Moving from Disconnection to Connection:
Understanding the experiences of South Asian International Students in the United States using a Relational Cultural Framework

by

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Abstract

South Asian international students represent a growing yet understudied demographic in U.S. higher education. While these students are often academically successful, they face unique psychosocial challenges, including acculturative stress, cultural dissonance, and systemic marginalization that can adversely affect their mental health and well-being. Drawing on Relational Cultural Theory (RCT), this dissertation explores how the quality of relational connections with peers, mentors, and community members (i.e., relational health) influences psychological distress and life satisfaction among South Asian international students. The dissertation consists of two manuscripts: a conceptual paper that situates RCT as a culturally congruent and socially just framework for understanding international students' well-being, and an empirical study that investigates relational health as a moderating variable in the relationship between acculturative stress and psychological health outcomes. Using survey data from 210 South Asian international students in the U.S., the study found that higher levels of peer and community relational health significantly buffered the negative effects of acculturative stress on psychological distress and enhanced life satisfaction. These findings underscore the importance of not only social support quantity but also the quality of relational connections in fostering resilience and well-being. The study advances a culturally responsive framework that can inform counseling psychology practices and institutional policies aimed at supporting international student success and mental health.

Keywords: Acculturative stress; Relational health; Relational Cultural Theory; South Asians; International Students, Psychological Well-Being

Acknowledgments

This dissertation is not only a culmination of academic effort, but also a reflection of my journey as an Indian international student navigating life, identity, and scholarship far from home. Choosing to study the psychological experiences of South Asian international students was deeply personal. It is rooted in my lived experience of disconnection and the search for belonging in unfamiliar terrains. I have moved from one place to the other, finding new friends, mentors, and community wherever I went.

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Chapter 1: Introduction

South Asian International Students in Higher Education

Over the past decade, South Asian international students have constituted a significant and growing demographic within U.S. higher education (Institute of International Education, 2022). Representing nations such as India, Pakistan, Bangladesh, Sri Lanka, Nepal, Bhutan, and the Maldives, these students bring a diverse range of cultural values, academic ambitions, and sociopolitical histories. While they are often celebrated for their academic diligence and contributions to the intellectual fabric of higher education institutions (Shu et al., 2020), their psychosocial well-being and acculturative experiences remain underexamined. These students frequently navigate a confluence of academic pressure, cultural dissonance, familial expectations, and structural marginalization, all the factors that can significantly impact their mental health and adaptation outcomes (Inman & Tewari, 2003; Tummala-Narra et al., 2012).

While research has explored acculturative stress among international students broadly (Smith & Khawaja, 2011), few empirical studies have focused specifically on South Asian students studying in the U.S., despite this group facing distinct challenges tied to collectivistic values, racialization, and cultural adjustment. Moreover, while existing literature acknowledges the role of social support in buffering the psychological effects of stress (Finch & Vega, 2003), most studies have emphasized the quantity and types, rather than the quality of those relationships (Bertram et al., 2014; Wang et al., 2012). This dissertation seeks to address these gaps by using Relational Cultural Theory (RCT) framework to examine how relational health, defined as the quality of connection with peers, mentors, and community moderates the effects of acculturative stress on psychological distress and life satisfaction among South Asian international students.

Conceptual and Empirical Rationale

Acculturative stress refers to the psychological impact of adapting to a new cultural environment and encompasses experiences such as homesickness, language barriers, discrimination, and academic stressors (Berry, 2005). Among South Asian international students, acculturative stress is often compounded by cultural value clashes, family obligations, and experiences of invisibility or racial stereotyping (Constantine et al., 2005; Masood et al., 2009). These stressors have been associated with elevated rates of depression, anxiety, somatization, and reduced life satisfaction (Lee et al., 2004; Wei et al., 2007; Ying & Han, 2006).

Furthermore, sociopolitical factors, including visa restrictions, anti-immigrant rhetoric, and institutional exclusion can intensify feelings of disconnection and exacerbate psychological distress (Bookman, 2020; Inman et al., 2015). These experiences, if unbuffered by meaningful relational ties, may erode a student's sense of belonging and purpose. Literature suggests that social connectedness and belonginess play a critical role in promoting resilience among international students (Hendrickson et al., 2011; Zhang & Goodson, 2011). Yet, traditional conceptualizations of social support often neglect the quality and mutuality of these relationships. Social connectedness and sense of belonging are psychological outcomes that are strongly influenced by the quality of one's relationships, or relational health. While connectedness reflects a perceived closeness to others and belonging reflects feeling accepted within a group, both are nourished by mutual, empathic, and affirming relationships that foster emotional well-being. Relational health, as defined within the RCT framework, includes mutual engagement, authenticity, empowerment, and capacity to manage conflict (Jordan, 2010; Liang et al., 2002). RCT provides a culturally grounded, strengths-based lens to understand the

dynamic between quality of relationships and acculturative stress, positioning relational health as a critical resilience factor in the acculturative process.

Theoretical Framework: Relational Cultural Theory (RCT)

Relational Cultural Theory (Miller, 1976; Jordan et al., 1991) posits that psychological well-being is rooted in growth-fostering relationships. These connections are characterized by mutual empathy, authenticity, and relational competence, with disconnection, especially when chronic or culturally enforced serves as a primary source of distress (Jordan, 2010). RCT challenges traditional Western, individualistic models of development by emphasizing interdependence as a sign of maturity and strength.

This framework is particularly well-suited for examining the experiences of South Asian international students who are often raised in collectivistic cultural environments where identity is embedded in community and family. RCT's emphasis on mutuality, empowerment, and connection offers a culturally congruent model for understanding the emotional needs and relational dynamics of this population (Jordan, 2008; Liang et al., 2002).

This dissertation uniquely applies RCT to the study of relational health, an operationalized construct reflecting the quality of support from peers, mentors, and community as a moderator in the relationship between acculturative stress and psychological well-being.

Purpose of the Dissertation

This dissertation investigates how acculturative stress and relational health interact to influence psychological distress and life satisfaction among South Asian international students in the U.S. The overarching aim is to generate culturally responsive insights that can inform mental health and educational interventions for this vulnerable group.

The main objectives of the study are:

1. To examine the direct effect of acculturative stress on psychological distress and well-being.
2. To assess whether the quality of relational health moderates these effects.
3. To offer a culturally grounded framework, specifically the RCT, for interpreting these relationships and guiding practical interventions.

Overview of the Dissertation Chapters

Chapter 2 is a conceptual manuscript that synthesizes interdisciplinary literature to build a theoretical argument for using RCT to examine international students' mental health. It outlines the unique cultural challenges faced by South Asian students, critiques existing models of social support, and proposes relational health as a culturally relevant construct.

Chapter 3 is an empirical manuscript that quantitatively tests the relationships between acculturative stress, relational health, psychological distress, and life satisfaction. Using a sample of 210 South Asian international students, the study investigates whether peer, mentor, and community relational health buffer the effects of acculturative stress. Regression and moderation analyses are employed to explore these dynamics.

Novel Contributions to the Literature

This dissertation makes several important contributions. Firstly, it is among the first to empirically test relational health as a moderator in the acculturative stress-mental health link among South Asian international students. It applies Relational Cultural Theory, a feminist, social justice framework to a global mental health context, expanding its applicability across cultural boundaries. It also operationalizes and disaggregates relational health into peer, mentor, and community domains, offering practical pathways for campus interventions. Further, it shifts

the focus from quantity to quality of social relationships, aligning with cultural strengths and enhancing intervention relevance.

Significance to Counseling Psychology

The findings of this dissertation have critical implications for the field of counseling psychology, particularly in multicultural and international contexts. First, the use of RCT aligns with the field's emphasis on social justice, cultural humility, and holistic well-being. Second, this research informs best practices for counselors and university professionals working with international students, highlighting the importance of fostering authentic, mutual, and empowering relationships rather than simply increasing contact frequency. Counseling psychologists can draw from these findings to design relationally attuned interventions, such as mentorship programs, culturally responsive group counseling, and peer support initiatives. Further, institutions of higher education can use this research to cultivate inclusive environments that prioritize quality relational connection, ultimately enhancing retention, well-being, and belonging among South Asian international students.

Chapter 2: Conceptual Manuscript

Moving from Disconnection to Connection: Understanding the experiences of International Students in the United States using a Relational Cultural Framework

International Student Experiences

International students are individuals who travel to different countries for educational purposes (The International Students' Survival Guide, 2008). They comprise an essential part of higher education systems globally, with around five million students studying abroad outside of their home countries in 2020 (Bista, 2018). The prospect of high-quality education and greater career opportunities draw many international students to the United States each year. The United States is a popular study destination for international students for various reasons, including the excellent quality of instruction, the availability of research funding, the comprehensive and flexible curriculum, educational advancement, cultural interaction, and the chances for networking and professional development (Ma et al., 2020; Parker, 2023).

These experiences aid their personal and professional growth, thereby improving their chances and possibilities for securing a job after their graduation. Additionally, studying in the United States encourages independence and self-reliance, which are essential traits for personal development. On the other hand, Ma et al. (2020) highlights the difficulties faced by international students, such as financial hardships, language barriers, homesickness, and challenges transitioning to a new educational system. Additionally, studies have found that racial and cultural prejudices may be encountered by international students, which can worsen their already existing sentiments of alienation and detachment. Lin & Yi (1997) also point to academic and English language difficulties, the different educational system, psychosocial stressors, unfamiliarity with customs and social norms, lack of social support, as well as intrapersonal and interpersonal problems resulting from the process of acculturation as problems

that are exacerbated among international students. Over a long period of time, these stressors can result in international students reporting somatic complaints such as sleep and appetite disturbance, fatigue, headaches, increases in blood pressure, and gastrointestinal problems (Mori, 2000). Consequently, it also leads one to experience psychological symptoms such as isolation, helplessness, hopelessness, sadness, feelings of loss, anger, disappointment, and a sense of inferiority, and in some cases, may lead to clinical depression.

Given the multitude of academic, social, cultural, and psychological challenges outlined above, it is evident that the transition to a new country can be a deeply complex and stressful experience for international students. The ongoing process of acculturation, including navigating unfamiliar norms, expectations, and identities can significantly affect their psychological health and overall well-being. However, this transition does not occur in isolation.

This paper aims to examine how certain relational factors, such as supportive peer, mentor, and community connections can serve as protective buffers, potentially mitigating the negative effects of acculturative stress and promoting more positive psychological outcomes during this critical adjustment period.

Acculturation and Acculturative Stress

Acculturation refers to the "dual process of cultural and psychological change that occurs as a result of contact between two or more cultural groups and their individual members" (Berry, 2005, p. 698). During the intercultural contact, one major issue that international students face as they transition into the U.S. is acculturative stress. The adjustment process can be demanding and can lead individuals to exhaust their psychological resources, often giving rise to acculturative stress (Smart & Smart, 1995). Berry (1992) describes acculturative stress as difficulties that arise when one is adjusting to a new culture.

It is important to note that acculturative stress as experienced by international students is additive to their general stress. General stress is common to all college students and refers to the challenging experiences in daily life that students likely perceive as exceeding their coping capacity (Cohen et al., 1983). Mostly all college students are exposed to common academic stressors, such as an extensive academic course load, substantial studying times, time management, classroom competition, financial concerns, familial pressures, and adapting to a new college environment (Reddy et al., 2018). Research has suggested that international students in predominantly White universities experience not only the general stress that is common to most students but also stress that is uniquely related to their minority status (Prillerman et al., 1989; Smedley et al., 1993).

Given the psychological, social, and academic adaptation required, the adjustment to the education system is often greater for international students than for domestic students (Andrade, 2009; Baker & Hawkins, 2006). Various studies on international students have shown that conflicting cultural norms, values, and expectations can contribute to acculturative stress (Smith & Khwaja, 2011). The conflicting cultural norms mostly arise from different individualistic and collectivistic values international students hold. Collectivistic cultures such as those found in China and India emphasize interdependence, harmony, conformity, and reciprocity. Often, when international students come from collectivistic cultures to the U.S., they tend to maintain a strong emotional attachment to their families back home and forego their own individual interests. This is in stark contrast to the individualistic culture in the U.S., which fosters independence, autonomy, assertiveness, and personal achievement. It has also been seen that member of collectivistic cultures desire to contribute to family integrity by fulfilling their social and familial roles (Triandis, 1995). It is important to note that these characteristics emerge in most

collectivistic and individualistic cultures and often co-exist with different proportions and emerge in different contexts (Coon & Kemmelmeier, 2001). Hence, they will not necessarily be displayed by everyone in these cultures.

In addition to conflicting cultural norms, some of the other major contributors to acculturative stress for international students include language difficulties, academic stressors, perceived discrimination, lack of social support, and various socio-cultural factors.

Language Difficulties

Difficulty with the dominant language and limited affiliation with American culture and customs may lead to academic, psychological, and social difficulties (Mori, 2000; Pedersen, 1991). For example, studies have shown that students who wish to maintain a more culturally traditional lifestyle, are less fluent in the English language, have little contact with the dominant culture, and are not a part of the racial majority are more likely to experience acculturative stress and adjustment difficulties (Farver et al., 2002; Ghuman, 1997). Language barriers can impede international students' attempts to make friends and interact with locals (Chen, 1999; Mori, 2000). This could be because international students are usually proficient in academic English and have a strong understanding of English grammar due to their English training in their home country but lack any interpersonal communication skills. Students who are more comfortable using English may be more willing to communicate with others in English. However, when one is not as comfortable using English, they would not be willing to reach out to social support resources to express their feelings and problems, hence experiencing lower social support, and disconnection (Mori, 2000).

For instance, Barratt and Huba (1994) found that international students' English competency increased self-esteem and was positively associated with more interpersonal

relations with locals. Through the study, the authors noted that as international students felt more confident in their ability to have conversations in English with the locals, they felt a greater sense of belonging, and connectedness with the locals. Students with better language competency experience less social discomfort than students with poor language competency. Furthermore, there is significant evidence in the literature demonstrating that a lower level of English proficiency is a predictor of acculturative stress. The studies suggested that the inability to converse confidently in the host language deters individuals from becoming socially involved in the host society. This inability to communicate often leads to miscommunication, isolation, and solitude (Sam, 2001), contributing to depressive symptoms (Dao et al., 2007; Duru & Poyrazli, 2007; Poyrazli et al., 2004; Sumer et al., 2008; Yeh & Inose, 2003).

Academic Stressors

One major contributor to acculturative stress for international students is a mismatch in their academic expectations to the realities of university life. International students may expect to perform academically as well as, if not better than, what they did in their home country (Chen, 1999; Mori, 2000; Pedersen, 1991). However, their academic performance may be below their expectations due to acculturative stressors of studying in a second language and adapting to the new educational, cultural, and social environment. International students may also find it difficult to adjust to the teaching style of their host country. For example, students from countries which focus upon rote learning may find it particularly difficult to adjust to the importance placed on critical thinking in Western universities (Aubrey, 1991). In addition, international students may be pressured by their family and sponsoring university in their country of origin to achieve a high level of academic performance, which if not obtained, can aggravate the acculturative stress experienced by the student (Chen, 1999; Mori, 2000).

Many international students also encounter stigma in educational settings (Langhout et al., 2007) because of stereotypes about their intellectual ability (Croizet & Claire, 1998; Durante et al., 2017) and because of their relative unfamiliarity with the cultural norms of the host country (Bryan & Simmons, 2009). As a result, if international students do not overcome these stressors, they may experience decreased confidence in mastering their new environment, thereby negatively impacting them academically (Chen, 1999). Overall, international students can end up feeling less socially integrated in academic environments. A lower sense of social integration suggests that one does not see oneself as fitting in socially and may be characterized by doubting one's fit in academic environments, questions of belonging, and perceiving less social support.

Lack of Social Support

Sue and Sue (1999) pointed out that for many cultural groups with collectivistic values, relationships with others are not only a contributor to well-being but also the foundation of its essential definition. Most international students come from collectivistic Asian cultures, with the largest representation originating from China, India, and South Korea, and social connections, and relationships are seen to be foundational to their collectivistic values. When international students from collectivistic cultures such as South Asia or Korea come to the U.S., they must negotiate conflicts between their culture and the Western American value systems. As the exposure to Western, Euro American conceptions increases, they may experience acculturation gaps and cultural conflicts within themselves, which consequently impacts their transition to the U.S. (Masood et al., 2009). Frazier et al. (2006) emphasized that attention to the role of positive relationships in the enhancement of human functioning is needed. This may be particularly true for international students as the importance of racial and ethnic pride, family, and community are

relationship-based strengths that they possess (Constantine & Sue, 2006). Berry (1987) found that international students are more vulnerable to the negative influence of acculturation challenges since they lack established permanent social support in the host culture. International students are often disconnected from their previous social support system, which they have been accustomed to in their home country. As international students leave their primary support network behind, many experience a deep sense of loss upon their arrival to the U.S. (Sandhu, 1995). This disconnect compels international students to develop new social support networks in the host country.

Mallinckrodt and Leong (1992) argued that the challenge of building new social support networks in the U.S., as comparable to those in the home country, is extremely difficult for international students. A lack of social support in their new environment can lead to academic difficulties and poor psychosocial adjustment (Smith & Khawaja, 2011; Zhang & Goodson, 2011). Furthermore, differences in cross-cultural social interactions can stand in the way of international students forming relationships with their American peers (Mallinckrodt & Leong, 1992). Findings by Heggings and Jackson (2003) & Olivas and Li (2006) suggest that international students frequently experience cultural isolation and lack of support from American students. Students with collectivistic cultural backgrounds may be confused by the independence, assertiveness, and self-reliance of the domestic students with whom they interact (Cross, 1995). They may value close relationships (Markus & Kitayama, 1991) and thus, find social relationships in the U.S. to be superficial (Cross, 1995) and interpersonally unsatisfying (Mori, 2000). Overall, the unpleasant experience of forming new support networks in the host country leads to feelings of disappointment and discontent. Overtime, these feelings lead to social isolation. Because most international students lack familial support systems that are

geographically close, they may look to higher education leadership to act as ad hoc family, providing support as they navigate a culture different than their own. For this vulnerable student population, university personnel can be a primary source of social connection.

Discrimination/Bias

Discrimination has also been noted as another acculturative stressor. International students from Asia, Africa, India, Latin America, and the Middle East often report significant perceived discrimination compared to domestic students or European international students (Hanassab, 2006; Lee & Rice, 2007; Poyrazli & Lopez, 2007). It is important to address the increase of prejudicial attitudes and discrimination because of its negative influence on international students' mental health, such as depression, anxiety, psychological distress, life satisfaction, and self-esteem (Pascoe & Smart Richman, 2009; Schmitt et al., 2014). Discrimination experienced or perceived by international students can be harmful to their identities. Schmitt et al. (2003) found that when international students experienced perceived discrimination led to lower self-esteem and higher identification with other international students. They also found that identification with other international students led to an increase in self-esteem, which suggests that, under the stress of feeling discriminated against, international students seek out identification with other international students to counteract the negative effect of discrimination on their self- esteem, as well as to avoid relational disconnections. Similarly, participants in Poyrazli and Grahame's (2007) qualitative study reported encountering off-campus discrimination, spanning from covert interactions to overt acts. These were linked to poor psychological well-being and depression (Atri et al., 2006; Jung et al., 2007; Wei et al., 2007) has been found to predict higher levels of homesickness (Poyrazli &

Lopez, 2007) and can discourage international students from making friends with locals (Chen, 1999; Mori, 2000).

Poyrazli and Lopez's (2007) study found that the level of perceived discrimination among international students predicts their level of homesickness. This suggests that a higher level of perceived discrimination could impede students' adjustment into their new environment and negatively affect students' mental health. Moreover, their study indicated that perceived discrimination is negatively related to social connectedness. It is possible that being exposed to real or perceived discrimination might lead to developing a negative attitude towards the new culture and its people, rendering it difficult for students to connect to others socially, and thus, the students' adaptation to their new environment difficult.

Sociopolitical Climate in the U.S.

Recent shifts in global politics and U.S. immigration policies have created barriers to the recruitment and retention of international students. Growing anti-immigrant sentiments, travel bans, and immigration policies during the Trump administration exacerbated these challenges. The Trump administration initiated numerous policies to limit or end the H1-B visa program and in June 2020, an executive order suspending H1-B, H2-B, J and L visa programs was issued (AB Wire, 2020). This order impacted international students' abilities to work and stay in the U.S., consequently increasing uncertainty, and administrative burden for them (Bookman, 2020; Gopal, 2016). Qualitative research has also shown that international students are reporting increased levels of concern about the rise of racism and xenophobia and the unpredictability of immigration policies in the U.S. (Bookman, 2020). This led international students to experience feelings of anger, fear, hopelessness, and hypervigilance. Although the volatile circumstances underlying these responses have become more stable, the maltreatment

and neglect of international students during the onset of the pandemic may lead to long-term distrust and resentment of the U.S. higher education system.

Sociopolitical forces that encourage hyper individuality and the focus on the self as separate from others also facilitate disconnection (Jordan, 2017). Such acute disconnections are common in everyday relationships and are usually considered a regular part of human functioning (Jordan, 2010; Miller, 1976). However, it is the frequency and intensity of these acute disconnections which can be challenging and problematic in the long run. Lately, there has been a growing amount of emphasis on the effects of sociopolitical and systemic influences on human development (Frey, 2013), and how the movement has shifted from a focus on White, heterosexual, cisgender individuals to now include people of color (Schmidt et al., 2014), marginalized communities, as well as sexual minorities (Russell, 2009).

Taken together, the literature highlights the multifaceted and intersecting stressors that international students face during the process of cultural adaptation, including language and academic difficulties, perceived discrimination, lack of social support, and sociopolitical uncertainty (Chen, 1999; Mori, 2000; Poyrazli & Lopez, 2007; Smith & Khawaja, 2011). These experiences not only compound the general stressors faced by most college students but also place international students at heightened risk for psychological distress (Andrade, 2009; Smedley et al., 1993). Despite increased scholarly attention to the adverse effects of acculturative stress, there remains a need for integrative models that identify not just risks but also protective processes that can promote resilience and well-being. Relational resources such as meaningful connections with peers, mentors, and communities have been shown to be central to students from collectivistic cultures, where well-being is often defined through interdependence and belonging (Constantine & Sue, 2006; Markus & Kitayama, 1991; Sue & Sue, 1999). Yet, these

factors remain underexamined in the context of international student mental health. As such, it is imperative to explore how existing models of relational connection can be beneficial to understanding the roles of relationships in promoting South Asian international students' mental health.

Social Connectedness: Search for New Models of Well-Being

Existing literature suggests that some students can successfully adjust to studying overseas as a result of several protective factors. These include an enhanced understanding of differences between home and host country (Thomson et al., 2006; Yeh & Inose, 2003), familiarity with the local culture (Sherry et al., 2010), predeparture preparation (Alharbi & Smith, 2018), and social connections (Zhang & Goodson, 2011). Having a social connection is a critical factor in adjusting to a new culture. It may lead to a decrease in depression and difficulties associated with cultural adaptation (Sullivan & Kashubeck-West, 2015). Similarly, Hendrickson et al. (2011) reported findings that feeling of social connectedness is associated with an increased level of satisfaction and diminished homesickness. These attributes enhance students' sense of belonging to the campus and are predictive of a successful transition (Smith & Khawaja, 2011).

Several developmental and clinical models, both foundational and contemporary have emphasized the primacy of human connection in psychological well-being. Classic models such as Attachment Theory (Bowlby, 1982), Object Relations Theory (Klein, 1952; Winnicott, 1965), Self Psychology (Kohut, 1977), and Intersubjectivity Theory (Stern, 1985; Tronick, 2001) laid the groundwork for understanding the role of early relationships in shaping the self. These frameworks underscore that psychological health emerges not in isolation but through attuned, emotionally responsive relational exchanges.

In more recent decades, newer models have continued to build on this foundation, integrating neurobiology, systemic oppression, and social connection. For example, Polyvagal Theory (Porges, 2009) highlights the role of the vagus nerve in regulating safety and connection, demonstrating how physiological states influence social engagement. Interpersonal Neurobiology (Siegel, 2012) emphasizes that the brain is shaped by interpersonal experiences, particularly those that foster secure attachment and co-regulation. Radical Healing Theory (French et al., 2020) and Liberation Psychology (Martín-Baró, 1994) further advance a relational lens by focusing on how community, collective resilience, and sociopolitical connection are central to healing among marginalized populations. These newer frameworks shift the focus from individual pathology to relational repair and contextual resilience.

For international students, particularly those navigating acculturative stress and cultural dislocation, these relational frameworks offer critical insights. The disruption of familiar relational networks and lack of culturally attuned support can significantly affect psychological functioning. Thus, models that emphasize co-regulation, cultural attunement, and systemic awareness are especially salient in addressing the mental health needs of international student populations.

While these models provide valuable insight into the biological, developmental, and sociopolitical foundations of connection, Relational-Cultural Theory (RCT) offers a particularly compelling and culturally responsive framework for examining psychological well-being in the context of acculturative stress. Unlike theories that focus on early development or internal representations of relationships, RCT foregrounds growth-fostering relationships across the lifespan and addresses the impact of systemic marginalization and relational disconnection (Jordan, 2017; Miller & Stiver, 1997). RCT posits that mutual empathy,

empowerment, and authenticity are essential to human development and critically, that disconnection, especially chronic and culturally reinforced, is at the core of psychological suffering.

From an RCT perspective, individuals from marginalized groups living in a nation immersed under systems of oppression often face chronic disconnection from their authentic selves and others (L.S Brown, 2010). RCT, which is often seen as a feminist, social justice-oriented counseling approach is now expanding its breadth to be used as culturally responsive wellness framework to address the needs of marginalized populations.

Research has supported the use of Relational Cultural Theory to conceptualize relational aspects such as social connectedness of international students' experiences. Higher education professionals may find that adopting some of the principles of RCT when working with international students could be beneficial for these students because the collectivist approach embedded in RCT more accurately reflects the mindset of many international students (Jordan, 2010; Lertora et al., 2017). By conceptualizing international student relationships through the lens of growth fostering relationships, disconnection among relationships, power and control, and relational images, higher education and counseling professionals working with international students may be able to better help these students during their numerous transitions. Given that many South Asian international students come from collectivistic backgrounds where identity is embedded in relational interdependence (Markus & Kitayama, 1991), RCT offers a culturally congruent lens through which to explore their experiences of disconnection and belonging in the U.S.

Relational Cultural Theory

Relational Cultural Theory (RCT; Miller, 1976) is a contemporary theory based on a psychodynamic framework, that seeks to understand human development. It purports that well-being and happiness of an individual is the result of the degree they participate in growth fostering relationships (Jordan, 2010). Relational Cultural theory is often seen as an adaptive alternative to Western approaches when it comes to understanding personal growth (Walker, 2004). Jordan (2008) suggested that on one hand, Western, and individualistic cultures, which gives emphasis on autonomy and independence from others contribute to a sense of competence, and self-esteem, but on the other hand, create a sense of remoteness, immobilization, and not mattering in the world. From the perspective of RCT, individuals can experience significant esteem, achievement, and gratification through their relationships with others that result in sincere and mutual growth fostering relationships.

RCT is a strengths-based model that focuses on the influence of relational, and cultural elements on the development and maintenance of health and dysfunction for all people, especially marginalized individuals (Jordan et al.,1991). The tenets of RCT include connection as being the goal of human development and chronic disconnection as the source of human dysfunction (Duffey & Somody, 2011; Haskins & Appling, 2017; Jordan, 2017). Continuous disconnections can also lead one to developing negative internal scheme about the self-concerning others, known as relational images (Jordan, 2010). Relational images refer to the beliefs about one's relational self and what is possible for them within relationships. The primary goal of RCT is to bring awareness to these negative relational images and to help formulate such images into more self-affirming and healthier ones (Jordan, 2010). In addition, RCT's emphasis on cultural-based strengths and the maintenance of healthy relationships is not only at the dyad

level, but also within broad social networks and communities. Specifically, RCT suggests that connection with others, particularly when it is characterized by mutuality, authenticity, empowerment/zest, and the ability to deal with difference or conflict, is central to psychological health (Frey et al., 2006; Jordan, 1995, 1997; Miller & Stiver, 1997). Moreover, Frey (2013) stated that RCT serves as an approach that defines psychological health and maturity from a relational rather than individual perspective. This is especially crucial for individuals with a collectivistic worldview. Thus, many multicultural scholars agree that applying a relational model is central to the conceptualization of optimal functioning in psychological and physical health for all individuals, but particularly for individuals who maintain collectivistic values.

RCT suggests that the development of growth-fostering connections occurs as students renegotiate and reframe their relationships considering newfound capacities and identities as young adults (Frey et al., 2006; Gilligan, 1988; Jordan et al., 1991). This process ideally results in increasing levels of complexity, fluidity, and articulation within relationships (Jordan et al., 1991). Consequently, RCT frames the process of gaining maturity as one that does not imply a weakening of emotional connections with others, as the separation individuation process might traditionally suggest, but of growing within those connections (Jordan et al., 1991). Similarly, Greenberg and Johnson (1990) have stated that interdependence, as compared with independence, maybe the "true sign of optimal development" because it allows students to develop a sense of themselves as simultaneously connected and differentiated. In many cultures, interdependence is a central value that is reflected in how individuals relate to their surroundings (Sue & Sue, 1999), hence conceptualization of health and well-being for international students must take this into consideration.

RCT suggests that it is the quality of connections that matters, and there is an extensive body of empirical literature to support the idea that the quality of relationships is critical to psychological health (Bryant, 1985; Fiore et al., 1983; Liang et al., 2002). Stemming from RCT, the concept of "relational health" conceptualizes the quality of support that an individual receives from key others in their social support network, namely, peers, mentors, and community (Liang et al., 2002). This conceptualization may be particularly relevant for those from cultures that value interdependence, as the role of emotional support has been shown to exert differential effects on well-being for individuals from different cultural contexts (Uchida et al., 2008).

For example, the authors of one study found that for European American individuals, the effect of emotional support on well-being existed through its influence on self-esteem, whereas for Asian individuals, the association between emotional support and well-being was more direct (Uchida et al., 2008). The authors concluded that there are important cultural differences in the relation between support from others and well-being: for those with interdependent values, well-being is at least partially defined by support from others, whereas individuals who value independence derive benefits from others' support through its influence on enhancing one's view of herself or himself as an individual.

Conceptual Dimensions of Growth Fostering Relationships

Relational Authenticity

Jordan (2010) defined Relational Authenticity as the "capacity to bring one's real experience, feelings, and thoughts into relationship, with sensitivity and awareness to the possible impact on others of one's actions" (p.101). It is important to note that authenticity is different from honesty. While relational authenticity must be informed by anticipatory empathy for it to serve as a positive relational outcome, honesty does not have that component. It is often

characterized by expressing one's truthful thoughts and feelings and ensuring these truths are effectively communicated (LaFollette & Graham, 1986). Miller et al. (2004) differentiated relational authenticity and honesty by suggesting that authenticity is more closely associated with a quality of presence within a relationship.

Relational authenticity reflects the degree to which someone feels connected to others, conveys the sense that others are trustworthy, and expressions of honesty are welcomed with understanding and in a non-judgmental way (Wilt et al., 2019). The studies also noted that individuals who can acknowledge and represent their actual selves in a relationship tend to engage in growth fostering ways to create meaningful relationships with others.

In contrast to authenticity, the central relational paradox is a process by which a person suppresses the expression of thoughts, feelings, and needs that they believe may be unacceptable to relational others in order to maintain some semblance of relationship with that person. While they engage in suppression of emotions as a means of self-protection to maintain the relationship, they are actually promoting continual disconnection and disengagement with others.

Rabia and Hazza's (2017) study reflects this central relational paradox. They found that international students often engage in unintentional suppression of their emotions as they did not know whom to trust, and how to express their own feelings in an authentic way, which led to feelings of isolation and sadness. This is consistent with the findings of Lertora and Croffie (2020) who noted that the lack of emotional support, togetherness, familiar atmosphere, ambiance, and personal bonds in international students' relationships increases their feelings of anxiety and stress, leading to confusion and frustration.

Perceived Mutuality

Perceived Mutuality is defined as the ability to maintain a sense of self in relationship while being open to change, which comes with relating to others (Jordan, 1991). Mutuality implies that each person in the relationship is willing and able to attend and care for the other and is also able to represent his/her experience to the other and has the experience of being attended to and cared about. Each person can move and is moved by the other and by the relationship. It also implies an attitude by both members that each person's feelings, thoughts, wants, needs, and perspective are important and worthy of attention (Jordan, 1991; Miller & Stiver, 1997). "There is openness to influence, emotional availability, and a constantly changing pattern of responding to and affecting the other's state. There is both receptivity and active initiative toward the other" (Jordan, 1991, p. 82).

Jordan and Dooley (2001) suggested that mutuality in relationships is characterized by respect and trust through which individuals can begin to view themselves as having an impact on others around them. This also shows up as being vulnerable with others, which promotes a sense of mattering and empathy, or sharing of personal experiences with others. These experiences provide new possibilities for growth and support outside of power contexts created by self-sufficiency and isolation.

According to the Council for International Education (2006), international students generally express satisfaction with their academic experience; however, they tend to express less satisfaction with their social experience. The lack of meaningful contact between international and domestic students continues to be a principal concern among international educators (Brandenburg & de Wit, 2011). Meaningful cross-cultural interaction often requires a social context that enables domestic and international students to explore cross-cultural relationships

and demonstrate that both members of the interaction can meaningfully contribute to and take away from their interactions. However, research shows that domestic and international students often live in parallel social worlds, shut off from meaningful interaction with one another (Gareis, 2012).

Relational Connection/Disconnection

Relationships are the key to development in Relational Cultural framework and the means by which this occurs is connection and disconnection. The goal at the heart of RCT is learning to establish connections and navigate inevitable disconnection (Jordan, 1990; Jordan, 2018; Miller, 1988). Jordan (2010) described relational connection as an interaction between two or more people characterized by mutuality, emotional accessibility, and the five good things (zest, clarity, worth, productivity, and desire for more connection).

The idea of relational connection as a means of self-worth is predicated on building and maintaining relationships (Miller, 1989). It is the recognition of self-in-relation that allows us to understand ourselves within the context of that connection and differentiate within that connection (Surrey, 1991). The self-in-relation becomes increasingly able to navigate and elaborate complex connections while differentiating oneself within that connection (Jordan, 2018).

On the other hand, relational disconnection "usually involves disappointment, a sense of being misunderstood, and sometimes a sense of danger, violation, or impasse" (Jordan, 2010, p. 103). Interpersonal disconnection in relationships occurs when people have difficulty connecting to others, for instance in making friends, feeling like peers, understanding, or being understood by colleagues, or feeling understood by family and close others. For instance, unfamiliar cultural norms (Stephens et al., 2012), stigma (Langhout et al., 2007), and negative stereotypes (Croizet

& Claire, 1998; Durante et al., 2017) may create a sense of dissimilarity for international students that can create challenges in communication and interfere with forming friendships (Rubin et al., 2019). Along with this, international students may also struggle to maintain ties with pre-academic friends and family, who may be inexperienced with the culture of higher education (Bryan & Simmons, 2009). Overall, international students may experience a compound risk of experiencing a lack of understanding and alienation from people close to them both inside and outside of their culture.

Jordan (2004) mentions that being able to identify and mitigate relational disconnections such that it transforms experiences into connections lies at the core of RCT. One way to achieve relational connection could be international students diversifying their relational network in a way that promotes optimal well-being through a sense of worth and mattering (Jordan, 2010). For example, international student involvement in activities that extend outside of the classroom has been shown to have a positive impact on international students' sense of belonging and social adjustment (Glass & Westmont, 2014; Gomez et al., 2014; Neri & Ville, 2008).

Relational Empowerment

Jordan (2004) defined relational empowerment as the degree to which individuals trust themselves to be different from others while also recognizing that growth is a possible outcome of conflict when we authentically relate to other individuals. Empowerment is viewed as both an influential factor and a product of relationships that promote validation of self-in relation across contexts. Relational empowerment can usually be facilitated by challenging individuals to engage in activities that promote getting out of their comfort zone while managing their discomfort about engagement in a safe environment before approaching situations in other contexts.

In a study by Zhou et al. (2017), international students expressed difficulty fitting in. They experienced the difficulty of not being able to mingle with their American peers to cultivate new friendships. This led to the development of a sense of non-belonging, where the students considered themselves misfits in a foreign country (Baker & Siryk, 1999). Further, the sense of non-belonging was seen to negatively affect active class participation and a willingness to seek help when needed (Ostrove & Long, 2007). In contrast, related studies clearly showed that students who made sincere efforts in cultivating a sense of belonging had positive effects on their self-perception; they had higher self-confidence and distinctive scholarly achievements (Pittman & Richmond, 2008).

Connection between Relational Cultural Theory and Psychological Outcomes

RCT theorists posit that five good things form the basis of growth fostering relationships and result in relational outcomes such as connection, and/or disconnection. The five good things include: "a sense of zest; a better understanding of self, other, and the relationship (clarity); a sense of worth; and enhanced capacity to act or be productive; and an increased desire for more connection" (Jordan, 2010, p. 25).

RCT posits that when the five good things are present in relationships, individuals experience positive psychological well-being (Jordan, 2010; Jordan et al.,1991; Miller, 1976; Miller & Stiver, 1997). When they do not experience growth fostering relationships for an extended period, they may experience the opposite of the five good things. Chronic disconnections such as those that may be experienced by international students in a new culture can lead to negative distortions of a person's worth, decreased energy, confusion regarding self and the relational other, inability to act and feeling immobilized, and withdrawal from connection and engagement (Jordan & Dooley, 2001). Studies have found that when individuals

engage in less growth fostering relationships, they tend to experience greater symptoms of depression, and lower levels of well-being. (Genero et al., 1992; Tantillo & Sanftner, 2003). Moreover, there is some evidence to suggest that lack of perceived mutuality in relationship may be a stronger predictor of depression in women than in men (Genero et al., 1992). Growth fostering relationships has also been predictive of fewer negative alcohol-related consequences (LaBrie et al., 2008), lower rates of depression among Asian American and European American college women (Liang et al., 2006), lower rates of stress (Gibson et al., 2002), and lower rates of psychological distress (Frey et al., 2006).

Future Research Considerations

As noted, international students experience various forms of acculturative stressors such as language difficulties (Pan et al., 2008; Pederson, 1991; Yeh & Inose, 2003), academic pressures (Pederson, 1991), perceived discrimination (Sandhu & Asrabadi, 1994), homesickness (Sandhu & Asrabadi, 1994), loneliness (Pederson, 1991), cultural differences, and lack of social support (Swager & Ellis, 2003). Since these stressors can lead to international students' disconnection from their host society, their peer, mentor, and community relationships can function as a means of ameliorating the negative effects of acculturative stress and enhance resilience.

Relational Cultural Theory (RCT) has served as a feminist and social justice theory that emphasizes the importance of relationships and connection to cultural context. Even as other developmental and clinical models exist to explain the social connection, RCT provides a culturally competent model to explain the primacy of human connection. Unlike theories that focus on early development or internal representations of relationships, RCT foregrounds growth-fostering relationships across the lifespan and addresses the impact

of systemic marginalization and relational disconnection (Jordan, 2017; Miller & Stiver, 1997). RCT posits that mutual empathy, empowerment, and authenticity are essential to human development and critically, that disconnection, especially chronic and culturally reinforced, is at the core of psychological suffering. Given its unique focus on the importance of relationships, this theoretical approach offers a salient premise for understanding the cultural adjustment experiences for cultural minority groups (Mereish & Poteat, 2015). Research has noted that international student's source of acculturative stress is also reflected in and manifested by challenges with connecting with individuals in the host society they are in. RCT posits that this dysfunction in connecting with others is a major source of distress, and improving the quality of our connections with others can support greater psychological well-being. Since historically marginalized communities (e.g., women, Black, Indigenous, People of Color) prioritize community and collectivistic values, infusing RCT tenets into understanding the experiences of international students can directly address mental health and psychological well-being for international students (Hammer et al., 2016; Jordan, 2017; Kress et al., 2018).

The contributors to acculturative stress are reflected in and manifested by challenges with connecting with individuals and the host society. RCT therefore provides a framework that may be relevant for a non-western, non-individualized understanding of social relations, and emphasizes that a more contextual approach to the helping process aimed at ameliorating the adverse impact of various forms of cultural oppression, marginalization, and social injustice has many positive implications for individual clients and "the wider context of community and the social world" (Birrell & Freyd, 2006). These positive implications are tied to the important role RCT theorists place on helping marginalized individuals examine new ways to develop and maintain growth producing connections in their lives.

Applying tenets of RCT in approaches to working with international students can address the foundational sources of distress for them. Therapeutic interventions like RCT-oriented therapies could help international students consider ways they might go about deepening their connections to others. Such interventions might explore how to build meaningful relationships with others from a culturally sensitive lens that includes approaches which acknowledges the ways international students understand relationships, and challenge them to explore growth fostering relationships with domestic students in the U.S. Therapists working with international students can help students better understand the connection between their relational health and their well-being, and work with them to explore the quality of their existing relationships. It might also be helpful to encourage international students to identify what their values are around relationships, and to make strides to live in ways that prioritize their relational values.

To help international students facilitate meaningful connections to one another and to other members of the university's community, international student support services could provide them with various social opportunities by offering campus spaces and a range of social programming (e.g., meet and greets, brown bag lunch meetings, or community engaged activities) to foster relationship building. Studies have found that interventions which focus on social integration have been helpful in reducing the acculturative stress which international students experience when they enter a new culture (Lertora et al., 2017). Prior approaches suggested in the literature include developing outreach and community-based interventions to address psychological issues related to stress and adjustment (Yakunima et al., 2013). Social development programs might include connections to international families, peer buddies, or cross-cultural partners to enforce the basic tenets of growth fostering relationships (Yakunima et al., 2013).

However, just providing these services and programs may not be enough. Universities may want to consider their overall approach to conceptualizing international student experiences, by using frameworks provided by theories with a collectivist approach, such as Relational Cultural Theory.

Chapter 3: Empirical Manuscript

I Just Want to Belong: Examining Acculturative Stress, Relational Health, and Psychological Health among South Asian International Students

South Asian International Students

International students comprise a large and continuously growing population worldwide, with many students choosing United States as their destination for higher education (OECD, 2017). During the 2021-2022 academic year, over a million international students were enrolled in U.S. universities and colleges, with more than the majority of the students coming from China, South Korea, and South Asia, namely, India (Institute of International Education, 2022). South Asians are individuals who come from the seven nations of Bangladesh, India, Bhutan, Maldives, Nepal, Pakistan, and Sri Lanka. South Asians share demographic, and immigration features that are not found in other Asian groups in the United States. There is also great diversity within this population with regards to religious affiliations, language, immigration history, socioeconomic status, education, and acculturation levels (Inman & Tewari, 2003; Madathil, 2011; Sue & Sue, 2008). Considering the heterogeneity of South Asian international students' cultural background, their underrepresentation in higher education and counseling literature (Sheth, 1995) offers little empirical evidence to support higher education and counseling practices.

In the 2023–2024 academic year, India surpassed China as the leading country of origin for international students in the United States, with over 331,000 Indian students enrolled—a 23% increase from the previous year (Institute of International Education [IIE], 2024). Students from other South Asian countries, such as Bangladesh and Nepal, have also contributed to this growth, reflecting a demographic shift in international student trends (Inside Higher Ed, 2024). Despite their growing presence, South Asian students remain significantly underrepresented in

psychological research, which has historically focused on East Asian populations whose cultural contexts differ in meaningful ways (Hanassab, 2006; Yeh & Inose, 2003).

This gap is particularly concerning because South Asian international students face distinct challenges related to cultural stigma around mental health, academic and familial pressure, and a tendency to somaticize psychological symptoms—factors that are not typically addressed in generalized models of international student well-being (Chentsova-Dutton & Tsai, 2007; Ryder et al., 2008). Moreover, conflating South Asians with broader "Asian" or "international" categories obscures their unique psychosocial profiles. For instance, South Asian students often experience intense obligations related to family honor and collectivist norms, which may contribute to emotional suppression and reluctance to seek formal mental health care (Behavioral Health News, 2025).

By centering South Asian international students, this study responds to a crucial and growing need for culturally nuanced research and interventions tailored to this population. This focus contributes to the development of more inclusive higher education policies and mental health support systems that reflect the lived realities of one of the fastest-growing international student groups in the U.S. This influx of international students provides numerous benefits to the host nation, including economic gains through tuition revenue and local spending, academic enrichment through increased research output and global perspectives in classrooms, and social advantages such as enhanced cross-cultural exchange and institutional diversity (Shu et al., 2020; NAFSA, 2023). Their presence not only supports institutional operations and innovation but also contributes to the cultural and intellectual vitality of campus communities.

South Asian International Students' Unique Challenges

Given the cultural difference from U.S. society, it can be expected that South Asian international students' transition to studying in the U.S. will be accompanied by some acculturative stressors. Previous literature has supported this, pointing out that international students experience high levels of acculturative stress during the period of transition to the host country (Smith & Khawaja, 2011). Acculturative stress is a type of stress that may occur during the process of acculturation because of the difficulties in adjusting to the new cultural environment (Berry et al.,1987). Existing literature associate several factors to the development of acculturative stress. They include lack of familiarity with the host culture, education system, language barriers, psychological adjustment, financial stressors and lack of family and/or social support For instance, in their study of recently arrived South Asian students in Canada, Khunkhun and Fournier (2021) stated that students may encounter cultural obstacles, such as adapting to new social norms, dietary limitations, and religious practices, which may have an adverse impact on their sense of identity and well-being. Sandhu and Asrabadi (1994) mentioned that South Asian international students might also experience a sense of not belonging, perceived alienation, and discrimination because of being unfamiliar with the social norms of the host country. Furthermore, social difficulties and isolation are common among Asian international students who experience being away from friends and family, familiar food, and customs (Johnson & Sandhu, 2007). International students also experience acculturative stress as they experience fear of not being able to go back home during family emergencies due to visa issues (Starobin, 2006).

South Asian international students often negotiate many conflicting cultural values, attitudes, and behaviors as a part of their adjustment to the U.S. (Masood et al., 2009). For

example, they may experience conflicts between South Asian and Western or Euro American value systems. South Asians have been described as "allocentric," (Farver et al., 2007, p. 189), and as being organized around a "we-self" (Roland, 1996), where the individual self and the family are not separated as they are in Western conceptualizations (Masood et al., 2009). A study that investigated the role of values on acculturation argued that if Asian international students stay in their host countries for a long period and are apart from their families in the home country for the majority of that time, acculturation values gap may contribute to experiencing feelings of guilt related to the belief that they are not fulfilling their responsibilities of taking care of their parents and families (Constantine et al., 2005).

Financial hardship is another acculturative stressor for international students. It includes the burden of paying out-of-state tuition rates, which is often substantially higher than domestic students (David & Humphrey, 2000), in addition to paying for their non-academic related expenses such as housing, utilities, health insurance, and groceries. International students are also not eligible for federal financial aid, grants, or many forms of institutional support which compounds to the financial stress (Vickers & Bekhradnia, 2007). These stressors have been found to lead to chronic stress which in turn influences housing, nutrition, and access to healthcare.

In addition to financial concerns, international students also have the added stress of proving that they are proficient in academic English and adapt to unfamiliar classroom norms, pedagogy, and expectations (Campbell, 2012). South Asian students often face a dual burden: adapting to a new cultural and academic system while also meeting high expectations from family members who invested heavily, both financially and emotionally in their overseas education. The academic adjustment process is especially daunting in competitive academic

environments where participation, critical thinking, and independent learning are emphasized. Further, some studies highlight that South Asian international students may experience additional pressure to excel due to strong familial and cultural expectations tied to educational achievement, which can result in feelings of guilt, fear of failure, or internalized pressure to succeed at all costs (Bhattacharya & Schoppelrey, 2004; Roysircar et al., 2010). Moreover, Roysircar et al. 2010, emphasized that culturally grounded values such as filial duty, achievement orientation, and emotional restraint made it difficult for students to seek help, thereby compounding their stress. These combined stressors can negatively impact international students' academic, social, emotional, and psychological functioning, making their transition to a new educational and cultural environment particularly challenging.

Psychological Impacts of Acculturative Stress

Psychological Distress

The negative psychological implications of acculturative stress in the U.S. have been well documented. For example, Finch et al. (2000) and Hashemi et al. (2019) found that the experience of acculturative stress for international students was associated with poor mental health outcomes, such as lower self-esteem, more severe symptoms of depression, and lower life satisfaction. Along the same line, Lee et al. (2004) found that East Asian international students with high levels of acculturation stress were more vulnerable to depression. Consistent with these findings, Ying and Han (2006) examined 155 Taiwanese students pursuing graduate education in 31 states and found that acculturative stress was a strong predictor of depression. Those students who experienced high levels of acculturation stress in their first semester were more likely to develop depression in their third semester. This is critical, considering depressive symptoms

have been found to have a direct effect on suicidal ideation for Asian international students (Yang & Clum, 1994).

According to Lin (1998), international students who come from non-European backgrounds, and Eastern countries with different social ideology tend to suffer more stress in adjusting to American campus life. As Bradley (2000) suggested, some international students might feel lonely, marginalized, and isolated because they think the friendly and the outgoing personalities of students in the host culture are superficial. In addition, being far away from their support networks in their home countries contributes to weak social and emotional support systems, which may trigger feelings of homesickness and loneliness (Poyrazli et al., 2004). If they fail to establish a new network system, these students may endure significant amounts of stress and anxiety in their daily lives (Lee & Rice, 2007), which places them at greater risk of lower psychological well-being (Lin & Yi, 1997) and depression (Lee et al., 2004; Wei et al., 2007, Ying & Han, 2006).

Empirical evidence also reflects how recent economic and political shifts such as outsourcing, immigration policy, anti-immigrant sentiment, and suspicion related to 9/11 have contributed to acculturative stress among South Asian communities via a heightened awareness and experiences of racism and xenophobia (Inman et al., 2015; Kaduvettoor-Davidson & Inman, 2013; Tummala-Narra et al., 2012). This literature captures the detrimental effects of these discriminatory experiences on the mental health of South Asians. For example, racism experienced by South Asians in the U.S. has been linked to depression, anxiety, suicidal ideation, and psychological well-being (e.g., self-esteem, life satisfaction) (Kaduvettoor-Davidson & Inman, 2013; Miller et al., 2011; Tummala-Narra et al., 2012). These forms of racialized and xenophobic stress not only exacerbate acculturative stress but also interfere with the formation of

meaningful social relationships. Discrimination can reduce international students' willingness to seek help, limit their access to peer or institutional support, and foster feelings of isolation and hypervigilance (Hanassab, 2006; Nadal et al., 2012). From a relational perspective, these experiences disrupt opportunities for growth-fostering connections by threatening the mutual empathy, authenticity, and emotional safety that are central to relational health (Comstock et al., 2008; Jordan, 2008). When international students are repeatedly "othered" or stereotyped, it undermines their ability to trust, belong, and engage fully in social contexts that might otherwise offer protection and resilience. Hence, failure to manage the stress related to acculturation makes international students more vulnerable to psychological distress (Berry, 2005).

Psychological Well-Being

Positive psychology research suggests that well-being is not simply the absence of distress but rather, well-being also includes the presence of assets, strengths, and other positive attributes (Frisch, 2000; Keyes, 1998). Well-being literature conceptualizes well-being as (a) the presence of positive feelings (e.g., happiness), and (b) perceptions of positive functioning (e.g., one's perceptions of his or her overall life satisfaction).

Psychological well-being is a multidimensional construct that includes both emotional and cognitive appraisals of one's life. Emotional components are often captured through measures of psychological distress, which reflect the presence of negative affective states such as anxiety, depression, and stress (Ryff, 1989; Keyes, 2002). In contrast, cognitive appraisals are reflected in global judgments of life satisfaction, indicating an individual's evaluative perception of the quality and meaning of their life experiences (Diener et al., 1985). Together, these dimensions provide a comprehensive understanding of well-being, highlighting how individuals both feel about and evaluate their lives. This distinction is particularly relevant in cross-cultural

contexts where emotional expression and cognitive evaluations may diverge due to cultural norms (Suh et al., 1998).

Within the context of acculturative stress, among international students, psychological well-being has been reported to be a result of social support (Finch & Vega, 2003; Smart & Smart, 1995), family cohesion (Lueck & Wilson, 2010), and positive peer support (Bhattacharya, 2005). According to these researchers, social support has been defined as the perceived availability and quality of emotional, informational, and instrumental support from others. Social support helps buffer the negative effects of stress, particularly during periods of adjustment. For international students, social support may include support from friends, family, mentors, or host community members. This support is often unidirectional in nature and evaluated in terms of quantity (i.e. the amount of social support one has). While the quantity of social support has demonstrated effectiveness in mitigating negative mental health, another characteristic of social support may be more effective in promoting positive mental health. Relational connection focuses on the mutual growth-fostering connection in relational dynamics. This connection is rooted in empathy, authenticity, and empowerment and is bidirectional such that both individuals give and receive these qualities.

Given the importance of the family in many Asian cultures, many studies have explored relational connection through the concept of family cohesion. Family cohesion refers to the emotional closeness, mutual support, and sense of unity within the family. Research findings suggest that family cohesion plays a critical role in reducing both acculturative and emotional stress and promoting psychological well-being among culturally transitioning populations (Gore & Aseltine, 1995; Kang, 1996; Liang & Bogat, 1994). Atri et al. (2007) examined the effect of social support, as well as acculturation and hardiness on mental health in Asian Indian

international students. They indicated that social support, primarily the belonging aspect of social support, which was referred to as companionship support, was positively associated with the mental health of individuals migrating to different countries. They concluded that for this population, experiencing empathy, caring, trust and reassurance is important to an individual's psychological well-being (Atri et al., 2007). As these studies demonstrate, the quality of social relationships seems critical in understanding well-being among individuals from Asian countries.

One key dimension of psychological well-being is life satisfaction, which refers to a cognitive evaluation of one's overall quality of life according to self-determined standards (Diener et al., 1985). For international students navigating cultural transitions, life satisfaction has been found to be a critical indicator of adjustment and well-being. Studies have shown that international students who report higher levels of social integration, supportive peer relationships, and cultural competence also tend to experience greater life satisfaction (Wang & Mallinckrodt, 2006; Zhou et al., 2008). Specifically, life satisfaction can serve as a buffer against the adverse effects of acculturative stress by reinforcing a sense of coherence and belonging (Kashima & Loh, 2006). Moreover, research indicates that relational health, especially the presence of mutual, growth-fostering relationships can also meaningfully enhance life satisfaction among international students by promoting emotional security and connectedness (Yeh & Inose, 2003). Thus, life satisfaction not only reflects a positive psychological outcome but also functions as a critical barometer of how well international students are adjusting to their academic and sociocultural environment.

Social Support as a Means of Reducing Acculturative Stress

Perceived social support refers to the perception or experience that one is loved and cared for, valued, and part of a social network of mutual assistance and obligations (Wills, 1991).

Unfortunately, many international students experience loneliness and social isolation (Andrade, 2006; Brunsting et al., 2018) and thus are prone to experiencing a loss of social support systems and networks (i.e., friends and family) that are essential for them during the adjustment process. Having a strong social support system and developing social networks has been proven to be a crucial step towards reducing acculturative stress as experienced by international students (Alharbi & Smith, 2018; Andrade, 2006; Berry, 2005; Berry et al., 2006). Various studies have demonstrated the positive role of social support (Brunsting et al., 2018; Zhang & Goodson, 2011) and forming social support networks between different groups of people (e.g., host-nationals, community members; de Araujo, 2011) as some of the most influential predictors of reducing acculturative stress and benefiting international students' psychological well-being. As Cohen and Wills (1985) suggested, social support not only directly promotes mental health but also indirectly contributes to well-being by providing buffering resources for individuals experiencing stressful life events, such as going abroad to study as an international student.

Among South Asians in the U.S., family cohesion and peer support have been found to protect against acculturative stress (Beharry & Crozier, 2008; Lueck & Wilson, 2010; Masood et al., 2009), and positive family communication and family support appear to play a protective role in psychological well-being (e.g., self-esteem, depression) when coping with racial and ethnic discrimination (Rhee et al., 2003; Roysircar et al., 2010; Tummala-Narra et al., 2012). Coping through seeking social support reflects the collectivistic roots of South Asian cultures, which emphasize an interdependent social framework of immediate and extended family and community members (Inman & Tummala-Narra, 2010; Masood et al., 2009).

Studies have indicated an association between racism-related stress and collectivistic coping among Asian Indians in the U.S., and specifically that Asian Indians use active social

interactions with people both within and outside of their families and ethnic communities when faced with racism-related stress (Inman et al., 2014; Tummala-Narra et al., 2011). Along with the family and peer support, researchers have also examined the support received from mentors and community, consequently aiding in the acculturative process of international students. Research studies (Koutrlakos, 2004; Kagitcibasi, 1999; Orfanos, 2002; Triandis, 1990) have revealed that international students, especially from Asian countries often seek out support from professors and mentors as it is considered a viable and socially acceptable way of seeking help in comparison to seeking professional help from mental health professionals. In many collectivistic cultures, turning to authority figures or respected elders for support aligns with deeply held cultural values such as deference, respect for hierarchy, and saving face (Kim, 2007; Sue & Sue, 2016). As a result, mentor relationships can serve as a crucial bridge between academic and emotional support, offering not just academic guidance but also validation, cultural understanding, and encouragement during periods of adjustment (Constantine et al., 2005; Yeh & Inose, 2003). Moreover, these mentor and community ties may help reduce the stigma associated with mental health concerns, particularly in cultures where seeking professional psychological services may be seen as a sign of weakness or failure (Leong & Lau, 2001). For many South Asian international students, informal support from faculty, ethnic or religious community organizations, and cultural student associations provides a more approachable and trusted space for discussing stressors and navigating the cultural transition (Chakraborty et al., 2014; Nilsson et al., 2004). These relational connections not only buffer acculturative stress but also foster a sense of belonging, academic engagement, and identity coherence (Constantine et al., 2005; Wang et al., 2012). Community relationships also contribute to a sense of belongingness. Sense of belonging has been described as embodying two characteristics: the

experience of being valued, needed, accepted, and the individual's perception that their characteristics complement the environment or group they are part of (Hagerty et al., 1996). In a qualitative study (Daga et al., 2020), South Asian participants highlighted the relevance of social networks. They reported that South Asian international students in the U.S. and Canada used coping strategies, like reaching out to social networks, to contend with anxiety and depression. Tummala-Narra et al. (2013) found that Indian international students coped with distress through both seeking relationships with peers and providing help to others.

There is little research exploring the sense of campus belonging for international students, and even less exploring the concept among South Asian international students. University belonging has been referred to as the extent to which students feel that they are members of and possess a sense of belonging to the campus community (Locks et al., 2008). The little research which exists demonstrates the associations of a sense of belonging to campus community to lower rates of suicidal ideation among international students (Servaty-Seib et al., 2016). Slaten et al. (2016) qualitative study of East Asian international students explored the factors that contributed to university belonging. They identified a number of psychosocial contexts, such as intrapersonal factors (social self-efficacy, personal growth), interpersonal factors (domestic and international friends, faculty), and cultural factors (gender roles, language). The results of the study highlighted the significance of these relationships to the sense of campus belonging of East Asian international students. The students in the study also reported personal growth opportunities which led them to feel comfortable and connected on campus (Slaten et al., 2016).

Furthermore, in a qualitative study, Atri et al. (2007) found campus/university belongingness to play a critical role in the mental health of Asian Indian international students.

Participants in the study highlighted group involvement as a meaningful contributor to their experience as an international student and overall connection to the campus community. The study also noted that it is imperative to have opportunities on and within close proximity to campus for peer interaction and social bonding. The availability of such opportunities was considered fundamental to the college experience by the majority of international students and was identified as a means through which they develop meaningful personal relationships.

Although many studies (Hechanova-Alampay et al., 2002; Wang et al., 2012) with international students support the benefits of having social support, they have focused on the quantity, and type of relationships, and ignored the quality of these relationships. Some studies which looked at the quality of these relationships found that satisfying and growth fostering relationships were associated with better sociocultural and psychological adjustment among international students (Lee et al., 2004; Yeh & Inose, 2003).

It is crucial to examine how the quality of international students' social support networks inform psychological health. These may help to inform psychological interventions and campus programs aimed at improving the quality of international student's experiences (Hirai et al., 2015).

A New Perspective to Examine Social Support for South Asian International Students: Relational Cultural Theoretical Framework

Considering the existing literature on the importance of social support in the psychological well-being of international students, Relational Cultural Therapy (RCT) is a useful framework for understanding and promoting the acculturative experiences of South Asian international students. RCT was founded upon the belief that traditional models of human development did not account for the relational experiences of minority cultural groups, and women (Comstock et al., 2008; Jordan, 2001). The ideals of individualism, autonomy, and

separation have been strongly influenced by Western culture, and have led to the creation of Eurocentric models of human development (Duffey & Somody, 2011; Jordan, 2001). In contrast, Miller (2008) argued that meaningful change takes place when we encounter new experiences which happen during our interaction with others. According to Miller (2008), RCT focuses on how growth and development must occur during relational connection, as opposed to something that occurs in isolation.

Notions of Social Support Within RCT: Relational Health

Within RCT, the concept of relational health helps bridge the gap, and inform the notion of social support to include the quality of one's relational connections. Relational health refers to the quality of social support an individual receives from their relationships with their peers, mentors, and the community (Liang et al., 2002). It reflects the concepts of RCT by encompassing the four characteristics of what creates a growth fostering relationship: mutual engagement, authenticity, empowerment/zest, and the ability to deal with differences/conflicts.

Mutual engagement refers to a shared emotional involvement in the relationship where both individuals are present, responsive, and invested. It involves empathy, active listening, and reciprocal emotional availability, allowing both parties to feel seen, heard, and understood (Jordan, 2008). Authenticity involves being genuine and honest in the relationship, expressing one's true thoughts, feelings, and experiences while also creating space for the other person to do the same. It emphasizes vulnerability and honesty as pathways to deeper connection (Miller & Stiver, 1997). Empowerment, or zest is the increased sense of energy, clarity, and motivation that emerges from being in a meaningful, supportive relationship. It reflects how growth-fostering connections enhance an individual's ability to act, feel more confident, and engage more fully with the world (Jordan, 2008). The characteristic ability to deal with differences and conflict

refers to the capacity to engage with relational tensions or differences such as misunderstandings or cultural divergences without rupture. It involves addressing conflict with respect, empathy, and curiosity, which ultimately strengthens the relationship rather than undermines it (Walker, 2004).

There is empirical support for the theoretical construct of growth-fostering relationships (relational health), including studies that have operationalized the construct using the Relational Health Indices (Liang et al., 2002). Although research surrounding the Relational Health Indices (RHI) suggests that mentor, peer, and community relationships all contribute to positive outcomes, there are several reasons as to why Liang and colleagues (2002) created separated indices to measure the quality of relationships with peer, mentor, and community. They noted that the presence and quality of these three relationships usually vary across individuals. Also, these relationships are characterized by unique dynamics. For example, there are power differentials within mentor relationships and group dynamics within community relationships.

Findings have indicated positive associations between growth-fostering relationships and higher self-esteem, increased school engagement, and belonging (Liang et al., 2002). Growth-fostering relationships have also been negatively associated with outcomes such as psychological distress, depression, stress, and loneliness in studies with college students and adults (Frey et al., 2004; Frey et al., 2006; Liang et al., 2002; Liang & West, 2011). Research indicates that Asian American college women reported lower levels of community relational health compared with European American college women (Lund et al., 2014). Studies that explored relational health among Asian Americans have found it to be negatively predictive of depressive symptoms and positively predictive of social competence among adolescents (Grossman & Liang, 2008). This

research demonstrates empirical support for the positive implications of relational health on psychological well-being.

Present Study

Research on social support tends to focus upon the presence or absence of support, rather than on the quality of support (e.g., Bertram et al., 2014; Wang et al., 2012). However, research has indicated that the quality of supportive relationships (i.e., relational health) is of more importance than the quantity of relationships (Liang et al., 2002). Despite a growing body of literature on the importance of social support among international students, the relationship between acculturative stress, the quality of one's relationships, and international students' psychological well-being has not been systematically examined. Moreover, no work to date has empirically examined the growth-fostering qualities of relational health with South Asian international students, nor has relational health been examined as a factor that promotes positive adaptation in the face of acculturative stress. Therefore, this study seeks to investigate the salient role of relational health in the acculturative stress and psychological well-being of international students.

Research Questions

This study seeks to explore the role of acculturative stress and relational health in predicting psychological outcomes among South Asian international students in the U.S. The first set of research questions focuses on psychological distress and investigates the following research questions: (1a) Does acculturative stress predict psychological distress among South Asian international students? and (1b) Does relational health (with peers, mentors, and campus community) moderate the relationship between acculturative stress and psychological distress in this population. The second set of research questions centers on psychological well-being and investigates the following research questions: (2a) Does acculturative stress predict

psychological well-being among South Asian international students? (2b) Does relational health (with peers, mentors, and campus community) moderate the relationship between acculturative stress and psychological well-being among South Asian international students?

Research Hypotheses

Based on prior research and the theoretical framework discussed in the literature review, the following hypotheses were proposed. Hypothesis (1a) posits that acculturative stress will positively predict psychological distress among South Asian international students, such that higher levels of acculturative stress will be associated with greater psychological distress. Hypothesis (1b) suggests that relational health will moderate the relationship between acculturative stress and psychological distress. Specifically, students with high relational health and high acculturative stress will report lower psychological distress than those with low relational health and high acculturative stress.

Regarding psychological well-being, Hypothesis (2a) predicts that acculturative stress will negatively predict psychological well-being among South Asian international students, such that greater acculturative stress will correspond to lower levels of psychological well-being. Hypothesis (2b) proposes that relational health will moderate the relationship between acculturative stress and psychological well-being. In particular, students with high relational health and high acculturative stress will report higher psychological well-being than those with low relational health and high acculturative stress.

Methods

Sample Characteristics

The researcher ran a priori analyses using G*Power version 3.1.9.7 (Faul et al., 2007) to estimate the sample size needed for the current study based on a multiple regression. Results

suggest that the minimum sample size needed to achieve 95% power (the power used in most social sciences research; Laerd Statistics, n.d) for detecting a medium effect ($f^2 = .15$) is 138 participants.

Self-report data from South Asian international students across the United States were collected via Qualtrics Survey Program. Data collection was conducted after receiving approval from the Institutional Review Board (IRB) through a mix of electronic and in-person recruitment (i.e., emails, international offices, cultural organizations and associations, listservs, and word of mouth recruitment). Participation was voluntary and participants were asked to complete questionnaires related to understanding their acculturative stress, as well as psychological distress, well-being and relationships.

Most participants finished the study in between 10 and 18 minutes. A total of 210 South Asian international students enrolled in colleges and universities across the United States were retained for the study analysis after 27 were removed for completing 20% or less of the study questionnaires. Ages ranged from 18 to 57 years, with the majority (54.7%) between 18 and 24 years old. Most participants identified as female (63.3%) and as first-generation international students (71.4%). In terms of racial and ethnic identity, the vast majority identified as Asian or Asian American (96.2%), with South Asian roots primarily from India (62.9%), followed by Nepal (9.5%), Pakistan (8.6%), Sri Lanka (8.1%), Bangladesh (5.7%), Maldives (3.3%), and Bhutan (1.9%). Participants were predominantly pursuing undergraduate (56.2%) or graduate degrees (37.1%) in disciplines such as engineering, computer science, business, and psychology. Most held F-1 student visas (94.8%) and had lived in the United States for three to five years (43.8%). Religiously, participants identified as Hindu (32.9%), Muslim (22.9%), agnostic (14.3%), atheist (10.5%), or with other affiliations. The majority identified as heterosexual

(75.2%) and single (54.8%). Regarding socioeconomic status, half (50.0%) perceived themselves as middle class. Geographically, participants were studying across all major U.S. regions, with the largest concentration in the South (44.3%) and Midwest (24.3%).

Measures

Acculturative Stress. Participants completed the 36-item Acculturative Stress Scale for International Students (ASSIS; Sandhu & Asrabadi, 1994; see Appendix C). ASSIS is a self-report measure used to assess the acculturative stress for international students, and it consists of the following seven subscales: Perceived discrimination (eight items), Homesickness (four items), Perceived hate (five items), Fear (four items), Stress due to change (three items), Guilt (two items), and Miscellaneous (10 items). Items were rated on a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*). Sample items on the ASSIS include: "people from some ethnic groups show hatred toward me nonverbally" and "it hurts when people don't understand my cultural values". Total scores range from 36 to 180, and one can use either composite/total as well as subscale scores. For the purpose of this study, the researcher will use the total score of acculturative stress. Low scores range goes from 36 to 72, 73 to 144 are moderate scores, and over 145 are considered high scores, which are indicative of greater acculturative stress experienced by the respondents. The reported Cronbach's alpha for the 36-item scale ranged from .92 to .94 (Constantine et al., 2004; Sandhu & Asrabadi, 1994; Wei et al., 2007), when tested with East Asian international students, which indicated a high degree of internal consistency. ASSIS has been used successfully among immigrant populations, and international students to assess acculturative stress (Ezeobele et al., 2010; Jang & Chiriboga, 2010; Khanlou, 2009). The scale demonstrated good internal consistency in the current sample with a Cronbach α of .94.

Relational Health. Participants rated their relational health using the 37-item Relational Health Indices (RHI; Liang et al., 2002, see Appendix D) that assesses individuals' quality of relationships with peers (12 items), mentors (11 items), and community (14 items) on the dimensions of growth fostering relationships: engagement, authenticity, and empowerment/zest. Each question is rated on a 5-point Likert scale (1= *never* to 5 = *always).* Scores are calculated based on the three subscales and can range from 12 to 60 for relational health with peers, from 11 to 55 for relational health with mentors, and between 14 to 70 for relational health with community. Higher scores reflect higher relational quality. For the purposes of this study, participants will be prompted to think about their peer, community, and mentors using the following definitions. A peer will be defined as a close friend and "someone whom you feel attached to through respect, affection, and/or common interests, someone you can depend on for support and who depends on you." A mentor will be defined as "an older person who is willing to listen, share his or her own experiences, and give guidance." Community will be defined as "your college/university community." Sample items on the RHI scales include questions such as "My friendship causes me to grow in important ways," "My mentor gives me emotional support and encouragement," and "I feel understood by members of this community." Although none of the RHI scales have been used with South Asian international student samples, the peer and community subscales have demonstrated high levels of internal consistency for Asian American women (α = .80, .85, and .88 for peer, mentor and community subscales, respectively; Lund et al., 2014). The reliability estimates for this sample are .82 (peer), .83 (community), and .93 (mentor), indicating acceptable reliability.

Psychological Distress. Participants rated their psychological distress using the 18-item Brief Symptom Inventory (BSI-18; Derogatis, 2000, see Appendix E). The Brief Symptom

Inventory-18 (BSI; Derogatis, 2000) is a condensed version of the 53-item Brief Symptom Inventory, derived from the 90-item Symptom Checklist-90-Revisited. The BSI-18 was developed to be an even shorter screening tool for most common psychiatric disorders, including depression (DEP), anxiety (ANX), and somatization (SOM). Each question is rated on a 5-point Likert scale (0 = *not at all* to 4 = e*xtremely*). Sample items include questions regarding feeling worthless, feeling tensed, or keyed up, having thoughts of suicide, indicating their level of distress within the last seven days. The score on the three dimensions, SOM, ANX, and DEP result in the Global Severity Index (GSI). Scores can range from 0 to 72, with higher scores indicating higher levels of psychological distress. Internal consistency for BSI-18 when used with U.S. born participants has been reported as .84 for SOM, .80 for ANX, and .84 for DEP, and .89 for the Global Severity Index (Derogatis, 2000). Concurrent reliability with the original SCL-90-R ranges from .91 to.96 on both dimensions and the total scores (Asner-Self et al., 2006; Derogatis, 2000). Evidence of validity has been obtained through strong correlations between the 53-item BSI total score and other established instruments measuring psychological symptoms (Derogatis, 2000). The BSI-18 has been established as having good construct validity, concurrent validity, and factorial validity (Boothroyd, 2003). Studies have indicated that individuals from Asian cultures tend to express psychological distress somatically (Dennis, 2004); therefore, the BSI-18 was selected because of the inclusion of a somatization subscale. Numerous studies have utilized this instrument with individuals from various ethnic backgrounds, and it has proven to be reliable and valid measure for the immigrant and international student population (Holakouee, 2011; Rouhparvar, 2001). The internal consistency of the measure for this sample was found to be .93.

Life Satisfaction. Participants rated their psychological well-being using the 5-item Satisfaction with Life Scale (SWLS; Diener et al.,1985; See Appendix F) that assesses individuals' overall life satisfaction. Participants answer questions such as, "The conditions of my life are excellent." and "I am satisfied with my life" with each question rated on a 7-point Likert scale(1 = *strongly disagree* to 7 = *strongly agree*). Scores can range from 5 to 35, with higher scores indicating higher levels of life satisfaction. A Cronbach's alpha of .87 has been reported for the U.S. sample (Diener et al., 1985). Cronbach's alpha for SWLS has also been reported for South Asian immigrants. Vohra and Adair (2000) reported internal consistency of .77 with an Asian Indian immigrant sample. Inman et al. (2012) also reported internal consistency of .89 for South Asian American sample. SWLS also correlates negatively with well-established measures of negative affect, including all eight symptom dimensions assessed with the revised form of the SCL-90, from which the BSI-18 was created (Arrindell & Ettema, 1986; Blais et al., 1989). The measure has great internal consistency between the five items, reliability, convergent and discriminate validity, and positive correlation with assessments of well-being (Pavot & Diener, 1993). In the current sample, the Cronbach α was .84, indicating good internal consistency.

Data Analysis

IBM Statistical Package for Social Sciences (SPSS) Version 29.0 was used to complete the study analysis. We used correlational analysis and ran descriptive statistics to understand the magnitude and direction between the study variables. We conducted linear regression analyses with each of the dependent variables as the outcomes and acculturative stress as the predictor to examine whether acculturative stress predicts psychological outcomes. Given the significant correlations between age and the study variables, and the sample size differences in gender, these

variables were entered as covariates in Step 1. The predictor was entered into Step 2. Step 3 was used to examine the moderating effects of relational health on the associations of acculturative stress and psychological outcomes. Hence, the interaction terms of the predictor and relational health were entered in Step 3.

Results

Preliminary Analysis

Prior to conducting primary analyses, a missing data analysis was performed to examine the extent and pattern of missingness across all study variables. The percentage of missing values per item ranged from 0% to 3.2%, with an overall missing rate of less than 5% across the dataset. According to established methodological guidelines, when missing data are below 5%, simple imputation is often sufficient; however, because the missingness was dispersed across multiple variables and to maintain the robustness. Five imputed datasets were generated using a fully conditional specification approach, and pooled estimates were used for all analyses to reflect accurate standard errors and reduce bias. This approach increased statistical power and ensured that all available data were utilized effectively in the regression and moderation analyses. Testing of statistical assumptions including normality, linearity, and multicollinearity was also conducted on the pooled data prior to model estimation, and results confirmed that all assumptions were adequately met.

The correlational analysis revealed statistically significant relationships between many of the study variables. As expected, acculturative stress and psychological distress were positively related ($r = .18$, $p < .01$), suggesting that higher levels of acculturative stress were associated with greater psychological distress. Life satisfaction was negatively correlated with psychological distress ($r = -.39$, $p < .01$), indicating that higher distress levels were associated

with lower life satisfaction. Surprisingly, acculturative stress was positively related to satisfaction with life, though the correlation was not significant ($r = .04$, $p = .60$), especially since previous research has shown that acculturative stress lowers well-being.

In terms of relational health, peer relational health was positively correlated with life satisfaction ($r = .19$, $p < .01$), and negatively correlated with distress ($r = -.18$, $p < .01$). Mentor relational health was also positively associated with life satisfaction ($r = .23$, $p < .01$), though it was not significantly correlated with distress ($r = -.08$, $p = .26$). Community relational health showed positive associations with life satisfaction ($r = .26$, $p < .01$), and a negative correlation with distress ($r = -.16$, $p < .05$).

Main Analyses

Psychological Distress

A hierarchical multiple regression analysis was conducted to examine whether acculturative stress predicts psychological distress among South Asian international students, after controlling for age and gender. In Step 1, the covariates of age and gender were significant and accounted for 17.7% of the variance in psychological distress ($p < .001$). In Step 2, the predictor, acculturative stress, added an additional 4.2% ($p = .003$) of the variance in psychological distress $F(1, 174) = 9.27$, which resulted in a significant increase in explained variance ($\Delta R^2 = .042$, $p = .003$).

To examine whether relational health (with peers, mentors, and the community) moderates the relationship between acculturative stress and psychological distress, a hierarchical regression was performed. In Step 1, control variables (age and gender) were entered and accounted for 17.7% of the variance ($R^2 = .17$, $F(2, 1064) = 114.27$, $p < .001$). In Step 2, centered predictors (acculturative stress and peer, mentor, and community relational health

variables) were entered and explained an additional 10.3% of variance ($p < .001$). In Step 3, the interaction terms (acc stress x peer relational health, acc stress x mentor relational health, and acc stress x community relational health) were added, resulting in a significant increase in explained variance ($\Delta R^2 = .008$), $F(3, 1057) = 3.87$, $p = .009$. Significant interactions were observed for the interactions of acculturative stress with peer relational health ($\beta = .09$, $p = .017$) and community relational health ($\beta = –.08$, $p = .005$), indicating that peer and community relational health moderate relationship between acculturative stress and psychological distress. The interaction with mentor relational health was not significant ($p = .913$).

To further explore the nature of the significant interaction effects, post hoc analyses were conducted using PROCESS Macro (Model 1; Hayes, 2018). Specifically, simple slope analyses were used to probe the interactions between acculturative stress and both peer and community relational health on psychological distress. For peer relational health, the interaction term was statistically significant, B = 0.09, $SE = 0.004$, $p = .017$, indicating that the relationship between acculturative stress and psychological distress differed depending on levels of peer relational health.

Pairwise comparisons indicated that individuals with high peer relational health reported significantly lower psychological distress compared to those with low peer relational health, $b = –14.38$, $SE = 3.74$, $p < .001$. However, the difference in distress between individuals with average versus low peer relational health was not statistically significant, $b = –2.86$, $SE = 3.08$, $p = .352$. Only individuals with average/moderate levels of relational health ($b = .24$, $p = <$ .001 reported a significant difference with a steep slope. Among individuals with low peer relational health {one standard deviation below the mean (-1 SD)}, acculturative stress was not significantly associated with psychological distress ($b = -.12$, $p = .52$). Similarly, for individuals

with high peer relational health (+1 SD), the relationship between acculturative stress and distress was not significant (b = -.04, p = .62). These individuals reported overall lower levels of acculturative stress and psychological distress, and the slope of the relationship was less steep, suggesting a buffering effect of strong peer relationships (See Figure 1).

The posthoc analyses for community health revealed that the interaction between acculturative stress and community relational health was not statistically significant, $F(2, 170) = 0.61$, p = .55, ΔR^2 = .005. The results additionally indicated that those with moderate relational health had lower distress than those with low community relational health, although the difference was not significant (b = -.04, p = .98). Individuals with high levels of community relational health reported significantly lower distress compared to those with low community relational health (b = –10.84, p = .01). These results suggest that while high community relational health may directly reduce psychological distress, it does not moderate the effect of acculturative stress. In other words, community relational health serves a general protective role but does not buffer or intensify the impact of acculturative stress on distress in this sample.

Satisfaction with Life

A hierarchical multiple regression analysis was conducted to examine whether acculturative stress predicts life satisfaction among South Asian international students, after controlling for age and gender. In Step 1, age and gender were entered as control variables. This model was significant, $F(2, 175) = 5.08$, p = .007, and accounted for 5.5% of the variance in life satisfaction (R^2 = .055). Gender emerged as a significant predictor (β = –.24, p = .001), while age was not a significant predictor (p = .790). In Step 2, acculturative stress was added to the model, $F(1, 174) = 1.75$, which resulted in a small, non-significant increase in explained variance

($\Delta R^2 = .009$, $p = .187$). Acculturative stress was not a significant predictor in this step ($\beta = .10$, $p = .187$).

To examine whether relational health (with peers, mentors, and the community) moderates the relationship between acculturative stress and life satisfaction, a hierarchical regression was performed. In Step 1, control variables (age and gender) were entered and accounted for 5.5% of the variance in life satisfaction ($R^2 = .055$, $F(2, 1064) = 30.91$, $p < .001$). In Step 2, centered predictors (acculturative stress and relational health variables) were entered and explained an additional 13.3% of the variance ($\Delta R^2 = .133$, $p < .001$). In Step 3, interaction terms were added, resulting in a small, non-significant increase in explained variance ($\Delta R^2 = .005$, $F(3, 1057) = 2.35$, $p = .071$). In the final model, acculturative stress ($\beta = .15$, $p < .001$), peer relational health ($\beta = .22$, $p < .001$), mentor relational health ($\beta = .11$, $p = .002$), and community relational health ($\beta = .14$, $p < .001$) were all significant positive predictors of life satisfaction. However, none of the interaction terms between acculturative stress and peer ($\beta = –.07$, $p = .074$), mentor ($\beta = –.03$, $p = .381$), or community relational health ($\beta = .05$, $p = .115$) reached significance.

These results suggest that while both acculturative stress and relational health significantly predict life satisfaction, relational health does not moderate the association between acculturative stress and life satisfaction. Instead, peer, mentor, and community relational health appear to exert independent and direct positive effects on well-being.

Discussion

The current study aimed to investigate the effects of acculturative stress and relational health indices (peer, mentor, and community) on psychological distress and satisfaction with life among South Asian international students. The study examined whether relational health indices

moderated the relationship between acculturative stress and these psychological outcomes. The findings highlight significant relationships, revealing both direct and interaction effects, which offer valuable insights into the role of social connections in mitigating stress and enhancing well-being.

Psychological Distress

Findings revealed that acculturative stress significantly predicted psychological distress, aligning with a robust body of literature highlighting the detrimental effects of stress related to cultural adaptation, academic pressure, and social isolation among international students (Lee et al., 2004; Wei et al., 2007). Studies specifically focusing on South Asian students have echoed these findings, highlighting high levels of stress associated with language barriers, familial expectations, and experiences of marginalization (Safa, 2017; Sherry et al., 2010). Specifically, higher levels of acculturative stress were associated with greater psychological distress. This is consistent with prior findings specific to South Asian students, who often face heightened challenges in adjusting to a new cultural context while balancing familial expectations and internalized cultural norms (Iwamoto & Liu, 2010; Misra & Castillo, 2004). More recently, Gaiha et al. (2020) and Mishra et al. (2021) emphasized that mental health stigma and reluctance to seek professional help continue to be prevalent among South Asian students, contributing to underreporting and untreated distress.

Relational health also played a significant role. Peer and community relational health were found to significantly moderate the relationship between acculturative stress and psychological distress. These findings suggest that students who reported stronger peer and community relational health experienced a buffering effect, such that the impact of acculturative stress on psychological distress was attenuated. This is consistent with previous research

indicating that supportive peer and community environments are critical to promoting resilience and reducing psychological distress among international students, particularly those from collectivist cultures (Rahman & Rollock, 2004; Singh et al., 2011; Yoon et al., 2013). Community-based support offered through colleges and universities, appears to serve as a protective factor, reinforcing belonging and mitigating feelings of alienation (Nisar et al., 2023).

Interestingly, the conditional effects of acculturative stress on distress were not statistically significant at either low or high levels of peer relational health. This may suggest a threshold or nonlinear dynamic, where moderate levels of peer relational health are most effective in buffering stress, while extremely low or high levels offer less protection (Cohen & Wills, 1985; Rueger et al., 2016). One explanation is that individuals with low peer relational health may already experience high baseline distress, limiting the observable impact of additional stress due to floor effects. Conversely, individuals with high peer support may have sufficiently low distress such that increases in acculturative stress do not translate into significant psychological consequences (Kawachi & Berkman, 2001). From a Relational Cultural Theory (RCT) perspective, this pattern aligns with the idea that growth-fostering relationships often require individuals to engage in relational courage, which refers to stepping out of their comfort zones and tolerating vulnerability, discomfort, or conflict as part of relational development (Jordan, 2010; Miller & Stiver, 1997). Thus, high peer relational health may not automatically translate to psychological benefit unless individuals actively engage in mutual and authentic connection.

Additionally, it is important to note that participants' perceptions of their peer relationships may vary based on the composition of their peer group, whether they primarily interacted with domestic or other international students. These variations may affect how peer

support is experienced or interpreted, especially when cultural differences, language barriers, or perceived discrimination are present (Kwon, 2009). For South Asian international students, this dynamic may reflect the complex interplay of collectivist cultural values, stigma around emotional disclosure, and the dual role of peer networks as both sources of support and subtle pressure to conform or suppress vulnerability (Kim et al., 2001; Mishra et al., 2021; Tummala-Narra & Claudius, 2013). These cultural dynamics may dilute the perceived or actual buffering impact of peer support during heightened acculturative stress.

The finding that average levels of peer relational health were associated with a significant positive relationship between acculturative stress and psychological distress suggests a particularly meaningful dynamic. Specifically, among participants who reported average relational health, increases in acculturative stress were reliably linked with higher levels of psychological distress, resulting in a positive steep slope. This may reflect a critical transitional zone in relational development where students have some access to connection, but the relationships may lack the depth, mutuality, or cultural attunement needed to provide effective emotional buffering (Jordan, 2010; Liang et al., 2002). From a Relational-Cultural Theory (RCT) perspective, these relationships might not yet have reached a growth-fostering stage, which requires navigating discomfort, vulnerability, and conflict in order to deepen authenticity and trust (Jordan, 2010; Miller & Stiver, 1997).

Furthermore, students with average peer relational health may be those actively seeking connection but struggling with inconsistencies in support, cultural mismatch, or uncertainty about how much they can rely on peers, a "gray zone" that can heighten emotional sensitivity during stress (Kim et al., 2008).

Notably, mentor relational health did not significantly moderate the relationship between acculturative stress and psychological distress. While previous research has highlighted the benefits of mentorship for academic and professional adjustment, the current findings suggest that mentoring relationships may not offer sufficient emotional or psychological support for South Asian students (Baktash et al., 2022; Tran & Pham, 2015). This could be due to a lack of cultural alignment or limited emotional openness in hierarchical academic relationships. Marginson (2014) emphasizes that international students often view mentors as authority figures, which may hinder open disclosure and the development of meaningful support. Without culturally sensitive and trust-based mentorship, students may be less likely to seek or benefit from emotional support in these relationships.

Overall low levels of psychological distress in the sample may have influenced the observed findings. Specifically, the mean scores on the Brief Symptom Inventory (BSI-18) were relatively low, with a total score of 25 on a scale ranging from 0 to 72. This suggests a potential restriction of range, which can reduce variability and weaken the ability to detect statistically significant relationships or interaction effects in regression analyses (Goodwin & Leech, 2006). In other words, when psychological distress is generally low across participants, it becomes more difficult to observe meaningful distinctions in how predictors such as acculturative stress or relational health relate to distress. This limitation may partially explain why some hypothesized interactions, such as those involving community or mentor relational health, did not reach statistical significance. Future research should consider including a sample with greater variability in distress levels—such as those with clinically elevated symptoms or recruited from counseling centers—to better assess moderation effects.

Additionally, while the total BSI score was used as a global indicator of psychological distress, differentiating among its subscales- somatization, depression, and anxiety may provide more nuanced insight into international students' experiences. For example, somatization may be particularly salient in collectivist cultures like those of South Asian origin, where emotional distress is often expressed through physical symptoms due to stigma surrounding mental illness (Chentsova-Dutton & Tsai, 2007; Ryder et al., 2008). Conversely, depression and anxiety subscales may be more sensitive to experiences of acculturative stress and relational disconnection. Future studies are encouraged to examine these subdomains separately, which may uncover differential patterns of vulnerability and resilience not captured by a composite score. Such an approach would enhance the cultural validity and clinical utility of psychological assessments in international student populations.

Satisfaction with Life

Contrary to our research hypotheses, acculturative stress was not a significant predictor of life satisfaction in the second step of the model, suggesting that the stress associated with cultural adjustment may not directly diminish subjective well-being for this population when considered alone. However, in the full model that included relational health, acculturative stress became a significant positive predictor, indicating that the influence of stress on life satisfaction may emerge more clearly when social contexts are considered. These results partially diverge from earlier findings, which typically report a negative association between acculturative stress and life satisfaction among international students (Constantine et al., 2004; Yeh & Inose, 2003). One possible explanation is that South Asian students may develop adaptive coping strategies, such as compartmentalization or goal-oriented motivation, which help preserve their life satisfaction even under stressful conditions. Additionally, the presence of strong relational

supports may buffer the effects of stress, reinforcing their sense of well-being and resilience (Misra & Castillo, 2004).

Notably, relational health, specifically with peers, mentors, and the community—emerged as a strong and consistent predictor of life satisfaction. These findings align with research highlighting the critical role of social connectedness and supportive relationships in enhancing subjective well-being among international students (Jain, 2017; Yoon et al., 2013). For South Asian students, who often come from collectivistic cultural backgrounds, relational ties are essential not only for practical and academic support but also for emotional stability and identity preservation (Gaiha et al., 2020; Safa, 2017). The positive impact of peer, mentor, and community relationships may help mitigate isolation, promote cultural integration, and offer validation, thereby enhancing life satisfaction. Among the relational health variables, peer relational health was the strongest predictor of life satisfaction, followed closely by community and mentor relationships. These findings underscore the particular importance of peer-based networks for South Asian international students, who may rely heavily on co-ethnic and co-national peers for emotional and cultural affirmation (Barker et al., 2021). Peer relationships may also serve as a bridge for navigating academic systems and accessing mental health resources in culturally familiar ways.

However, the results did not support the hypothesis that relational health moderates the relationship between acculturative stress and life satisfaction. None of the interaction terms were significant, suggesting that while relational health contributes positively to life satisfaction, it does so independently of one's level of acculturative stress. This indicates that relational health may be universally beneficial across varying levels of stress, rather than providing differential protection based on the severity of acculturative experiences. These findings are consistent with

previous studies showing that social support enhances well-being regardless of stress levels (Zhang & Goodson, 2011). In summary, while acculturative stress was not initially linked to reduced life satisfaction, its influence became apparent in the presence of relational health variables. Moreover, relational health- especially from peers, mentors, and the community—plays a critical role in promoting life satisfaction, underscoring the importance of culturally attuned and socially inclusive campus environments for South Asian international students. These findings point to the value of fostering strong interpersonal networks and institutional support systems that recognize and affirm the unique cultural values and relational needs of this student population.

Implications

The findings of this study yield important implications for university counseling centers and higher education institutions seeking to support the well-being of South Asian international students. Faculty, mental health professionals, and higher education administrators would greatly benefit from understanding how South Asian international students can reduce their acculturative stress, which in turn may help this population access more effective sources of social support.

From a counseling perspective, the significant association between acculturative stress and psychological distress underscores the urgent need for culturally responsive mental health services. Counselors working with South Asian international students should be trained to recognize the unique cultural stressors experienced by this population, including intergenerational and familial expectations, language barriers, racial microaggressions, visa-related uncertainty, and stigma surrounding mental health help-seeking (Gaiha et al., 2020; Mishra et al., 2021). Recent studies have emphasized that many South Asian students internalize distress due to cultural expectations of emotional restraint, often viewing help-seeking as a sign

of weakness (Ahmed & Kumar, 2022). As such, psychoeducational interventions that address stigma, normalize help-seeking, and highlight culturally appropriate coping strategies may enhance engagement and reduce untreated distress.

Given the complex nature of peer support, counselors should assess both the quality and cultural dynamics of students' peer networks. Peer groups may inadvertently contribute to stress by reinforcing pressures to succeed, preserve cultural identity, or suppress emotional expression (Kwon, 2009; Kim et al., 2001). To address this, integrative peer support groups and affinity spaces facilitated by culturally competent counselors may provide safe forums for emotional expression and identity exploration, reducing internalized stigma and fostering connection.

Findings from this study underscore the importance of relational depth in buffering psychological distress. Even one emotionally supportive, growth-fostering friendship was associated with significantly lower distress among South Asian international students. This aligns with Relational Cultural Theory (RCT), which emphasizes mutual empathy and emotional resonance as key components of psychological well-being (Jordan, 2001; Miller & Stiver, 1997). Rather than focusing solely on expanding social networks, institutions should help students identify and invest in one or two meaningful relationships that foster trust, safety, and emotional connection (Demir & Davidson, 2013). Counselors and wellness practitioners can support South Asian students by incorporating relational skills training into psychoeducation and outreach. RCT-informed interventions such as the “5 Good Things” reflection exercise can help students identify and intentionally build growth-fostering relationships (Miller & Stiver, 1997). Additionally, sessions may focus on culturally responsive communication skills such as active listening, boundary setting, and mutual vulnerability, framed through culturally resonant lenses that normalize discomfort and emphasize relational strength (Tummala-Narra et al., 2012).

In parallel, universities should invest in the creation and sustainability of diversity, equity, and inclusion (DEI) spaces that reflect the unique cultural and psychosocial needs of international students. These spaces can serve as critical hubs for belonging, community-building, and advocacy, allowing students to engage authentically while navigating the complexities of cultural adjustment. Research has shown that DEI focused spaces and ethnic affinity groups promote psychological sense of belonging, reduce feelings of isolation, and foster cultural pride among students from underrepresented backgrounds (Museus et al., 2011; Vaccaro & Newman, 2016). For South Asian international students, cultural specific programming within these spaces can also offer an important counterbalance to the pressures of invisibility or being subsumed under a pan-Asian identity, which often fails to reflect the sociopolitical, linguistic, and religious diversity within South Asian communities (Iyer, 2015; Tummala-Narra, 2021).

Furthermore, inclusive campus climates that affirm students' racial, ethnic, and international identities have been linked to greater academic success, well-being, and retention for international and minoritized students (Glass et al., 2015; Liu, 2020). Thus, institutional commitment to culturally affirming DEI initiatives which goes beyond symbolic gestures can enhance the impact of mental health and peer-based interventions by embedding support within a larger ecosystem of inclusion and equity.

Higher education institutions also play a critical role in fostering relational health and well-being for South Asian students. The significant positive effects of peer, mentor, and community relationships on both life satisfaction and psychological distress highlight the need for intentional community-building. Programs such as cultural mentoring, intergroup dialogue, and affinity-based living-learning communities can provide structured relational support while acknowledging students' unique cultural experiences (Singh et al., 2022). Institutions should also

promote the visibility of South Asian cultural organizations and resource centers, as these spaces have been shown to buffer stress and promote belonging (Nisar et al., 2023).

Given that mentor relational health did not serve a moderating function in the current study, institutions should critically examine how mentoring is implemented. Traditional hierarchical models may not meet the emotional needs of South Asian international students, particularly if mentors are perceived as distant or culturally disconnected (Baktash et al., 2022; Tran & Pham, 2015). Mentorship programs should emphasize reciprocal relationships and cultural humility, ideally pairing students with mentors who are either culturally similar or have received training in multicultural counseling and advising practices (Marginson, 2014). For faculty and mentors working with international students, adopting a relational lens that focuses on a collectivist approach when working with international students can create a more mutually beneficial working relationship. It is important to highlight that mentors and advisors are operating from a collectivistic viewpoint when South Asian international students want to receive assistance or guidance (Arthur & Popadiuk, 2010). Adopting theoretical advising and counseling perspectives such as Relational Cultural Theory that are predicated on collectivistic principles is beneficial in understanding the collectivist decision making processes and relational influences. For instance, academic advisors and career counselors should consider the incorporation of family members and other growth-fostering relationships international students have in their sessions with this population. In addition, these professionals should also consider ways to familiarize themselves with the international student population by becoming more present in international student offices in order to build rapport with these students.

Furthermore, universities should address structural and policy-related barriers that contribute to psychological distress, such as limited access to culturally competent counseling,

lack of immigration support, and inadequate financial or academic resources. Incorporating mental health screening during orientation, offering multilingual counseling, and creating spaces for dialogue around cultural identity and acculturation challenges can contribute to a proactive wellness culture. Importantly, the political climate surrounding immigration policy particularly as it affects F-1 and H-1B visa holders continues to be a major source of psychological distress for South Asian international students. The uncertainty related to post-graduation work eligibility, OPT processing delays, and visa denials can amplify acculturative stress and undermine students' sense of security and long-term planning. Universities should therefore strengthen partnerships between mental health services, international student offices, and legal support units to provide timely and transparent updates on visa regulations. Creating support groups and informational workshops focused on navigating visa and immigration challenges can also help reduce anxiety and build resilience (Chung et al., 2020; Choudhury, 2021).

Campus communities can take a more active role in advocacy by publicly supporting inclusive immigration policies, lobbying for extended work authorization pathways, and ensuring institutional protection against discriminatory practices. Faculty and administrators should also be educated on the emotional toll of the immigration process to better accommodate students experiencing visa-related distress.

Using Relational Cultural Theory (RCT) principles to conceptualize the distress of international students, we can better understand the transition process for international students (Lertora et al., 2017). Researchers have shown that broad based social integration programming supported lower levels of acculturative stress for international students (Sullivan & Kashubeck-West, 2015). The study revealed the importance of programming in multiple avenues to connect international students to peers, staff, faculty, and the surrounding university community. Campus

based mental health professionals can take a proactive approach when it comes to supporting international students combating acculturative stress by taking an active role in coordinating orientations, check-ins, as well as various types of support groups. Given the significant increase in South Asian enrollment—India alone now sending over 331,000 students to U.S. institutions (Institute of International Education [IIE], 2024), universities must design support systems that reflect their unique psychosocial needs. Peer relationship workshops during orientation, identity-based connection groups, and mentorship programs can help international students deepen social ties and navigate the unfamiliar interpersonal landscape of U.S. higher education (Inside Higher Ed, 2024). These interventions should acknowledge cultural stigma around help-seeking and emotional expression while promoting psychological safety and belonging (Gopalan et al., 2019).With the help of such programs, colleges can promote a culturally sensitive campus and increase cultural awareness for the students with different cultural backgrounds (Pepanyan et al., 2019). Developing the programs can also help emphasize opportunities for cross-cultural contact by developing student mentor programs to engage a broad range of students in welcoming international students to campus, as well as building additional partnerships through host friend and family programs in the local community. By having international students be part of such programs, campus based mental health professionals can engage in growth fostering connections with these students and model what growth fostering connection looks like. These opportunities support international students as they navigate their relationships with academic advisors, mentors, and career counselors. Success in these relationships can also aid in the growth of relational competence which often carries over to peer relationships on campus and professional networking both on and off campus.

Finally, given that relational health was a consistent positive predictor of life satisfaction regardless of stress levels, universities should prioritize relational well-being as a core dimension of student development. This means embedding relational goals in strategic planning, assessment, and programming, and recognizing relational health as central to retention, success, and inclusion efforts for South Asian international students.

In summary, these findings call for a systemic, culturally informed approach that bridges counseling, student affairs, and academic affairs to foster holistic support for South Asian international students. By investing in relational health, addressing immigration-related concerns, and reducing barriers to mental health services, institutions can help students thrive both emotionally and academically.

Limitations and Future Directions

While this study provides valuable insights into the psychological distress and life satisfaction of South Asian international students, several limitations should be noted. First, the study relied on a cross-sectional design, which limits the ability to draw causal conclusions about the relationships between acculturative stress, relational health, and psychological outcomes. Longitudinal studies would be better suited to examine changes over time and the directionality of these associations.

Second, the data was based on self-reported measures, which may be subject to social desirability bias, particularly in a population where stigma around mental health and emotional disclosure is prevalent (Gaiha et al., 2020; Mishra et al., 2021). Participants may have underreported symptoms of psychological distress or overreported relational health due to cultural norms surrounding face-saving and collectivism (Kim et al., 2001).

Third, although the study focused on South Asian international students, the sample may not fully represent the diversity within the South Asian diaspora. Differences in country of origin, religion, language, caste, and socioeconomic background were not disaggregated in the analysis, which may obscure meaningful within-group variation (Nisar et al., 2023). Fourth, while the study explored relational health in the form of peer, mentor, and community relationships, it did not account for virtual or transnational support systems, such as relationships with family members or community groups back home. Given that many South Asian students maintain strong ties with family abroad, future research should consider the role of remote or digital relational support in shaping well-being (Choudhury, 2021). Additionally, the study did not include qualitative or mixed-method approaches, which could have provided deeper contextual understanding of how relational health is experienced and navigated by South Asian students. Incorporating interviews or open-ended responses could enrich the interpretation of quantitative findings and capture nuances related to culture, immigration, and identity development. Although the peer relational health measure in this study captured perceptions of one peer, broader implications suggest the importance of cultivating multiple emotionally significant relationships. South Asian students benefit from both relational depth and a small network of trusted peers, consistent with collectivist values emphasizing loyalty and mutual care (Kim et al., 2001). Future assessments should consider the density and quality of support networks, as having more than one reliable connection can enhance resilience during periods of adjustment and stress. Lastly, while relational health was shown to be a strong predictor of psychological outcomes, its measurement was limited to a specific scale that may not fully capture culturally nuanced expressions of relationality. Future research should explore culturally

grounded definitions and measures of social support that reflect collectivistic, interdependent values (Ahmed & Kumar, 2022; Kwon, 2009).

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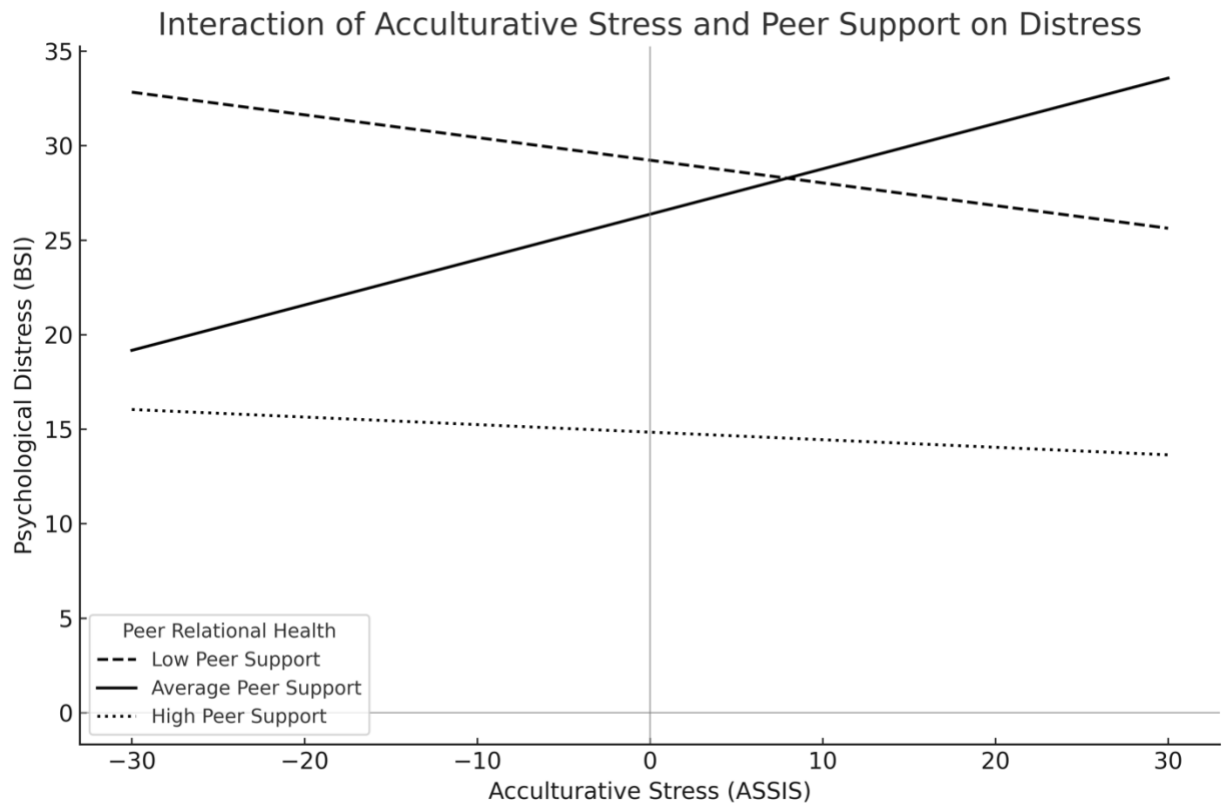
Figures

Figure 1. *Interaction between acculturative stress and peer relational health predicting psychological distress. The simple slopes show that acculturative stress significantly increases distress at average peer support, decreases distress at high peer support, and has no significant effect at low peer support, indicating a moderating (buffering) effect of peer relational health.*



Tables

Table 1. *Demographics (N = 210)*

Demographics	N	%
Age		
18-24	173	54.7%
25-34	92	29.1%
35-44	37	11.7%
45-57	15	3.9%
Gender		
Female	133	63.3%
Male	74	35.2%
Gender non-binary/Queer	3	1.4%
Generational Status		
Second Gen	60	28.6%
First Gen	150	71.4%
Race/Ethnicity		
Asian/Asian American	202	96.2%
Multiracial	3	1.4%
White	1	0.5%
Native American	1	0.5%
Black/African American	1	0.5%
Hispanic/Latinx	1	0.5%
Middle Eastern/North African	1	0.5%
Native Hawaiian/Pacific Islander	0	0.0%
South Asian Country		
India	132	62.9%
Bangladesh	12	10.5%
Pakistan	18	8.6%
Maldives	7	3.3%
Bhutan	4	1.9%
Nepal	20	9.5%
Sri Lanka	17	8.1%
Religion		
Hinduism	69	32.9%
Islam	48	22.9%
Agnostic	30	14.3%
Atheist		10.5%
Christianity	21	6.7%
Spiritual	19	6.2%

Catholic	13	4.3%
Buddhism	7	2.4%
Judaism	0	0.0%
Degree		
Undergraduate	118	56.2%
Graduate	78	37.1%
Other	14	6.7%
Years in the U.S		
1-2 years	68	32.4%
3-5 years	92	43.8%
6 years +	50	23.8%
Major/Program		
Engineering	45	21.4%
Psychology	35	16.7%
Business	40	19.0%
Biology	20	9.5%
Computer Science	42	20.0%
Education	18	8.6%
Other	10	4.8%
Visa Status		
F-1	199	94.8%
J Visa	11	5.2%
Sexual Orientation		
Heterosexual	158	75.2%
Bisexual	21	10%
Gay	10	4.8%
Pansexual	11	5.2%
Other	10	4.8%
Relationship Status		
Single	115	54.8%
In a relationship, cohabitating	20	9.5%
In a relationship, not cohabitating	33	15.7%
Married	32	15.2%
Separated	2	1.0%
Divorced	4	1.9%
Other	4	1.9%
Socioeconomic Status		
Lower Class	10	4.8%
Working Class	42	20.0%
Middle Class	105	50.0%

Upper Middle Class	45	21.4%
Upper Class	8	3.8%
Region of U.S.		
Midwest	51	24.3%
Northeast	34	16.2%
South	93	44.3%
West	32	15.2%

Table 2. *Zero-Order Correlations Amongst the Variables, Means, Standard Deviations, and Cronbach's Alphas for Study Variables (N= 210)*

	Variable	1	2	3	4	5	6	7	8
1	ASSIS	_ _							
2	BSI	.18**	_ _						
3	SWLS	.037	.39**	_ _					
4	RHI-P	.11	-.18*	.19**	_ _				
5	RHI-M	.11	-.08	.22**	.37**	_ _			
6	RHI-C	-.09	-.16*	.26**	.31**	.40**	_ _		
7	Age	-.02	-.36**	-.02	.04	-.07	-.05	_ _	
8	Gender	.05	.16*	-.25**	.02	-.07	-.21**	.14	_ _
	Mean	114.22	25.23	21.73	44.70	37.45	42.19	25.59	
	SD	23.80	15.50	6.57	7.47	11.00	9.21	4.31	_ _
	Cronbach's Alpha	.93	.92	.83	.82	.93	.83	_ _	_ _

**p<.05, **p <.01*

Note: ASSIS = Acculturative Stress for International Students; BSI = Brief Symptom Inventory; SWLS = Satisfaction with Life Scale; RHI-P = Relational Health Indices-Peer; RHI-M = Relational Health Indices- Mentor; RHI-C = Relational Health Indices-Community

Table 3. *Regression Coefficients for Predicting Psychological Distress and Satisfaction with Life (N=210)*

	Psychological Distress				Life Satisfaction			
	Unstandardized Coefficients				Unstandardized Coefficients			
	B	SE	95% CI	β	B	SE	95% CI	β
Age	-1.45**	.25	(-1.62, -1.22)	-.39	.03	.04	(-.06, .12)	.02
Gender	5.60**	1.89	(4.12, 7.05)	.20	-2.7**	.34	(-3.37, -2.04)	-.24
Acc. Stress	.13**	.02	(.10, .17)	.20	.027	.01	(.01, .04)	.09
	$R^2_{adj} = .06$				$R^2_{adj} = .06$			

Note. Acc. Stress = Acculturative Stress ***p < .001; **p <. 01; *p < .05

Table 4. *Moderation Analysis for Psychological Distress and Satisfaction with Life (N= 210)*

	Model 1: Psychological Distress					Model 2: Satisfaction with Life				
	Unstandardized Coefficients					Unstandardized Coefficients				
	B	SE	95% CI	β	ΔR^2	B	SE	95% CI	β	ΔR^2
Step 1					.17**					.05**
Gender	5.88***	.76	(4.38, 7.38)	.22		-2.66***	.34	(-3.3, -2.00)	-.23	
Age	-1.44***	.10	(-1.65, -1.24)	-.39		.02	.04	(-.06, .11)	.02	
Step 2					.10**					.13**
Gender	4.69***	.73	(3.25, 6.14)	.17		-2.23**	.32	(-2.87, -1.60)	-.19	
Age	-1.3***	.09	(-1.58, -1.20)	-.37		.03***	.04	(-.05, .11)	.02	
Acc. Stress	.13***	.02	(.09, .16)	.19		.02***	.01	(.01, .04)	.10	
RHI-P	-.44***	.07	(-.57, -.30)	-.18		.21***	.03	(.15, .27)	.21	
RHI-M	.06	.04	(-.02, .15)	.04		.07***	.02	(.03, .11)	.12	
RHI-C	-.24***	.05	(-.34, -.13)	-.14		.08***	.02	(.04, .13)	.12	
Step 3					.01*					.005
Gender	4.72***	.74	(3.26, 6.18)	.17		-2.2***	.33	(-2.89, -1.60)	-.20	
Age	-1.34***	.10	(-1.55, -1.15)	-.36		.00	.04	(-.08, .09)	.00	
Acc. Stress	.10***	.02	(.06, .14)	.15		.04***	.01	(.02, .06)	.14	
RHI-P	-.45***	.07	(-.59, -.30)	-.18		.21***	.03	(.14, .27)	.21	
RHI-M	.10	.05	(.01, .20)	.07		.06	.02	(.02, .10)	.11	
RHI-C	-.28***	.05	(-.38, -.17)	-.16		.10***	.02	(.05, .14)	.14	
Acc. Stress x RHI-P	.01**	.004	(.002, .02)	.09		-.003	.002	(-.01, .00)	-.07	
Acc. Stress x RHI-M	.00	.002	(-.004, .005)	.004		-.001	.001	(-.003, .001)	-.03	
Acc. Stress x RHI-C	-.01**	.002	(-.01, -.002)	-.08		.002	.001	(.00, .003)	.04	

Note. Acc. Stress = Acculturative Stress. RHI-P = Relational Health Indices-Peer. RHI-M = Relational Health Indices- Mentor. RHI-C = Relational Health Indices- Community.
***p <.001; **p<.01; *p < .05. CI = confidence interval.

Appendices

Appendix A: Pre-Screener Items

1. I am 18 years of age or older.

    a. True

    b. False

2. I identify as South Asian (Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka, and the Maldives).

    a. Yes

    b. No

3. I identify as an international student.

    a. Yes

    b. No

3. I currently reside in U.S.

    a. Yes

    b. No

Appendix B: Demographic Questions

1. What is your age (in years)?
    a. _____ (participants write in their age)
2. What is your birth country? _____
3. Which South Asian country do you have roots in?
    a. India
    b. Bangladesh
    c. Pakistan
    d. Bhutan
    e. Nepal
    f. Maldives
    g. Sri Lanka
4. How many years have you been in the U.S. as an international student? _____
5. How old were you when you came to the U.S. as an international student? _____
6. What degree are you currently pursuing?
    a. Undergraduate (BA, BS, B.Ed. etc.)
    b. Graduate (MA, MS, MS. Ed, PhD., etc.)
    c. Other (please specify) _____
7. What is your major/program? _____
8. What is your current VISA status?
    a. F1 student
    b. J
9. What is your race and/or ethnicity (select all that apply)

a. American Indian or Alaska Native

b. Asian / Asian American

c. Black/ African American

d. Continental African or Black Caribbean American

e. Native Hawaiian or Other Pacific Islander

f. White

g. Middle Eastern or North African (e.g., Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian)

h. Hispanic or Latinx Origin

i. Multiracial/ethnic

j. Other (please specify) _____

10. Which category best describes your religious/spiritual affiliation?

a. Christianity

b. Judaism

c. Catholic

d. Buddhism

e. Hinduism

f. Sikhism

g. Islam

h. Agnostic

i. Atheist

j. Spiritual

k. Other (Specify: _____)

11. What is your gender? (Select all that apply)

    a. Male

    b. Female

    c. Genderfluid

    d. Non-binary

    e. Transgender- male to female

    f. Transgender- female to male

    g. Other (specify)_____

12. What is your sexual orientation?

    a. Asexual

    b. Bisexual

    c. Demisexual

    d. Gay

    e. Heterosexual

    f. Lesbian

    g. Pansexual

    h. Other (specify)_____

13. What is your current romantic relationship/marital status?

    a. Divorced

    b. In a relationship, cohabitating

    c. In a relationship, not cohabitating.

    d. Married

    e. Separated

f. Single

g. Other (specify)_____

14. What is the highest level of education you have completed?

a. Junior high, middle school, or primary school

b. General Education Diploma

c. High School Diploma

d. Vocational or Technical School

e. Degree from a 2 or 3-year college or university

f. Degree from a 4 -year college or university

g. Some graduate school or professional school

h. Graduate or professional degree

15. What is your perception of your socioeconomic status?

a. Lower Class

b. Working Class

c. Middle Class

d. Upper Middle Class

e. Upper Class

16. In what region of the United States are you currently studying?

a. Midwest (IA, IL, IN, KS, MI, MO, MN, ND, NE, OH, SD, WI)

b. Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)

c. South (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, BA, WV)

d. West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY

Appendix C: Acculturative Stress Scale for International Students (ASSIS)

As international students must make several personal, social, and environmental changes upon arrival in a strange land, this cultural-shock experience might cause them acculturative stress. This scale is designed to assess such acculturative stress you personally might have experienced. There are no right or wrong answers. However, for the data to be meaningful, you must answer each statement given below as honestly as possible.

For each of the following statements, please circle the number that BEST describes your response.

Because of my different cultural background as an international student, I feel that:

		Strongly disagree	Disagree	Not sure	Agree	Strongly Agree
1.	Homesickness for my country bothers me.	1	2	3	4	5
2.	I feel uncomfortable to adjust to new foods and/ or eating habits.	1	2	3	4	5
3.	I am treated differently in social situations.	1	2	3	4	5
4.	I feel rejected when people are sarcastic towards my cultural values.	1	2	3	4	5
5.	I feel nervous to communicate in English.	1	2	3	4	5
6.	I feel sad living in unfamiliar surroundings here.	1	2	3	4	5
7.	I fear for my personal safety because of my different cultural background.	1	2	3	4	5
8.	I feel intimidated to participate in social activities.	1	2	3	4	5
9.	Others are biased towards me.	1	2	3	4	5
10.	I feel guilty to leave my friends and family behind.	1	2	3	4	5
11.	Many opportunities are denied to me.	1	2	3	4	5
12.	I feel angry that my people are considered inferior here.	1	2	3	4	5

13.	I feel overwhelmed that multiple pressures are upon me after my migration to this society.	1	2	3	4	5
14.	I feel that I receive unequal treatment.	1	2	3	4	5
15.	People from some ethnic groups show hatred towards me nonverbally.	1	2	3	4	5
16.	It hurts when people don't understand my cultural values.	1	2	3	4	5
17.	I am denied what I deserve.	1	2	3	4	5
18.	I have to frequently relocate for fear of others.	1	2	3	4	5
19.	I feel low because of my cultural background.	1	2	3	4	5
20.	I feel rejected when others don't appreciate my cultural values.	1	2	3	4	5
21.	I miss the country and people of my national origin.	1	2	3	4	5
22.	I feel uncomfortable to adjust to new cultural values.	1	2	3	4	5
23.	I feel that my people are discriminated against.	1	2	3	4	5
24.	People from some other ethnic groups show hatred towards me through their actions.	1	2	3	4	5
25.	I feel that my status in this society is low due to my cultural background.	1	2	3	4	5
26.	I am treated differently because of my race.	1	2	3	4	5
27.	I feel insecure here.	1	2	3	4	5
28.	I don't feel a sense of belonging (community) here.	1	2	3	4	5
29.	I am treated differently because of my race.	1	2	3	4	5
30.	I feel sad to consider my people's problems.	1	2	3	4	5
31.	I generally keep a low profile due to fear from other ethnic groups.	1	2	3	4	5
32.	I feel some people don't associate with me because of my ethnicity.	1	2	3	4	5
33.	People from some other ethnic groups show hatred towards me verbally.	1	2	3	4	5
34.	I feel guilty that I am living a different lifestyle here.	1	2	3	4	5

35.	I feel sad leaving my relatives behind.	1	2	3	4	5
36.	I worry about my future for not being able to decide whether to stay here of to go back.	1	2	3	4	5

Appendix D: Relational Health Indices (RHI) Measure

PEER (RHI-P)

Instructions: Read the following prompt before responding to the questions: "The following questions pertain to your friendships with peers excluding family members or a romantic partner) over the past year. A close friend is someone whom you feel attached to through respect, affection, and/ or common interests, and someone you can depend on for support, and who depends on you. Please answer the next questions regarding just ONE of your closest friends." Next to each statement below, please indicate the number that best applies to your relationship with a close friend.

	Never	Seldom	Sometimes	Often	Always
• Even when I have difficult things to share, I can be honest and real with my friend.	1	2	3	4	5
• After a conversation with my friend, I feel uplifted.	1	2	3	4	5
• The more time I spend with my friend, the closer I feel to him/her.	1	2	3	4	5
• I feel understood by my friend.	1	2	3	4	5
• It is important to us to make our friendship grow.	1	2	3	4	5
• I can talk to my friend about our disagreements without feeling judged.	1	2	3	4	5
• My friendship inspires me to seek other friendships like this one.	1	2	3	4	5
• I am comfortable sharing my deepest feelings and though with my friend. *	1	2	3	4	5
• I have a greater sense of self-worth through my relationship with my friend.	1	2	3	4	5
• I feel positively changed by my friend.	1	2	3	4	5
• I can tell my friend when he/she has hurt my feelings.	1	2	3	4	5

•	My friendship causes me to grow in important ways.	1	2	3	4	5

MENTOR (RHI-M)

Instructions: Read the following prompt before responding to the questions:

"The following questions pertain to your relationships with "mentors" (excluding parents or a person who raised you) who you have gone to for support and guidance over the past year. A mentor is not a peer or a romantic partner. By mentor, we mean someone who sometimes is older than you, has more experience than you, and/or willing to listen, share their experiences, and guide you through some area of your life (e.g., academic, work/career, social, or personal)."

Next to each statement below, please indicate the number that best applies to your relationship with your most important mentor.

		Never	Seldom	Sometimes	Often	Always
1.	I can be genuinely myself with my mentor.	1	2	3	4	5
2.	I believe my mentor values me as a whole person (e.g., professionally/academically, and personally.	1	2	3	4	5
3.	My mentor's commitment to and involvement in our relationship exceeds that required by his/her social/professional role.	1	2	3	4	5
4.	My mentor shares stories about her/her own experiences with me in a way that enhances my life.	1	2	3	4	5
5.	I feel as though I know myself better because of my mentor.	1	2	3	4	5
6.	My mentor gives me emotional support and encouragement.	1	2	3	4	5
7.	I try to emulate the values of my mentor (such as social, academic, religious, physical/athletic).	1	2	3	4	5

8.	I feel uplifted and energized by interactions with my mentor.	1	2	3	4	5
9.	My mentor tries hard to understand my feelings and goals (academic, personal, or whatever is relevant). My relationship with my mentor inspires me to seek other relationships like this one.	1	2	3	4	5
10.	I feel comfortable expressing my deepest concerns to my mentor.	1	2	3	4	5

COMMUNITY (RHI-C)

Instructions: Read the following prompt before responding to the questions: "The following questions pertain to your university community. Next to each statement below, please indicate the number that best applies to your relationship with or involvement in this community over the past year."

		Never	Seldom	Sometimes	Often	Always
1.	I feel a sense of belonging to this community.	1	2	3	4	5
2.	I feel better about myself after my interactions with this community.	1	2	3	4	5
3.	If members of this community know something is bothering me, they ask me about it.	1	2	3	4	5
4.	Members of this community are not free to just be themselves. *	1	2	3	4	5
5.	I feel understood by members of this community.	1	2	3	4	5
6.	I feel mobilized to personal action after meetings within this community.	1	2	3	4	5
7.	There are parts of myself I feel I must hide from this community. *	1	2	3	4	5
8.	It seems as if people in this community really like me as a person.	1	2	3	4	5
9.	There is a lack of backbiting and gossiping in this community. *	1	2	3	4	5
10.	Members of this community are very competitive with each other. *	1	2	3	4	5

11.	I have a greater sense of self-worth through my connection with this community.	1	2	3	4	5
12.	My connections with this community are so inspiring that they motivate me to pursue relationships with other people outside this community.	1	2	3	4	5
13.	This community has shaped my identity in many ways.	1	2	3	4	5
14.	This community provides me with emotional support.	1	2	3	4	5

Appendix E: Brief Symptom Inventory (BSI-18)

Instructions: Below is a list of problems people sometimes have. Read each one carefully and select the option that best describes how much that problem has distressed or bothered you during the past 7 days including today. Do not skip any items.

How much were you distressed by:

		Not at all	A Little Bit	Moderately	Quite a Bit	Extremely
1.	Faintness or dizziness	0	1	2	3	4
2.	Feeling no interest in things	0	1	2	3	4
3.	Nervousness or shakiness inside	0	1	2	3	4
4.	Pains in heart or chest	0	1	2	3	4
5.	Feeling lonely	0	1	2	3	4
6.	Feeling tense or keyed up	0	1	2	3	4
7.	Nausea or upset stomach	0	1	2	3	4
8.	Feeling blue	0	1	2	3	4
9.	Suddenly scared for no reason	0	1	2	3	4
10.	Trouble getting your breath	0	1	2	3	4
11.	Feelings of worthlessness	0	1	2	3	4
12.	Spells of terror or panic	0	1	2	3	4
13.	Numbness or tinging in parts of your body	0	1	2	3	4
14.	Feeling hopeless about the future	0	1	2	3	4
15.	Feeling so restless you couldn't sit still	0	1	2	3	4
16.	Feeling weak in parts of your body	0	1	2	3	4
17.	Thoughts of ending your life	0	1	2	3	4
18.	Feeling fearful	0	1	2	3	4

Appendix F: Satisfaction with Life Scale (SWLS)

Instructions: Below are five statements that you may agree or disagree with. Indicate your agreement with each item by circling the appropriate box, from strongly agree, to strongly disagree.

		Strongly agree	Agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree
1.	In most ways my life is close to ideal	1	2	3	4	5	6	7
2.	The conditions of my life are excellent	1	2	3	4	5	6	7
3.	I am satisfied with my life	1	2	3	4	5	6	7
4.	So far, I have gotten the important things I want in life	1	2	3	4	5	6	7
5.	If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

Appendix G: Recruitment Advertisement

We are conducting an online questionnaire on the experiences of relational health among South Asian international students.

If you decide to participate in this research study, you will complete an online questionnaire. You will answer screener questions about your ethnicity, age, international student status, and residency in the United Status. Following, you will answer questions about the stress you have experienced when you came to the Unites States as an international student, and experiences with your friends, mentor, and the university community. The questionnaire will also have questions about your experiences with any psychological distress, and life satisfaction. The online measures will approximately take 15-20 minutes to complete, and we ask that you complete it one sitting.

In order to participate, you must:

1. Identify as South Asian
2. Identify as an international student.
3. Be at least 18 years old, and
4. Reside in the United States

If you meet these eligibility requirements and are interested in participating, you may click on the link below to participate.

Appendix H: Information Letter

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS AN IRB APPROVAL CODE WITH CURREN DATES HAS BEEN APPLIED TO THIS STUDY.)

INFORMATION LETTER

For a Research study entitled
Moving from Disconnection to Connection:
Relational Health Experiences among South Asian International Students
(IRB APPROVAL CODE #_____)

You are invited to participate in a research study to examine your experiences of relational health as a South Asian international student. This study is being conducted by Asmita Saha, a counseling psychology doctoral student, in the Auburn University Department of Special Education, Rehabilitation, and Counseling, under the supervision of Latifat Cabirou, PhD, Assistant Professor of Counseling Psychology, in the Auburn University Department of Special Education, Rehabilitation, and Counseling. **To participate, you must (1) be at least 18 years old, (2) identify as Identify as South Asian, (3) Identify as an international student, and (4) reside in the United States.** If you do not meet these requirements, you are not eligible to participate.

What will be involved if you participate? If you decide to participate in this research study, you will complete an online questionnaire. You will answer screener questions about your ethnicity, age, international student status, and residency in the United Status. Following, you will answer questions about the stress you have experienced when you came to the Unites States as an international student, and experiences with your friends, mentor, and the university community. The questionnaire will also have questions about your experiences with any psychological distress, and life satisfaction. The online measures will approximate take 20 minutes to complete, and we ask that you complete it one sitting.

Are there any risks or discomforts? It is not anticipated that these procedures will cause any harm, but if you experience psychological or emotional discomfort, you may inform the primary investigator about your concerns. You are encouraged to complete the study at a private location of your choice so that others do not accidentally view your responses on your screen. You may skip any question that you do not wish to answer or that makes you uncomfortable, apart from the age, country of residence, country of origin, international student status, and attention check questions to ensure you meet the participation criteria. You are also free, at any time, to choose to end your participation. There will be no perceived negative effects if you choose to skip a question or discontinue your participation in the study, although you may not receive payment for the study since payment is contingent upon completion of the study.

Are there any benefits to yourself or others? If you decide to participate in this study, there will be no direct benefit to you, although you may find it interesting to reflect on your experiences as an international student. Your participation in this project may help researchers develop a better understanding of experiences of relational health and its impact on acculturative stress, and mental health outcomes among South Asian international students.

Are there any costs or compensation? Each participant will be entered into a raffle draw to receive one of the ten gift cards for the amount of $25 for participation in this study if they complete the entire study and correctly answering the attention check questions.

If you change your mind about participating, you can withdraw at any time during the study by closing out the survey. Your participation is completely voluntary. If you decide to not participate in the study or if you end your participation early, however, you may not be entered into the raffle as that is dependent upon the completion of the study.

Any data obtained in connection with this study will remain anonymous. We will protect your privacy and data you provide by not collecting any identifiable information in the study questionnaire. We will have no way of knowing whether you participated in the study. Information collected through your participation will be combined with other participants' responses and may be published in a professional publication and/or presented at a professional meeting.

If you have questions about this study, please contact the Primary Investigator, Asmita Saha at azs0258@auburn.edu, or the Faculty Primary Investigator, Latifat Cabirou, PhD, at loc0005@auburn.edu.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or email them at IRB admin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS RESEARCH PROJECT. IF YOU DECIDE TO PARTICIPATE,

PLEASE CLICK ON THE LINK BELOW. YOU MAY PRINT A COPY OF THIS LETTER TO KEEP.

Asmita Saha

Primary Investigator **Date**

Latifat Cabirou, PhD

Faculty Principal Investigator **Date**

The Auburn University Institutional Review Board has approved this document for use from _____. IRB Protocol #_____.

Appendix I: Psychotherapy Resources for South Asian communities

If you are interested in receiving psychotherapy, here are some links to assist in your search:

- South Asian therapists
    - https://southasiantherapists.org

- South Asian Mental Health Initiative and Network
    - https://samhin.org

- Inclusive Therapists
    - https://www.inclusivetherapists.com/south-asian

- Psychology Today
    - https://www.psychologytoday.com

(The researchers are unaffiliated with the above organizations. The researchers are simply providing the links to well-known resources to help you on your own mental health journey)