

A Study of the Psychosocial Status of Iraqi Students and an Evaluation of the Effectiveness of Multicultural Therapy on Improving Psychological and Social Functioning in Individuals with Anxiety Disorders

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Abstract: This study aimed to Study of the Psychosocial Status of Iraqi Students and an Evaluation of the Effectiveness of Multicultural Therapy on Improving Psychological and Social Functioning in Individuals with Anxiety Disorders. The research was conducted in two phases. In the first phase, a descriptive-analytical study was carried out with a sample of 250 students selected through multistage cluster sampling. In the second phase, 30 students who met the criteria for anxiety disorder were selected and randomly assigned to experimental and control groups (15 participants in each group). Standardized instruments—including the Beck–Steer Anxiety Inventory, Keyes’ Social Well-Being Scale, Hadian-Nasab Social Functioning Scale, and the Goldberg General Health Questionnaire—were used to measure the variables. Data were analyzed using descriptive statistics and inferential methods such as the ANCOVA test. The descriptive findings indicated significant differences in the psychological and social status of students based on demographic variables such as gender, field of study, and academic level. These differences were observed across dimensions including anxiety, depression, somatic symptoms, social vulnerability, and various components of social well-being. Additionally, significant correlations were found between indicators of psychological and social health. The intervention phase revealed that multicultural therapy significantly reduced anxiety and improved psychological and social functioning in the experimental group compared to the control group. These findings highlight the importance of implementing multicultural therapeutic approaches in university settings to enhance the psychological and social well-being of international students.

Keywords: Iraqi students, psychosocial status, anxiety disorder, multicultural therapy, social functioning, mental health, psychological adjustment, therapeutic intervention.

INTRODUCTION

Mental disorders are among the most significant public health challenges worldwide, as they impose a substantial burden on individuals, healthcare systems, and social structures, leading to wide-ranging consequences (Ram & Shield, 2022). Evidence from meta-analyses indicates that approximately 30% of individual’s experience at least one mental disorder during their lifetime, with the highest incidence occurring during adolescence, particularly around the age of fifteen (Khaled *et al.*, 2024; McGrath *et al.*, 2023). Moreover, extensive studies conducted by the World Federation for Mental Health in collaboration with the World Health Organization provide a comprehensive picture of the prevalence, disease burden, and treatment patterns of mental disorders across different societies, underscoring the importance of prioritizing mental health in public health policymaking (Tin Hau *et al.*, 2023; Harris *et al.*, 2020).

The psychological and social well-being of migrant students holds particular importance, as this group faces a range of multidimensional challenges during the process of adapting to a new environment. Cultural differences, language barriers, feelings of social isolation, academic pressures, and concerns about social

discrimination are among the key stressors that can directly affect their psychological functioning (Mazidore *et al.*, 2016; Moreno *et al.*, 2022). Research evidence shows that these risk factors increase the likelihood of anxiety and depressive disorders and can have significant negative consequences for students’ academic performance, social interactions, and cultural adjustment (Racine *et al.*, 2021; Forster *et al.*, 2020).

Anxiety disorders are recognized as one of the most prevalent mental disorders worldwide and are characterized by a set of complex physiological and behavioral responses to perceived threats. Brain structures such as the amygdala and the prefrontal cortex play a key role in processing these responses, and dysfunction in these areas can lead to the intensification of anxiety symptoms (Quick *et al.*, 2019; Javid *et al.*, 2023). Moreover, exposure to conditions such as social instability, political conflict, and traumatic experiences increases the risk of mental disorders among migrant populations, particularly international students (Khaled *et al.*, 2024).

Given the limited number of studies that have specifically examined the psychological and social status of Iraqi students studying in Iran, a significant research gap exists in this field.

Therefore, the present study aims to assess the psychosocial status of Iraqi students at Mohaghegh Ardabili University and to evaluate the effectiveness of multicultural therapy in improving their psychological and social functioning, particularly among individuals with anxiety disorders. This objective is pursued through measuring levels of anxiety, depression, and somatic symptoms, as well as analyzing students' social functioning and interactions in relation to their demographic and cultural characteristics.

METHODOLOGY

The present study was conducted in two distinct phases. In the first phase, which aimed to screen and assess the psychosocial status of Iraqi students, the research was implemented using a descriptive-analytical design. In the second phase, designed to examine the effectiveness of the intervention, the study followed a quasi-experimental pretest-posttest design. In this phase, the therapeutic approach—consisting of multicultural therapy and a wait-list control condition—was considered the independent variable. The participants' psychological and social functioning variables were defined as the dependent variables in order to evaluate and analyze changes resulting from the therapeutic intervention.

Population and Sample

The statistical population of this study consisted of 250 international students enrolled at Mohaghegh Ardabili University during the 2024–2025 academic year. In the first phase, 124 students were selected through multistage cluster sampling and completed the screening questionnaires in the presence of the researcher. After analyzing the results, individuals who scored above the cutoff point on the instruments and met the inclusion criteria were identified, and ultimately 30 students were selected as the final sample. To prevent any potential bias, these 30 participants were randomly assigned to two groups of 15: an experimental group and a control group.

The inclusion criteria consisted of obtaining a score above 17 on the Beck Anxiety Inventory, providing written informed consent to participate in the study, and committing to active attendance throughout the treatment sessions. The exclusion criteria included being absent for more than two sessions and unwillingness to continue participation in the therapeutic process.

RESEARCH TOOLS

Beck Anxiety Inventory (BAI) (English Translation)

Anxiety disorder in this study was assessed using the Beck and Steer Anxiety Inventory (1990). This instrument consists of 21 four-option items scored on a scale ranging from “Not at all = 0” to “Severe = 3.” The cutoff score for this questionnaire is set at 31.5, such that scores above this threshold indicate high levels of anxiety, whereas lower scores reflect lower anxiety levels. The BAI is a widely used self-report instrument designed to measure the severity of anxiety in adolescents and adults and has been employed in numerous studies (Damhery *et al.*, 2012). The questionnaire has previously been translated and culturally adapted into Persian by researchers (Kaviani & Mousavi, 2008). Evidence from multiple studies demonstrates that the BAI possesses strong reliability and validity, making it a suitable and credible tool for assessing anxiety.

Keyes Social Well-Being Scale (1998)

The Social Well-Being Scale developed by Keyes (1998) is designed to assess individuals' levels of social well-being across various psychosocial dimensions. The instrument consists of 20 items (and 21 items in some versions) rated on a five-point Likert scale ranging from “Strongly disagree” to “Strongly agree.” The scale evaluates five core dimensions of social well-being: Social Flourishing (Items 1–4), Social Cohesion (Items 5–7), Social Integration (Items 8–12), Social Acceptance (Items 13–17), and Social Contribution (Items 18–21). Several items—specifically Items 3, 5, 6, 7, 13, 14, 15, 16, 17, 18, 19, and 21—are reverse-scored. Higher scores indicate higher levels of social well-being. The construct and content validity of this questionnaire have been confirmed in Iranian studies, including Sabouri (2012) and Ahari (2013), and its reliability has been reported with a Cronbach's alpha coefficient of 0.81.

Hadian-Nasab Social Functioning Scale

The standardized Social Functioning Questionnaire developed by Hadian-Nasab (2015) aims to assess individuals' levels of social functioning. The instrument consists of 16 items, of which 6 items measure principles of social responsibility, 5 items assess social accountability processes, and the remaining 5 items evaluate social behavioral outcomes. The questionnaire is scored on a five-point Likert scale ranging from “Strongly agree = 5” to “Strongly disagree = 1.”

The content validity of this instrument has been confirmed by a panel of experts, and the Cronbach's alpha coefficients obtained for each dimension—as well as for the total scale—have been reported to be above 0.70. Therefore, the questionnaire demonstrates acceptable and desirable reliability.

General Health Questionnaire (GHQ)

The General Health Questionnaire was originally developed by Goldberg (1972). The original version contains 60 items, although shorter forms with 30, 28, and 12 items have also been widely used in various studies. According to previous research (Murray & Williams, 1985; Shamsunder *et al.*, 1986, as cited in Taghavi), the different versions of this questionnaire demonstrate strong validity and reliability, and the 12-item form has been reported to perform nearly as well as the full 60-item version.

The present study employed the 28-item version, which consists of four subscales, each containing seven items: Somatic Symptoms and General Health (Items 1–7), Anxiety (Items 8–14), Social Dysfunction (Items 15–21), and Depression (Items 22–28). Each item has four response options, and the questionnaire can be scored using two methods. The traditional scoring method assigns values of (0-0-1-1), yielding a maximum score of 28. The Likert scoring method assigns values of (0-1-2-3), resulting in a maximum score of 84. Most studies use the Likert method. When scores are not reverse-coded, higher scores indicate better mental health. Goldberg and Williams (1988) reported a split-half reliability coefficient of 0.95 based on data from 853 participants. In addition, a study by Ghobadian and Javadi (2024) confirmed the construct validity of the questionnaire through

factor analysis and reported a Cronbach's alpha reliability coefficient of 0.92.

Statistical Analysis

To address the research questions, the collected data were analyzed using both descriptive and inferential statistical methods. In the descriptive analysis, indicators such as mean (to determine the average value), standard deviation (to assess variability), frequency and percentage (to display data distribution), and minimum and maximum values (to determine the range of scores) were used. These indicators provide a clear overview of the demographic characteristics and the main variables of the study, including test and scale scores (Field, 2018). In the inferential analysis, an independent samples t-test was employed to examine the research hypotheses and compare the mean scores of the two independent groups (experimental and control). This test determines whether the observed differences between the groups are statistically significant and is suitable for analyzing data from the quasi-experimental phase of the study. All statistical analyses were conducted using SPSS software, version 26.

RESULT

To conduct the study, 124 students were randomly selected from a statistical population of 250 international students enrolled at Mohaghegh Ardabili University, and they participated in the screening process. The questionnaires were distributed by the researcher and completed by the participants in person. Following the screening phase, 30 individuals who scored above the cutoff point (meeting the inclusion criteria) were selected and randomly assigned to two groups: an experimental group and a control group.

Table 1: Frequency distribution table and percentage of subjects by gender

Type of study	Sample size	Gender	Abundance	Percentage
Descriptive-analytical study	250	female	110	44
		male	140	56
Quasi-experimental study	30	female	13	43/30
		male	17	56/70

Table 2: Frequency and percentage distribution table of subjects based on field of study

Type of study	Sample size	Gender	Abundance	Percentage
Descriptive-analytical study	250	Educational Sciences	100	40
		Psychology	150	60
Quasi-experimental study	30	Educational Sciences	18	60
		Psychology	12	40

In the descriptive–analytical and quasi-experimental phases of this study, differences were observed in the demographic distribution of the samples. In the descriptive–analytical phase, which included 250 participants, the majority of the sample consisted of male students (56%), master’s students (68%), and psychology majors (60%). In the quasi-experimental phase, conducted with 30 participants, although the gender distribution was

similar to the first phase (56% male), the academic level and field of study differed; specifically, most participants were doctoral students (60%) and students majoring in educational sciences (60%). In this phase, the 30 eligible participants were randomly assigned to two groups: an experimental group (15 participants) and a control group (15 participants). These differences reflect the distinct objectives of the two phases and the sampling methods employed in each part of the study.

Table 3: Description of psychosocial status variables

Variable	Average	Standard deviation	Variance	Skewness	Elongation
Mental status (total score)	38/25	6/45	41/60	-0/32	0/28
Anxiety	8/75	2/15	4/62	0/45	-0/15
Depression	7/83	1/92	3/68	0/52	0/33
Inadequate social functioning (social skills and functioning)	9/64	2/37	5/61	-0/28	-0/42
Physical symptoms	12/03	3/14	9/85	0/17	-0/25
Social status (total score)	43/72	7/28	53/02	-0/41	0/36

The overall psychological status of the students, with a mean score of 38.25 and a standard deviation of 6.45, falls within the moderate range; this indicates that their mental health is neither in a critical condition nor at an optimal level. In the anxiety component, the mean score of 8.75 and standard deviation of 2.15 show that students’ anxiety levels are moderately low, reflecting a relative degree of control over this dimension. The mean depression score of 7.83 with a standard deviation of 1.92 also suggests that students have been able to manage their depressive symptoms to some extent. Social dysfunction, with a mean of 9.64 and a standard deviation of 2.37, is at a moderate level, indicating the presence of certain challenges in social functioning, though not at a severe level. Somatic symptoms, with a mean of 12.03 and a standard deviation of 3.14, were reported to be higher than other components, which may reflect the manifestation of stress and psychological pressure in the form of physical symptoms. Additionally, the students’ social well-being, with a mean score of 43.72 and a standard deviation of 7.28, was assessed as moderate. Overall, the findings indicate that the students’ psychological and social health is relatively acceptable yet vulnerable, highlighting the need for enhancement programs aimed at improving their psychosocial well-being—particularly in reducing somatic symptoms and strengthening social cohesion.

DISCUSSION

The aim of this study was to provide a comprehensive and precise assessment of the psychosocial status of Iraqi students at Mohaghegh Ardabili University, and the findings offer a clear picture of the complex and multidimensional conditions experienced by this group of international students. Based on the collected data and statistical analyses, the overall psychosocial status of Iraqi students was found to be at a moderate level—neither critical nor fully optimal—indicating considerable potential for improvement. However, significant and systematic differences were observed across demographic groups and academic programs, underscoring the need for closer attention, targeted planning, and continuous interventions by university administrators and units responsible for international student affairs.

Regarding psychological status, the mean scores of female students fell within the moderate range, suggesting substantial capacity for enhancing their mental well-being. Nevertheless, the levels of anxiety and depression among students—particularly female students—require urgent attention. These conditions may be influenced by a combination of factors, including separation from family and homeland, challenges in cultural adaptation, social and academic pressures, educational expectations, concerns about future employment, financial difficulties, and stressors arising from linguistic and cultural differences. Furthermore, the presence of somatic symptoms

among students indicates that psychological and environmental pressures are being directly manifested in physical form, highlighting the importance of providing integrated, accessible, and culturally sensitive mental health services. These findings collectively emphasize the necessity of implementing structured support programs aimed at improving the psychological and social well-being of international students.

In the social dimension, the findings indicate that students score at a moderate level on indicators such as social well-being, social cohesion, social integration, social acceptance, and social participation. This suggests that although students possess a basic level of social interaction, they still require additional support and interventions to achieve optimal social functioning and satisfaction in interpersonal relationships. The analysis of gender differences further revealed that male students scored higher than female students across all social components. This significant difference may be attributed to broader social opportunities available to male students, cultural and social restrictions faced by female students, differences in socialization patterns, or structural and cultural barriers that limit female students' participation in social activities. From an academic-disciplinary perspective, the results showed that psychology students reported better psychological and social functioning compared to students in educational sciences. This difference may be explained by psychology students' greater awareness of psychological processes and stress-coping strategies, stronger communication and social skills, more intentional academic choices, curriculum content related to mental health, and their increased access to scientific and educational resources on self-care. One of the most important and promising findings of this study was the significant effectiveness of the multicultural intervention in improving the psychological functioning of students with anxiety disorders. This result underscores the necessity of considering cultural differences in the provision of psychological services and highlights the importance of culturally adapted therapeutic interventions for international students. It also demonstrates that the cultural background, values, and beliefs of students must be taken seriously when designing and implementing support programs. The significance of this finding lies in showing that standardized, one-size-fits-all interventions are not necessarily effective for all students, and that delivering meaningful support

requires a flexible, culturally sensitive approach tailored to the specific needs of each group.

Based on the results of this study, it can be argued that the psychosocial status of Iraqi students is shaped by a set of interwoven factors that interact within a complex and dynamic system. Gender, field of study, and access to specialized support are among the key determinants influencing their lived experiences. Additionally, environmental factors—such as the university's cultural climate, the quality of reception and support for international students, the effectiveness of student services, and opportunities for interaction with Iranian peers—play an important role in shaping their overall experience. Collectively, these factors indicate that improving the psychosocial well-being of international students requires a multidimensional, coordinated approach grounded in a deep understanding of their cultural and social contexts.

This study was conducted to examine the effect of multicultural therapy on improving the psychological–social functioning of individuals with anxiety disorders, with the aim of determining whether this approach could be applied in clinical settings, educational interventions, and rehabilitation programs if proven effective. In response to the first research question—“Does multicultural therapy enhance the psychological functioning of Iraqi students with anxiety disorders?”—the findings demonstrated that the intervention had a significant positive impact on improving students' psychological functioning. These results are consistent with the findings of Ha and Shin (2025), Wells Augusto and Almario Zgheib (2024), and Anwar *et al.* (2024), all of which highlight the effectiveness of this approach in multicultural populations.

Based on the data obtained in this study, multicultural therapy, as a specialized and innovative intervention, played a crucial role in enhancing the psychological functioning of Iraqi students with anxiety. This conclusion, derived from a rigorous analysis of both quantitative and qualitative data, indicates that the multicultural approach is not merely a complementary method but a necessity in providing psychological services to international students. To interpret this finding, it should be noted that multicultural therapy—by considering the cultural, social, and identity-based dimensions of students—creates a therapeutic relationship that is effective, safe, and grounded in trust. Iraqi students, who face challenges such as

separation from family, cultural differences, academic pressures, and concerns about adaptation, found in the multicultural therapeutic environment an opportunity to express their experiences and concerns within a familiar and culturally meaningful framework. In this approach, the therapist, equipped with a deeper understanding of the clients' cultural background, was able to offer strategies aligned with their values, beliefs, and cultural norms. This cultural congruence increased treatment acceptance, strengthened motivation, reduced resistance, and ultimately improved students' psychological functioning.

Such findings demonstrate that multicultural therapy can serve as an effective model for psychological interventions targeting international students and migrant populations. In conclusion, multicultural therapy is not only a viable option but an ethical and professional necessity in providing psychological services to international student communities, including Iraqi students. By acknowledging and validating clients' cultural identities, this approach fosters trust, strengthens the therapeutic alliance, and ultimately enhances psychological functioning. Therefore, integrating multicultural principles and techniques into counselor and psychologist training programs, as well as into university mental health service systems, can be a significant step toward improving the quality of life and academic experience of international students.

In response to the second research question—"Does multicultural therapy improve the social functioning of Iraqi students with anxiety disorders?"—the findings indicated that this intervention had a significant positive effect on enhancing students' social functioning. The results are consistent with the findings of Koo (2024), John (2024), and Kim & Kim (2022), all of which emphasize the effectiveness of this approach in strengthening social skills and intercultural interactions. Based on the data from this study, multicultural therapy, as a specialized and innovative intervention, played an important role in improving the social functioning of Iraqi students with anxiety. This conclusion, derived from a rigorous analysis of both quantitative and qualitative data, demonstrates that the multicultural approach is not merely a complementary method but a necessity in delivering psychosocial services to international students.

To interpret this finding, it should be noted that multicultural therapy—by taking into account the cultural, social, and identity-based dimensions of students—facilitated the development of effective social skills, enhanced intercultural communication abilities, and improved social participation. Iraqi students, who face challenges such as separation from family, cultural differences, academic pressures, and difficulties adapting to a new environment, found in the multicultural therapeutic setting an opportunity to strengthen their communication and social skills both within their familiar cultural framework and in interaction with the host culture. The therapist, through a deeper understanding of the clients' cultural background, was able to provide strategies aligned with their values, beliefs, and cultural norms. This cultural congruence increased trust, reduced resistance, strengthened social engagement, and ultimately improved students' social functioning.

In conclusion, multicultural therapy is not only an option but an ethical and professional necessity in providing psychosocial services to international student communities, including Iraqi students. By recognizing and validating clients' cultural identities, this approach fosters culturally informed social skills, enhances intercultural functioning, and ultimately improves their overall social adjustment. Therefore, integrating multicultural principles and techniques into counselor and psychologist training programs, as well as into university mental health service systems, can be an effective step toward improving the quality of life and academic experience of international students.

Despite offering valuable findings, this study faced several limitations that should be considered when interpreting the results. The research was conducted exclusively on Iraqi students at Mohaghegh Ardabili University, which limits the generalizability of the findings to other international student populations in different universities. Although the sample size was adequate for statistical analyses, a more detailed examination of subgroups was not feasible due to the limited number of participants. The use of self-report questionnaires also increases the likelihood of social desirability bias, which may have affected the accuracy of some responses. Furthermore, the absence of multiple measurement methods—such as clinical interviews or direct observation—restricted the depth and richness of the data. The lack of a follow-up period also prevented the assessment of the long-term stability

and durability of the multicultural intervention, highlighting the need for longitudinal research.

Given these limitations, several theoretical recommendations can be proposed for future studies. Developing a comprehensive theoretical framework that integrates elements of cultural psychology, minority stress theory, and attachment theory could contribute to a deeper understanding of international students' experiences. Additionally, adapting Western theories of cross-cultural psychology to the cultural, social, and religious characteristics of Iraqi and Iranian contexts is essential. Designing multilevel causal models to examine the interaction of individual, social, institutional, and cultural factors in explaining the psychosocial well-being of international students, as well as employing grounded theory approaches to analyze the adaptation processes of Iraqi students within the Iranian cultural context, may open new avenues for research.

Alongside these theoretical suggestions, a set of practical recommendations is also offered to improve the psychosocial well-being of Iraqi students. Designing and implementing regular training workshops on social, communication, and intercultural skills; developing multilingual educational programs on cultural adaptation and mental health; and establishing peer support groups can play an important role in reducing psychological stress and enhancing students' sense of belonging. Hiring Arabic-speaking counselors familiar with Iraqi culture in university counseling centers, establishing continuous monitoring systems for the psychosocial status of international students, designing collaborative counseling programs involving senior Iraqi students, and creating dedicated cultural and social centers for these students are also effective measures. Moreover, organizing cultural gatherings, experience-sharing sessions, and interactive spaces between Iraqi and Iranian students can strengthen social cohesion, reduce cultural distance, and enhance social participation.

CONCLUSION

These findings highlight the importance of implementing multicultural therapeutic approaches in university settings to enhance the psychological and social well-being of international students. Beyond demonstrating statistical effectiveness, the results underscore that culturally responsive interventions create a therapeutic environment in which students feel understood, validated, and

supported. Such approaches acknowledge the unique cultural identities, migration-related stressors, and adaptation challenges faced by international students, enabling them to develop healthier coping strategies, stronger social connections, and a greater sense of belonging within the academic community. Moreover, the study suggests that multicultural therapy is not merely an optional enhancement to existing services but a foundational component of effective mental-health support in diverse educational environments. By integrating cultural awareness into counseling practices, universities can reduce barriers to help-seeking, improve treatment engagement, and foster more inclusive and supportive campus climates. Ultimately, the adoption of multicultural therapeutic frameworks can contribute to improved academic performance, stronger intercultural relationships, and a more positive overall university experience for international students.

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