU Scientific Research Ethics Committee, please apply to the secretariat of the ethics committee by showing this document.