Special Thematic Section on "Social Justice Issues for Counselling Psychologists in Greece"

The Interplay Between Self-Construal, Social Support, and Psychological Adaptation of Indian Immigrants’ in Greece

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Abstract

In the present study, the interplay between self-construal, social support and psychological adaptation of first generation Indian immigrants residing in Crete (N = 114) was examined. The first aim of the study was to analyze the association of self-construal with anxiety, depression, and self-esteem as indicators of psychological adaptation. It was hypothesized that Indian immigrants would maintain a more interdependent than independent self-construal and that Indians with high interdependent self-construal would receive more social support and have less adaptation problems compared to immigrants’ with a more independent self-construal. Furthermore, the second aim was to examine the relation of social support to self-construal, and psychological adaptation. It was hypothesized that interdependent self-construal would have positive effects on psychological adaptation through social support (mediation). A moderation effect was also hypothesized, in that social support was expected to act protectively for Indians with high interdependence, regarding psychological adaptation. Although, social support was not related either to self-construal or to adaptation, it acted as mediator in the relationship between interdependent self-construal and depression. Furthermore, a moderation effect was found on the relationship between independent self-construal and self-esteem. There are certain implications of these findings, regarding the impact of cultural values in counseling and the role of social support in immigrants’ psychological adaptation.

Keywords: self-construal, social support, Indian immigrants, psychological adaptation, counseling

Until quite recently, Greece was a migration sender country. In recent decades, however, it has become one of the “recipient” countries for immigrants, from both the Balkans and several Asian countries (Baldwin-Edwards, Kuriakou, Kakalika, & Katsios, 2004). Immigrants are regarded as a high-risk group for health decline, facing increased levels of depression and anxiety and decreased self-esteem, as they are confronted with many stressors related to their adaptation to a new society (Berry, 1997). According to Berry (1997), adaptation could be psychological (e.g., psychological well-being) and sociocultural (e.g., successful managing of daily life’s problems) (Safdar, Lay, & Struthers, 2003). In this study, the focus is on psychological adaptation, as measured by anxiety, depression, and self-esteem. Although the immigrants’ social support received by family and friends is regarded as one of the more effective ways to cope with stress (Taylor et al., 2004), the relationship between immigrants’ personal cultural traits, social support, and psychological adaptation has never been studied. Given
that provision of psychological care in immigrants is required in many cases, counselors, before applying their therapeutic model, need to be familiar with the cultural values of ethnic minority clients that affect not only their adaptation but their close relationships with significant others, as well.

**Self-Construal and Immigrants’ Psychological Adaptation**

Research in cross-cultural psychology has shown that socialization in different cultural contexts affects behavior (Markus & Kitayama, 1991), while self-construal is regarded as the best way to measure the effects of culture on individual’s behavior (Kim, Triandis, Kagitcibasi, Choi, & Yoon, 1994; Smith & Bond, 1998). The term “construal” implies a self which is mostly defined by social and cultural conditions and affects values, beliefs, rules, attitudes, and personality qualities (Singelis & Sharkey, 1995). Independent self-construal is defined as a self who is separated from the social context, having the aim to accomplish personal goals and personal ambitions, whereas interdependent self-construal is defined as a self connected to the social context, with the aim to promote other goals, fit into relationships, maintain harmony with significant others, and be accepted by the ingroup (Cross, 1995; Markus & Kitayama, 1991; Singelis, 1994).

These cultural differences in self impact immigrants’ behaviors, psychological adaptation (as measured by psychological well-being related indices, such as depression, anxiety, self-esteem) and the importance that individuals attribute to close relationships (Goodwin & Giles, 2003; Markus & Kitayama, 1991). The cultural distance between hosts and immigrants is usually related to elevated anxiety and depression symptoms (Berry, 2006), unless immigrants emotionally invest in their ethnic group and maintain their original cultural traits. Immigrants with a more interdependent self-construal seem to maintain their cultural traits, be more related to their co-ethnics, and as they emotionally invest toward their ethnic group, they have less adaptation problems compared to immigrants with a more independent self-construal (Cronin, Levin, Branscombe, van Laar, & Tropp, 2012; Güngör, 2007; Jasinskaja-Lahti, Liebkind, Horenczyk, & Schmitz, 2003; Kateri & Karademas, 2017a). On the other hand, individuals with independent self-construal are more likely to value uniqueness and, thus, become rejected from the other group members for not preserving their cultural traits, which bears negative effects on their psychological adaptation (Ferenczi, Marshall, & Bejanyan, 2015). Counseling and psychotherapy in Western cultures is usually based on the value of independence, promoting autonomy and uniqueness (Jackson, 2006). However, counselors should be very cautious in their focus on such values when collaborating with immigrants coming from a different cultural background. There is a possibility for the latter to also adopt these values (under the influence of their counselor) but, at the same time and because of that, to lose their co-ethnics’ support. In that case, openness and flexibility are essential for the prevention of such a danger and the promotion of the effectiveness of cross-cultural counseling (Papastylianou, 2005).

**Social Support and Immigrants’ Psychological Adaptation**

According to Taylor et al. (2004), social support is defined as the perception that someone is loved, cared for, estimated and that they belong to a wider social network with mutual assistance and obligations. Family and friends are rated as two of the most significant sources of immigrants’ social support and many newcomers rely more on friends and family to overcome settlement difficulties rather than on health and social service organizations (Choi & Thomas, 2009). Moreover, many studies provide evidence that social support benefits health – both directly and indirectly – (Jasinskaja-Lahtli, Liebkind, Jaakkola, & Reuter, 2006; Kafetsios, 2007; Kim et al., 1994) and ameliorate the negative effects of stress on immigrants’ psychological adaptation (Crockett et al., 2007; Lee, Koeske, & Sales, 2004).
Cultural differences in self appear to affect whether and how individuals seek social support. A person with interdependent self-construal is more likely to look in relationships as a source for deriving self-esteem compared to a person with independent self-construal (Cross, 1995; Cross, Gore, & Morris, 2003). According to Cross et al. (2003), interdependence seems to be a source of motivation to develop close relationships with others and to protect important relationships, with positive effects on individuals’ self-esteem and psychological well-being (Cross & Morris, 2003). Moreover, immigrants who altered their original cultural traits towards the culture of settlement are less likely to receive social support than those immigrants who preserved their culture of origin (Hyman & Dussault, 2000; Kaplan & Marks, 1990). In Greece, only one study, to our knowledge, has examined the role of social support in adult immigrants (Kateri & Karademas, 2017b). According to the findings of this study, separation from the host country and the maintenance of the culture of origin was related to lower levels of depression through social support. Moreover, separation and interdependent self-construal protected immigrants from depression and anxiety in the case of perceived discrimination (Kateri & Karademas, 2017a). However, the effect of cultural values and social support on immigrants’ adaptation should be explored by counselors than be accepted a priori in an automated and fixed way, because in some cases social support has negative effects on immigrants’ psychological adaptation. If relationship harmony is a primary goal for individuals with high interdependence, sharing problems might burden others and endanger close relationships, and as a result individuals may prefer to solve problems on their own (Cross & Vick, 2001; Taylor et al., 2004).

The Present Study

The present study proposes a model connecting immigrants’ cultural values to psychological adaptation outcomes, thus combining Berry’s acculturation model (Berry, 1997) with Singelis self-construal model (Singelis, 1994). Immigrants’ adaptation is mainly considered as an outcome of acculturation attitudes (Georgas & Papastalianou, 1993; Motti-Stefanidi, Dalla, Papathanasiou, Takis, & Pavlopoulos, 2006), while the role of immigrants’ cultural values to their adaptation is mainly neglected even if it is regarded as a significant factor for the entire adaptation process (Güngör, 2007). The role of cultural values in social support and immigrants’ adaptation has, also, been limited, with previous studies suggesting that independent immigrants might become more autonomous and unique, while sharing problems with family and friends may elicit in-group rejection and prohibit the benefits of social support (Ferenczi et al., 2015; Ferenczi & Marshall, 2016). The goal of the present study was to combine the dimension of cultural values (e.g., self-construal), social support, and psychological adaptation simultaneously, gaining a more comprehensive and a more “cultural sensitive” understanding for the whole adaptation process.

The sample of the present study was Indian immigrants residing in Greece. The focus is on first generation because, apart from the risks of acculturation, children may also face additional risks according to their age and developmental stage (Sam, 2006). It is important to note that Indians have noticeable cultural differences from Greeks in religion- most Indians are Sikhs, while most Greeks are Orthodox Christians-, in dress code and skin color (Markoutsoglou, Kassou, Mosxbos, & Ptoxos, 2006; Mylonas, Gari, Giotsa, Pavlopoulos, & Panagiotopoulo, 2006). Furthermore, there are, also, cultural differences between western and non western immigrants in self-esteem and the symptoms of certain psychological disorders, like depression and anxiety. Depression and anxiety symptoms are, usually, more somatic (usually pains) than emotional (sadness or despair), compared to western individuals (Raguram, Weiss, Keval, & Channabasavanna, 2001), while self-esteem is mainly derived through their harmonic relationships with significant others (Markus & Kitayama, 1991). Regarding the cultural values, Indian self is characterized mainly by values of interdependence (Kapoor,
Hughes, Baldwin, & Blue, 2003), while the Greek self is characterized by both interdependence and independence (Green, Deschamps, & Paez, 2005). According to Kafetsios and Nezlek (2004), Greek society is mainly collectivistic, although in the last years there are, also, increased individualistic values.

In accordance with Berrys’ acculturation theory (Berry, 1997), the levels of anxiety, depression, and self-esteem were used as indicators of Indian immigrants’ psychological adaptation. Empirical research suggests that interdependence (Güngör, 2007; Phalet & Hagendoorn, 1996) and social support (Berry, 1997; Crockett et al., 2007; Lee et al., 2004) are related positively to immigrants’ psychological adaptation. In many studies, immigrants maintain their cultural traits (Roberts et al., 1999), and rely on social support from family and friends to cope with stress (Cook, 1994; Goodwin & Cramer, 2000). Furthermore, according to Nezlek, Kafetsios, and Smith (2008), psychological adaptation is greater for individuals whose self-construal matched the orientation of their societies (e.g., Indians interdependence) than for individuals whose self-construal is different from the orientation of their societies (e.g., Indians independence). There is an interconnection of social support to self-construal as well. Interdependent individuals are motivated to develop close relationships with family and friends, while social support from these relationships is a source for deriving self-esteem and a positive factor for their well-being (Cross, 1995; Cross, Gore, & Morris, 2003; Cross, Morris, & Gore, 2002). On the contrary, individuals with more independent self-construal will try to accomplish their personal goals than to reserve the harmony in relationships (Markus & Kitayama, 1991), resulting in in-group rejection and adaptation problems (Ferenczi et al., 2015; Ferenczi & Marshall, 2016). The specific hypotheses of the study are summarized below.

H1. It was expected most Indian immigrants in Greece to maintain a more interdependent than independent self.

H2a. It was expected interdependent self-construal to be negatively related to anxiety and depression, and positively to self-esteem.

H2b. It was expected independent self-construal to be positively related to anxiety and depression, and negatively to self-esteem.

H3. It was expected social support to act as mediator in the relationship between interdependent self-construal and psychological adaptation. That is, it was expected a positive relationship of interdependent self-construal to social support, which was expected to be related in turn with less anxiety and depression and more self-esteem. No mediation effect of social support was hypothesized in the relationship of independent self-construal to anxiety, depression and self-esteem.

H4. It was expected the strength of the relationship between interdependent self-construal and psychological adaptation to depend on (or be moderated by) the level of social support. That is, at the higher levels of social support immigrants would report relatively lower levels of anxiety and depressive symptoms and higher levels of self-esteem. No moderation effect of social support was expected in the relationship between independent self-construal and psychological adaptation.
Method

Participants
One hundred and fourteen (114) Indian immigrants in Greece participated in the study. Most participants were male (74.80%), married (77%), and unskilled workers (62.20%). Their average age was 33 years ($SD = 8$) and their average education years were 11.20 years ($SD = 2.70$). Regarding the years of residence in Greece, the average was 7.70 years ($SD = 3.90$). As far as the samples religion is concerned, the majority were Sikhs (81.30%).

Measures

Self-Construal Scale
The Self-Construal Scale is a 30-item questionnaire that assesses both independent and interdependent self-construal (Singelis, 1994). This scale was used in this study as adapted in Greek by Georgas, Berry, Van de Vijver, Kagitočibasi, and Poortinga (2006). Each dimension is measured with fifteen items (e.g., “I enjoy being unique and different from others in many respects”. “Even when I strongly disagree with group members, I avoid an argument.”). To respond, participants used a Likert-type scale ranging from 1 (“strongly disagree”) to 5 (“strongly agree”). Cronbach’s α for all scales are presented in Table 1.

Depression Symptoms
Depression was measured by the CES-D scale (Radloff, 1977). This scale is widely used for community and clinical samples across many countries and different ethnicities with satisfactory validity and reliability (Munet-Vilaró, Folkman, & Grecorich, 1999). It consists of 20 questions (e.g., “I felt hopeful about the future”) that cover the affective, psychological, and somatic symptoms of depression. Participants respond on a Likert-type scale ranging from “strongly disagree” (1) to “strongly agree” (5).

Anxiety Symptoms
Anxiety was measured by the State Anxiety Inventory (Spielberger, Gorush, & Lushene, 1970) which evaluates the anxiety the person feels at the moment of measurement. This scale is widely used in community and clinical samples and has high validity and reliability (Fischer & Boer, 2011). It consists of 20 items (e.g., “I feel calm”) and participants respond on a Likert-type scale ranging from “not at all” (1) to “very much” (4).

Social Support
Social support was measured with the Significant Other's Scale (Power, Champion, & Aris, 1988). It consists of four questions: two for emotional support (e.g., “How often can you talk honestly, trust and express your feelings?”), and two for practical support (e.g., “How often can you find practical support?”). The participants evaluated the social support they received by two classes of people, friends and spouse or partner, and they used a Likert-type scale ranging from 1 (“always”) to 7 (“never”) to respond to the questions.

Self-Esteem
Self-esteem was measured with the Self-Esteem Scale (Rosenberg, 1965). It consists of 10 questions that rate the global personal self-esteem (e.g., “Sometimes I feel totally uselessness”). Participants respond on a Likert-
type scale ranging from "totally disagree" (1) to "totally agree" (7). This scale is widely used and has high validity and reliability (Makri-Mpotsari, 2001).

Procedure
Participants were recruited mainly in a building that they use for religious purposes and in their work place, using a convenience sampling technique. The filling in of the questionnaire was voluntary. Each measure used in the study was translated into the Punjabi language from the English language and translated back into English (Brislin, 1970) by the Department of Linguistic Studies at the Punjabi University. For further examination of the quality of the translations, four Indians from different educational backgrounds were asked to fill in the measures and they were then interviewed in order to examine possible mistakes and/or misunderstandings. The interviewer was Greek, the interview was conducted in English and was translated into Punjabi by a survey assistant who was fluent in both languages. A survey assistant was on hand for any participants who could not understand parts of the questionnaire, but assistance was necessary in only two cases.

Analyses
In order to examine the indirect (i.e. mediation) effects of social support on the relation between self-construal and psychological adaptation, as well as the potential moderating effects of social support, the corresponding modules from PROCESS, which is a freely-available computational tool for SPSS and SAS (Hayes, 2012; Hayes, 2013), were used. PROCESS was used for assessing indirect effects, as it provides the bootstrapped confidence intervals for each indirect effect after controlling for other mediators and covariates (i.e. it examines specific indirect effects; Hayes, 2012). Estimates are calculated using ordinary least squares regressions. Also, PROCESS was used to determine whether indirect effects vary at different levels of the moderator (by default indirect effects are reported at $M$ and $±1 SD$ of the moderator; Hayes, 2012). Both normal-theory tests and bias corrected and accelerated bootstrapping are employed to test indirect effects, as the latter produces more accurate confidence intervals. According to this approach, the indirect and moderation effects are significant at $p < 0.05$ for the 95% bootstrap confidence intervals, when the derived intervals do not include values of zero.

Results
In a preliminary analysis, the relation of age, education, and years of residence in Greece, with the anxiety, depression, and self-esteem were examined. According to the results, age was negatively related to depression, while education was positively related to depression. No statistically significant relationship was noticed between those variables and anxiety, while years of residency in Greece were not correlated to either anxiety or depression. Regarding to self-esteem, no statistically significant relationship was found with age, education, and years of residence in Greece. A statistically significant relationship was found between social support and years of residency in Greece, but no statistically significant relationship was found between social support and gender ($F(1,73) = .140, p > .05$). The means, standard deviations, and the bivariate correlation matrix of the variables included in this study are presented in Table 1.

Neither independent nor interdependent self-construal was associated with anxiety or depression. A statistically significant relationship was found only between independent self-construal and self-esteem. Likewise, no statistically significant relationship was found between social support, independent and interdependent self-construal
or between social support and anxiety, depression and self-esteem (see Table 1). The mean level of interdependent self-construal was higher than the mean level of independent self-construal and this difference between the mean levels was statistically significant (paired samples t-test. 04, p < .05).

Table 1

Means, Standard Deviations, and Bivariate Correlations Among Independent and Interdependent Self-Construal, Social Support, Age, Education, Years of Residence, and Psychological Adaptation

<table>
<thead>
<tr>
<th>Variable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. State Anxiety</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>2. CES-D</td>
<td>.56**</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>3. Self-Esteem</td>
<td>-.35**</td>
<td>-.48**</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>4. Independent S-C</td>
<td>.05</td>
<td>.13</td>
<td>-.19*</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>5. Interdependent S-C</td>
<td>.01</td>
<td>-.08</td>
<td>-.03</td>
<td>.57**</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>6. Social Support</td>
<td>-.05</td>
<td>-.23</td>
<td>.03</td>
<td>-.07</td>
<td>-.07</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>7. Age</td>
<td>-.15</td>
<td>-.22*</td>
<td>.19</td>
<td>.09</td>
<td>.18</td>
<td>.07</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>8. Education</td>
<td>-.11</td>
<td>.21*</td>
<td>-.09</td>
<td>.00</td>
<td>.01</td>
<td>-.10</td>
<td>-.08</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>9. Years of Residence</td>
<td>-.08</td>
<td>-.00</td>
<td>.19</td>
<td>-.05</td>
<td>.06</td>
<td>.51**</td>
<td>.06</td>
<td>.18</td>
<td>–</td>
</tr>
</tbody>
</table>

M          41.52  17.42  47.92  4.97  5.09  21.36  33.25  11.28  7.73  
SD         8.27    9.64    7.72  6.23    6.67    3.45    7.97    2.70    3.96    
Cronbach’s a .82     .82     .55     .55     .63     .64     -       -       -       -       

Note. S-C = self-construal.
*p < .05. **p < .01.

Regarding the indirect relation of self-construal to anxiety, depression, and self-esteem, the results indicated that social support mediated only the relationship between interdependent self-construal and depression. No mediation effect was found for the relationships between interdependent self-construal, and anxiety and self-esteem, or between independent self-construal, and depression, anxiety, and self-esteem (see Table 2 & Figure 1).

Table 2

The Indirect Effects of Self-Construal on Anxiety and Depression, Through Social Support

<table>
<thead>
<tr>
<th>Effect</th>
<th>B</th>
<th>SE</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dependent variable: Depression</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent S-C</td>
<td>.519</td>
<td>.491</td>
<td>-.063</td>
<td>1.89</td>
</tr>
<tr>
<td>Interdependent S-C</td>
<td>.775</td>
<td>.553</td>
<td>.054</td>
<td>2.29</td>
</tr>
<tr>
<td><strong>Dependent variable: Anxiety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent S-C</td>
<td>.085</td>
<td>.326</td>
<td>-.134</td>
<td>1.33</td>
</tr>
<tr>
<td>Interdependent S-C</td>
<td>.054</td>
<td>.260</td>
<td>-.152</td>
<td>1.03</td>
</tr>
<tr>
<td><strong>Dependent variable: Self-Esteem</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent S-C</td>
<td>-.015</td>
<td>.217</td>
<td>-.755</td>
<td>.291</td>
</tr>
<tr>
<td>Interdependent S-C</td>
<td>-.026</td>
<td>.244</td>
<td>-.870</td>
<td>.274</td>
</tr>
</tbody>
</table>

Note. S-C = self-construal.
1Bootstrapping bias corrected and accelerated (5,000 bootstrap samples). Indirect and direct effects are significant at p < .05 for the 95% bootstrap confidence intervals, when the derived intervals do not include values of zero.
Regarding the potential moderation effects of social support, no statistically significant effect was found in the relationships between interdependent self-construal, and depression, anxiety, and self-esteem. Also, no statistically significant moderation effect was found in the relationships between independent self-construal, and anxiety and depression. Only the relationship between independent self-construal and self-esteem was statistically significant at the higher (+1 SD) and medium (M) levels of social support but not at the lower levels (-1 SD) of social support (see Table 3).

Table 3
Mean Indirect Effects of Self-Construal on Depression, Anxiety and Self-Esteem, at Specific Values of Social Support (Moderation), and Confidence Intervals

<table>
<thead>
<tr>
<th>Effects</th>
<th>Levels of Social Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-1 SD (SE)</td>
</tr>
<tr>
<td>Dependent variable: Depression</td>
<td></td>
</tr>
<tr>
<td>Independent S-C</td>
<td>3.53 (2.98)</td>
</tr>
<tr>
<td>Interdependent S-C</td>
<td>5.21 (3.25)</td>
</tr>
<tr>
<td>Dependent variable: Anxiety</td>
<td></td>
</tr>
<tr>
<td>Independent S-C</td>
<td>-.24 (2.87)</td>
</tr>
<tr>
<td>Interdependent S-C</td>
<td>2.4 (2.80)</td>
</tr>
<tr>
<td>Dependent variable: Self-Esteem</td>
<td></td>
</tr>
<tr>
<td>Independent S-C</td>
<td>1.29 (1.71)</td>
</tr>
<tr>
<td>Interdependent S-C</td>
<td>-.23 (1.70)</td>
</tr>
</tbody>
</table>

Note. S-C = self-construal.

Discussion

In the present study, the interplay between self-construal, social support, and psychological adaptation of Indian immigrants’ residing in Greece was examined. Indian immigrants in Greece scored higher in interdependent than independent self-construal, in accordance with the study hypothesis and previous research findings (Kapoor et al., 2003). One of the most important findings was that social support mediated the relationship of interdependent self-construal to depression. Furthermore, social support moderated the relationship of inde-
pendent self-construal to self-esteem. These results underscore the crucial role of self-construal and social support in immigrants' psychological adaptation, although some of the relationships between the variables were unexpected. There is a unique theoretical contribution of the present findings to the extant immigrants' adaptation literature: Although acculturation theory has so far put an emphasis on the importance of acculturation attitudes for the psychological adaptation of immigrants (Berry, 1997), the current study indicates that immigrants' self-construal, social support, and psychological adaptation are mutually determine each other. Moreover, it is important to notice that, in the present study, the cultural traits of immigrants were measured and were not ascribed a priori to immigrants' ethnicity, in accordance with Triandis (1994) suggestions. These research findings may motivate future studies in more immigrant groups and help counselors in their practice with their immigrant clients.

Immigrants' psychological adaptation has been the focus of many previous studies (Lee et al., 2004; Sullivan & Kashubeck-West, 2015) and it was also an aim of the present study. A crucial finding was that social support mediated the relationship of interdependent self-construal to depression. According to the present findings, a positive relationship between interdependent self-construal and depression was identified through social support, whereas in the hypothesized model a negative relationship was anticipated. People usually activate their social support networks in stressful situations and the social support received may have buffering effects on psychological adaptation (Jasinskaja-Laht& et al., 2006). However, it is possible that when interdependent individuals share their problems with others under stressful conditions, they may end in depression feelings, because of the sense of burden others with their problems or because of feelings of shame (Markus & Kitayama, 1991). Satisfaction with support and/or perceived availability of support from co-ethnics may have a stronger effect on immigrants' psychological adaptation than the assessment of the actual use of social support networks in general (Jasinskaja-Laht& et al., 2006; Nezlek et al., 2008).

No other mediation effects of social support were noticed and there were no statistically significant correlations to the main variables of the present study (i.e. self-construal, social support, anxiety, and depression) as well, contrary to the study hypothesis and several previous findings that underscore the positive role of interdependence (Güngör, 2007; Phalet & Hagendoorn, 1996) and social support (Crockett et al., 2007; Lee et al., 2004) in immigrants' adaptation. The relatively small sample, the few years that immigrants have spent in Greece, and the moderate reliability of most scales could partly explain this result. The present study is also cross-sectional and the tests of mediation based on cross-sectional data have inherent problems because one cannot assume what the direction of effects really is (Maxwell & Cole, 2007). A tentative explanation could be that self-construal in different contexts (i.e. marriage, work) would have different results in immigrants' anxiety and depression (Oyserman & Lee, 2008). Furthermore, regarding social support, other studies have failed to find a relationship between social support and psychological adaptation, as well (Dunn & O'Brien, 2009). The measurement of different aspects of support (e.g., availability, satisfaction), as noticed early, may have had different results in psychological adaptation.

Regarding the moderation effects of social support on psychological adaptation, contrary to the study hypothesis, medium and high levels of social support moderated only the relationship between independent self-construal and self-esteem. Also, the relationship of independent self-construal to self-esteem was negative, verifying the study hypothesis. Given that our sample was Indian immigrants who are characterized mainly by interdependence, independence signifies a mismatch between individual and cultural values, with negative effects on immigrants' psychological adaptation (Nezlek et al., 2008). Moreover, according to Markus and Kitayama...
(1991), the motive to maintain a positive self-esteem is universal, but what constitutes a positive self-esteem depends on the cultural environment. Given that self-esteem changes as a result of social support received from others (Harter, 1993), the finding that social support is not a moderator in the relationship between interdependent self-construal and self-esteem is unexpected. It is, also, unexpected that there was no moderation effect of social support on the relationships between self-construal, anxiety and depression. A tentative explanation could be that, according to Diener and Diener (1995), self-esteem affects certain aspects of psychological well-being in individualistic cultures, while in collectivistic cultures psychological well-being is mostly affected by the quality of the relationship with significant others and not self-esteem. Maybe other factors that were not studied here could act protectively for immigrants' psychological adaptation, like stress coping mechanisms (Essau & Trommsdorff, 1996) or religion. In Asian cultures, individuals obtain the meaning of their life through their belief in their Gods or other spirits. It is, also, a very common and very effective coping mechanism to direct themselves to religion when they face a misbalance with their health (Kateri & Pourkos, 2006).

Lastly, it is important to discuss some significant findings from the preliminary analyses of the present study. Although females usually report more social support compared to men (Glynn, Christenfeld, & Gerin, 1999; Turner, 1994), in the present study, gender had no effect on social support. According to LaFromboise, Heyle, and Ozer (1990), immigration separates women from the extended family, while the top priority of women coming from collectivistic countries is their home, isolating woman from the community and undermining friendships and wider social networks. However, social support was related positively to years of residence in Greece, indicating that in latter stages of immigration it is easier for immigrants to establish more stable and efficient social networks (Jasinskaja-Lahti et al., 2003).

**Limitations and Implications in Counseling**

A number of limitations need to be considered in the interpretation of these findings, before discussing the implications of these findings for counseling. First of all, it is important to notice that these results may not be generalizable to the population of Indian immigrants in Greece, given that another research design (e.g., survey) and a representative sample of immigrants would be required. However, it is strongly suggested that, in future studies, Indians and/or other Asian immigrants in Greece (i.e. Chinese) should be compared to Balkan immigrant groups (i.e. Albanians). It is important to consider also that most Likert-type scales represent Western constructs and were developed with western culture samples (Smith & Bond, 1998), raising concerns about their cross-cultural validity in non-Western cultures (Oyserman & Lee, 2008). A qualitative research design is strongly suggested for future studies (Carnevale & Dreu, 2006).

As far as the sample of the present study is concerned, it is important to consider that it was relatively small. Another important limitation is that this was a cross-sectional study. Longitudinal studies are needed to advance our theoretical understanding for the benefits of social support in ethnic minorities. Also, the Rosenberg Self-Esteem Scale that was used in this study measures self-esteem more as intrapersonal feelings and intrapersonal evaluations of success (i.e. abilities), while self-esteem of more interdependent immigrants may be more related to social worth and feelings of interrelatedness with significant others (MesQuita, 2001; Tafarodi, Lang, & Smith, 1999). In future studies, different aspects of self-esteem should be measured as well. In the same line, two aspects of social support were assessed here, namely, emotional and practical support. However, in Asian cultures, individuals are not used in expressing their feelings (Markus & Kitayama, 1991) and there is indeed a...
strong possibility for other aspects of support to be more closely related to adaptation and psychological adaptation. Further study is warranted to clarify this interesting topic.

Despite these limitations, we believe that the implications of the research findings for counseling and psychotherapy are quite interesting. The therapeutic relationship between the counselor and the client is critical regardless of client’s ethnicity. Moreover, counselors qualities, like respect, genuineness and empathy are essential and not culture-bound (Patterson, 1996). However, given that there are culture related barriers in counseling that stem from cultural differences between clients and counselors, it is essential for counselors to explore the cultural values of ethnic minority clients before applying their therapeutic model. Allowing the client to explore their own values, make a life decision, or explore a potential solution to a problem is a core quality of any type of counseling and is essential for multicultural counseling. Counselors that work with immigrants may misinterpret the clients’ passivity and difficulty in introspection as a problem related to low assertiveness and low self-esteem, and not as behaviors related to cultural norms. Therefore, special attention is needed to what is conceived as “normal” and “abnormal” in different cultures (Draguns, 1980).

Although Greece, in the past, used to be a mainly collectivistic country with lower levels of individualistic values (Georgas, 1989), in the present it is characterized by both interdependence and independence (Green et al., 2005). Given the individualistic values of Greek counselors and the fact that counseling and psychotherapy in Western cultures is based on the values of independence, a discrepancy might be present between Greek counselors and immigrant clients. According to Suinn (2010), counselors with more interdependent values are usually conceived by non-western clients as more competent than counselors using a more independent approach. A counselor may misinterpret the immigrants’ interdependence and misevaluate their tendency to prioritize family needs ahead of their own as a sign of unhealthy dependency (Jackson, 2006). Moreover, while in western cultures autonomy is regarded as essential with respect to individual’s self-esteem, and thus as a basic goal for counseling and psychotherapy, for interdependent immigrant clients self-esteem may be more a result of social connectedness with others than of autonomy (Mesquita, 2001; Tafarodi et al., 1999). If counselors overstress the importance of having a personal identity and being autonomous, this may have a negative impact on immigrants’ self-esteem, according to the results of the present study. In the same line, counseling modes that emphasize the importance of introspection may not be as affective for interdependent immigrants coming from Asian countries as they possible are for western clients. Instead, it would be better to work towards family cooperation and avoid suggesting clients to make decisions independently of their families (Ramisetty-Mikler, 1993).

It is also important to consider that being interdependent does not mean that the individual automatically seeks for social support. Social support, like other aspects of behavior, takes place within a cultural and a social context and the decision to ask for it, as well as the specific type of social support that is asked for, is affected by cultural values that must be explored in counseling (Taylor et al., 2004). Although social support is regarded as a positive factor for individuals’ well-being (Kafetsios, 2007; Kim et al., 1994), immigrant clients with high interdependence might prefer to solve at least some of their problems on their own. If relationship harmony is a primary goal for individuals with high interdependence, sharing problems might burden others and endanger close relationships, increasing individual depression feelings (Cross & Vick, 2001; Taylor et al., 2004). However, counselors should be aware that sometimes “actual ”social support is not the only helpful form of support. In other words, perceived social support may be equally useful than actual support. Therefore, if the client hesitate to ask for emotional or practical help during stressful periods, the counselor may be useful by helping...
them acknowledged that there are actually people who do care about them regardless of their choice to or not ask for help. Cultural norms regarding the differences in social support are usually resistant to change, but the perception that someone is loved and cared for may reduce stress and loneliness on its own (Taylor et al., 2004).

Lastly, it is important to notice that there is no bipolar division between independence and interdependence. Those are rather interrelated features, satisfying, thus, the basic human needs of autonomy and relatedness (Kagitcibasi, 2005). Counselors should be aware of the fact that independence and interdependence coexist in the development of self and are essential for the psychological well-being of any individual and for the psychological adaptation of immigrants as well. All these issues should primarily be explored by counselors than be accepted in an automated and fixed way.

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References


