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Cross-Cultural Study of Loss Coping and Somatic Symptoms: Comparison of Turkish, Dutch
Bereaved and Turkish immigrants in The Netherlands

MASTER THESIS

by

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Abstract

Culture is an important factor to determine the appropriate coping strategies with loss of a loved one. These coping strategies are related with people's health. Therefore, this study compared loss coping strategies and somatic symptoms of Turkish and Dutch bereaved and Turkish immigrants living in the Netherlands. Similarity of coping strategies of bereaved Turkish immigrants to Turkish or Dutch bereaved was examined by dividing them into four acculturation groups (assimilation, integration, separation and marginalization). 360 bereaved participated in this study (134 Turkish, 137 Dutch and 89 Turkish immigrants in NL). Results demonstrated that Turkish bereaved scored higher on avoidance and positive reappraisal and somatic symptoms than Dutch bereaved. Avoidance was associated with higher somatic symptoms in general. Loss coping strategies of all four acculturation groups were more similar to Turkish bereaved and no difference was found between somatic symptoms of acculturation groups. To conclude, Turkish and Dutch bereaved differ in their coping strategies with loss and avoidance is detrimental regardless of culture. Despite of acculturation differences of Turkish immigrants, they all turn to Turkish culture to cope with loss. Limitations and implications of these results for practice are discussed. Some ideas for future studies are suggested.

Keywords: cross-cultural, loss coping strategies, somatic symptoms, Turkish immigrants, acculturation

Preface

Time flows very quickly. And now, it is time for me to finish this journey. First, I would like to express my gratitude to my thesis supervisor, Dr. Henk Schut for his endless support, guidance, criticisms, insights and motivation throughout this journey. I admire how he explains everything to me by stimulating my critical thinking. I am so thankful to him for letting me a part of this huge project. It was a pleasure to work with him and my teammates.

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To my mom and my future husband.

Introduction

Bereavement is a phenomenon that nearly everybody experiences during his/her life. Yet, people differ in how they cope with bereavement dependent on many factors such as type of loss, age, gender and social context (Rosenblatt, 1988; Stroebe, Hansson, Schut, & Stroebe, 2008).

Culture is one of the important factors to shape people's reactions to loss. It presents a certain type of world view and determines appropriate coping strategies when people face with stressful events (Chun, Moos, & Cronkite, 2006). Therefore, each culture is different in making sense of death, grief reactions and mourning practices (Eisenburch, 1984a; Rosenblatt, 1993; Shapiro, 1996). For example, bereaved Balinese never look sad (Wikan, 1998), while showing anger is normal in grieving among the Kaluli Papua New Guinea (Schieffelin, 1985).

Besides aforementioned cultural differences based on observations, some studies systematically compared individualistic and collectivistic cultures in their coping strategies with loss. According to Chun et al. (2006), these cultural dimensions are the most salient ones that reflect their effects on coping with stressful situations. Generally, stress-coping studies showed that collectivistic cultures use more passive strategies, such as escape/avoidance, whereas individualistic cultures use more approach focused coping strategies, such as modifying and reconstructing the event (Akhtar & Kroener- Herwig, 2017; Bjorck, Cuthbertson, Thurman, & Lee, 2001; Chun et al., 2006; Cole, Bruschi, & Tamang, 2002; Radford, Mann, Ohta, & Nakane, 1993). These differences can be observed in response to the loss of a loved one, too. Bonanno, Papa, Lalande, Zhang, and Noll (2005) demonstrated that bereaved Chinese people reported more deliberate grief avoidance than American bereaved, and this fit to Chinese collective identity and appreciation of emotion suppression.

Besides general identities of cultures such as individualistic and collectivistic, they are heterogenous with people from different backgrounds like the immigrants. While studying immigrants, the concept of acculturation comes to forward, which refers to a cultural phenomenon in which people from different cultures come into continuous and first-hand contact with each other, thereby bringing certain changes to both parties (Redfield, Linton, & Herskovits, 1936, p. 149). To demonstrate how immigrants deal with the new culture, Berry suggested four strategies (1997); *integration* (maintaining original culture and adapting some elements of host culture), *assimilation* (adopting the host culture over original culture), *separation* (rejecting the host culture and maintaining original culture), and *marginalization* (rejecting both host and original culture). Depending on their acculturation status, immigrants' coping strategies with stressful events might resemble to host or original culture, or both. Kuo, Roysircar, and Newby-Clark (2006) investigated the acculturation and coping differences among Chinese immigrants in Canada by measuring acculturation different than Berry's categorical model. They reported that less acculturated Chinese immigrants used more collective and avoidance coping strategies. They maintained Chinese collective identity and values compared to more acculturated ones.

There are some studies conducted among bereaved immigrants from different racial and ethnic groups (Eisenburch, 1984b; Yeh, Inman, Kim, & Okubo, 2006; Shapiro, 1995; Yick & Gupta, 2002). Although most of them did not directly examine the relationship between loss coping and the acculturation, they yielded important information as to their grief reactions. In such a study, Grabowski and Frantz (1993) reported that Latinos who lived/worked in United States, experienced an unexpected death scored higher on grief intensity than Anglos who experienced either unexpected or expected death. Because of the heterogeneity in Latinos group, they examined their acculturation levels and grief intensity,

but these were not correlated. However, their acculturation measurement included one question which was not sensitive to capture all variance in acculturation status.

In addition to the aforementioned differences between cultures in coping strategies with stressful events, especially with loss, these coping strategies are related to a person's adjustment and well-being (Chun et al., 2006). Although most bereaved people find a new equilibrium over time, dealing with loss is an important determinant of physical and psychological health. For instance, positive reappraisal is associated with healthy adjustment after the loss (Schut, Stroebe, & Stroebe, 2007). Furthermore, according to grief work hypothesis, to promote healthy adjustment after the death, one should confront the reality of loss. Avoidance/escape is detrimental for bereaved people (Stroebe, 1992). On the other side, Stroebe and Schut (1999) underscored the necessity of oscillation between confrontation and continuing the life to adapt to the death.

The effect of avoidance on adaptation is contradictory in bereavement literature. It might foster the adaptation in the early grief process (Dyregrov, Dyregrov, & Kristensen, 2016), predict fewer somatic complaints and enhance long-term adjustment (Coifman, Bonanno, Ray, & Gross, 2007). At the same time, avoidance is associated with increased risk for complicated grief and dysfunctionality (Eisma et al., 2013; Morina, 2011). However, it might depend on the cultural context in which a person experiences the loss. For instance, use of escape and avoidance predicted negative psychological symptoms for Canadians, but not for Indians (Sinha & Watson, 2007). Similarly, grief avoidance is positively associated with long term psychological distress for American, but not for Chinese bereaved people (Bonanno et al., 2005). It might be associated with compatibility between avoidance and the collective identity of Indian and Chinese cultures. However, avoidance in individualistic cultures can be a violation of normative rules, thereby relating to negative outcomes. Therefore, to make a

conclusion about the consequences of certain coping strategies, both individual and cultural variables should be taken into consideration.

By considering the gap in the literature related to immigrants' coping strategies with loss, the role of acculturation and the underrepresentation of grief in Turkish literature, the aim of the present study is to compare Turkish bereaved immigrants in The Netherlands with Turkish bereaved in Turkey and Dutch bereaved in The Netherlands. Also, Dutch and Turkish bereaved as representing individualistic and collectivist culture, respectively, will be compared to see whether they differ in coping with loss. Lastly, role of culture in the relationship between coping strategies and somatic symptoms will be examined. Thus, it was hypothesized that 1) Turkish bereaved in Turkey (TR) will use avoidance more, but reappraisal less to cope with loss than Dutch bereaved (NL), 2) since avoidance is expected not to be detrimental in the collectivistic cultures, it is expected to see both Turkish bereaved in Turkey and Dutch bereaved will have similar somatic symptoms, 3) assimilated Turkish-Dutch bereaved (TR-NL) will cope with the loss as NL bereaved while the coping strategies of separated ones will be similar to TR bereaved, 4) integrated TR-NL will use avoidance as TR and reappraisal as NL while marginalized ones will show different patterns of coping strategies than both TR and NL bereaved, 5) assimilated and integrated TR-NL will have less somatic symptoms than separated and marginalized TR-NL.

Method

Procedure

All participants were recruited through Internet and asked to participate in large scale cross-cultural grief study on Qualtrics. Informed consent was provided by them. They were after signing directed to the questionnaire. Besides Internet, Turkish-Dutch participants were recruited through several other ways, including organizations for Turkish communities in NL, snowballing, etc.

Participants

Total sample consisted of 360 bereaved individuals who had experienced loss of a loved one in the previous 5 years. Of them, 134 were Turkish (F= 108, 80.6%, M= 26, 19.4%) with a mean age of 28.66 ($SD = 10.96$) and 137 were Dutch (F= 98, 71.5%, M= 39, 28.5%) with a mean age of 43.03 ($SD = 16.07$). The remaining participants were Turkish immigrants in NL (F = 48, 53.9%, M = 41, 46.1%) with a mean age of 36.73 ($SD = 12.21$).

The majority of Turkish and Turkish-Dutch participants lost their second-degree relatives (66.4% and 59.6%, respectively) while the death of a parent was frequently reported among Dutch participants (32.1%). Mean of time since the death was 26.5 months ($SD = 18.4$) for Turkish, 27.3 ($SD = 19.1$) for Dutch, 27.5 ($SD = 19.6$) for Turkish-Dutch participants. Primary cause of the death was long illness/ health problems for all groups.

The groups differed on all demographics except for time since the death, cause of death and closeness to the deceased ($p < .01$). Post-hoc results indicated there were less men in Turkish group than expected. Mean age was highest in Dutch and lowest in Turkish group. More people live in large city Turkish and Turkish-Dutch groups than Dutch group. In Turkish-Dutch and Dutch groups, there were more married. In Turkish group, singles outnumbered married ones. Education level was highest in Turkish group. The number of students were higher in Turkish group, but lower in Dutch and Turkish-Dutch groups. Lastly,

Turkish group mostly lost their second-degree relatives whereas loss of first-degree relatives was higher in Dutch group. More details concerning the characteristics of sample are presented in Table 1 and Table 2.

Table 1

Descriptive Statistics of Demographic Variables

Variables	Turkish				Dutch				Turkish-Dutch				<i>p</i>
	N	%	M	SD	N	%	M	SD	N	%	M	SD	
Gender													
Female	108	80.6			98	71.5			48	53.9			.000
Male	26	19.4			39	28.5			41	46.1			
Age			28.6	10.9			43.0	16.1			36.7	12.2	.000
Living area													
Large city	133	100			48	35.3			82	92.1			.000
Suburban/town	-	-			11	8.1			-	-			
Rural area or village	-	-			77	56.6			7	7.9			
Marital status													
Married/Living together	27	20.1			81	59.1			60	67.4			.000
Widow/divorced	4	2.9			17	12.4			6	6.7			
Single	103	76.9			39	28.5			23	25.8			
Education*			3.96	.92			3.07	.80			2.76	1.19	.000
Employment													
Full-time	48	35.8			44	32.1			45	50.6			.000
Part-time	6	4.5			56	40.9			15	16.9			
Student	70	52.2			22	16.1			10	11.2			
Other	10	7.4			15	11.0			19	29.1			
Annual income**			3.07	2.02			4.00	1.76			3.09	1.49	.005
Religion													
Christian	1	.7			69	50.3			-	-			.000
Muslim	65	48.5			1	.7			78	87.6			
Other	12	8.9			14	10.2			2	2.2			
None	56	41.8			53	38.7			9	10.1			
Relationship with the deceased													
Spouse/partner	2	1.5			12	8.8			2	2.2			.000
Parent	19	14.2			44	32.1			18	20.2			
Sibling	1	.7			-	-			3	3.4			
Child	-	-			28	20.4			1	1.1			
Second-degree relative	89	66.4			40	29.2			53	59.6			
Friend	16	11.9			9	6.6			6	6.7			
Other	7	5.2			3	2.2			6	6.7			
Time since the loss (month)			26.5	18.4			27.3	19.1			27.5	19.6	.922
Cause of death													
A long illness/health problem	60	44.8			57	41.6			38	42.7			.461
A sudden illness/health problem	49	36.6			43	31.4			34	38.2			
Other	25	18.6			37	27.0			17	19.0			
Closeness with the deceased***			4.25	.76			4.37	.75			4.38	.67	.289
Additional stressors													
Personal illness/injury	16	12.0			26	25.0			10	11.2			
Illness/injury of someone close to you	37	27.8			29	27.9			13	14.6			-
Other losses	15	11.3			30	28.8			10	11.2			
Other stressors	14	10.6			19	18.3			5	5.6			
None	51	38.3			-	-			51	57.3			

* 1= Primary, 2= High, 3= Vocational (+some uni. in NL), 4= Bachelor, 5=Graduate. ** 1= Below 10000 €/£, 6= Above 50000 €/£ with 10000 intervals. *** 1= Extremely distant, 5= Extremely close

Table 2

Additional demographics for Turkish participant living in NL

Variables	Turkish-Dutch			
	N	%	M	SD
Time living in Netherlands			23.56	12.36
First generation	50	56.2		
Second generation	39	43.8		
Place of education				
Turkey	34	38.2		
Netherlands	41	46.1		
Both	12	13.5		
Other	2	2.2		
Perceived language proficiency*			3.88	1.23
Language spoken in the family				
Turkish	32	36.0		
Dutch	3	3.4		
Both	54	60.7		

* 1= Very bad, 5= Very good

Measures

Coping Strategies

Escape/avoidance (EA) and Positive reappraisal (PR) subscales of the Ways of Coping Questionnaire (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986) were used to assess participants coping strategies with loss. Items are rated on a 4-point Likert scale, ranging from ‘not used to used a great deal’. The former includes eight items and the latter includes six items. From the PR subscale, one item was extracted because it is not congruent with the current research question. Examples of subscales: ‘*Hoped a miracle would happen*’ for EA, ‘*Rediscovered what is important in life*’ for PR. Scores are calculated by taking the mean of the responses where high scores indicate high use of certain coping strategy. Internal consistency reliabilities are high (Cronbach’s alpha = .72 for EA, .79 for PR). The two subscales were translated into Turkish (Cronbach’s alpha = .79 for EA, .76 for PR) and Dutch (Cronbach’s alpha = .82 for EA, .85 for PR) by the current investigators.

Somatic Symptoms

To assess somatic symptoms, the Somatic Symptoms Scale (SSS-8) was used which is abbreviated by Gierk et al. (2014) from the PHQ-15 (Kroenke, Spitzer, & Williams, 2002). It consists of eight items such as headaches, back pain, dizziness, which are rated on a 5-point Likert scale (from 'not at all' to 'very much') considering how much the participant was bothered by these symptoms in last 7 days. Higher sum score indicates a higher somatic burden. The SSS-8 is a reliable and valid instrument with Cronbach's $\alpha = .81$. This scale was translated into Turkish and Dutch, and it was found to have as good reliability as the original version (Cronbach's $\alpha = .83$ and $.86$, respectively).

Acculturation

The level of acculturation of the Turkish-Dutch participants was assessed by an instrument developed by Unlu-Ince et al. (2014) based on Lowlands Acculturation Scale (Mooren, Knipscheer, Kamperman, Kleber, & Komproe, 2001). It consists of 16 items that are rated on a 6-point Likert scale, ranging from totally disagree to totally agree. Exploratory factor analysis yielded two dimensions which are Participation (participation and contact in the host culture) and Maintenance (maintenance of ethnic culture). Items were recoded for the participation dimension, so higher scores indicate higher participation (P) or maintenance (M). Both dimensions have high internal consistencies (Cronbach's $\alpha = .86$ for each) and discriminant validity. To create 4 acculturation strategies, median-split method was used because dimensions were not normally distributed. The medians for participation and maintenance were 9 and 52, respectively. So, integration referred to high P and high M and assimilation referred to high P and low M. Separation consisted of low P and high M and marginalization consisted of low P and low M.

Strategy of Analysis

IBM SPSS Statistics 22 was used for the analyses. Chi-square and one-way ANOVA's were conducted to detect the differences of background variables between all groups. To assess the differences between coping strategies of Turkish and Dutch bereaved, independent sample t-test was used. Then, moderation analysis was run to test the moderator role of culture in the relationship between coping strategies and somatic symptoms. To examine the differences of coping strategies between Turkish, Dutch and Turkish-Dutch groups including 4 subgroups based on their acculturation strategies, one-way ANOVA's were conducted. When a difference was observed, Bonferroni Post-hoc analyses were conducted to identify which groups were significantly different. To determine whether somatic symptoms of 4 acculturation groups differed, one-way ANOVA was conducted again. Lastly, because of the potential of demographic variables as covariates, ANCOVA was used. Only gender was included in the analyses as a covariate because other demographic variables highly overlapped with the culture, thereby not contributing to the unexplained variance of our model.

Results

Correlations between variables of interests

EA is significantly correlated positively with PR in all groups, TR, NL and TR-NL ($r = .183, .457, .352, p < .05$, respectively). The correlation coefficient between EA and PR of NL was significantly higher than that of TR ($z = -2.51, p < .05$). Others did not reach to statistical significance. EA is significantly correlated positively with SSS-8 in all groups, TR, NL and TR-NL ($r = .387, .504, .370, p < .01$, respectively). Unlike TR and TR-NL groups, in NL, PR is significantly positively correlated with SSS-8 ($r = .231, p < .01$).

Table 3

Correlations between the variables of interest by the groups

	Groups	EA	PR	SSS
PR	Turkish	.183*	1	
	Dutch	.457**	1	
	TR-NL	.352**	1	
SSS-8	Turkish	.387**	.105	1
	Dutch	.504**	.231**	1
	TR-NL	.370**	.096	1

* $p < .05$. ** $p < .01$

Coping Strategies of Turkish and Dutch Bereaved

H1: Turkish bereaved will have higher EA, but lower PR scores than Dutch bereaved.

There were significant differences between Turkish and Dutch bereaved on their EA scores ($t_{(269)} = 3.205, p < .01, F_{(1, 268)} = 7.814, p < .05$, adjusted for gender) and PR scores ($t_{(268)} = 5.959, p < .01, (F_{(1, 267)} = 32.977, p < .05$, adjusted for gender). That is, Turkish bereaved have significantly higher EA scores ($M = 1.00, SE = .05$) than Dutch bereaved ($M = .76, SE = .05$) as expected. In contrast to the hypothesis, PR scores of Turkish bereaved were

significantly higher ($M = 1.51$, $SE = .06$) than PR scores of Dutch bereaved ($M = .98$, $SE = .06$).

Table 4

Independent Samples T-Test for the differences between TR and NL in the variables

		<i>N</i>	<i>M</i>	<i>SE</i>	<i>t</i>	<i>p</i>	<i>Cohen's d</i>
EA	Turkish	134	1.00	.05	3.205	.002	0.39
	Dutch	137	.76	.05			
PR	Turkish	134	1.51	.06	5.959	.000	0.72
	Dutch	136	.98	.06			
SSS-8	Turkish	102	10.85	.64	3.904	.000	0.52
	Dutch	127	7.43	.59			

Relationship between coping strategies and somatic symptoms and role of culture

H2: Since avoidance is not necessarily detrimental in the collectivistic cultures, Turkish bereaved will have similar somatic symptoms as Dutch bereaved.

Turkish bereaved were significantly different on SSS-8 scores from Dutch bereaved, $t_{(227)} = 3.904$, $p < .01$. The former group has higher levels of reported somatic symptoms ($M = 10.85$, $SE = .64$) than the latter ($M = 7.43$, $SE = .59$).

Moderator analysis was applied to test the moderator effect of culture between EA and SSS-8. When the interaction variable was inserted in the second model, it explained 25.9% of the variance of the dependent variable (SSS-8), $F_{(3, 225)} = 26.177$, $p < .01$. However, the interaction variable did not significantly predict SSS-8 ($\beta = .072$, $p > .05$) even after adjusted for gender ($\beta = .128$, $p > .05$). Therefore, culture could not fulfill its role as moderator, for which reason H2 was rejected.

Table 5

Moderation Analysis for the relationship between EA and SSS-8 moderated by culture

		<i>Unstd. coeff.</i>		<i>Std. coeff.</i>					
		<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	<i>F</i>	<i>R</i> ²	ΔR^2
	Constant	9.120	.392		23.255	.000			
Model 1	EA	3.008	.396	.446	7.599	.000	38.398*	.254	
	Culture**	-1.107	.401	-.162	-2.757	.006			.005
	Constant	9.220	.400		23.059	.000			
Model 2	EA	2.979	.396	.442	7.525	.000	26.177*	.259	
	Culture**	-1.115	.401	-.163	-2.780	.006			
	Interaction***	.494	.397	.072	1.245	.215			

Dependent variable = SSS-8

* $p < .01$. ** Dummy coded as 0 = TR, 1 = NL. *** EA x Culture

Second moderator analysis was conducted to see the moderator effect of the culture between PR and SSS-8. When the interaction variable was inserted, 9.7% variance of the dependent variable (SSS-8) was accounted for by the second model and it is statistically significant, $F_{(3, 224)} = 7.994$, $p < .01$. Yet again, the interaction variable does not significantly predict SSS-8 ($\beta = .064$, $p > .05$) even after adjusted for gender ($\beta = .073$, $p > .05$). Therefore, culture does not moderate the relationship between PR and SSS-8 either.

Table 6

Moderation Analysis the relationship between PR and SSS-8 moderated by culture

		<i>Unstd. coeff.</i>		<i>Std. coeff.</i>					
		<i>B</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	<i>F</i>	<i>R</i> ²	ΔR^2
	Constant	9.144	.434		21.054	.000			
Model 1	PR	1.222	.456	.182	2.678	.008	11.492*	.093	
	Culture**	-1.279	.467	-.187	-2.738	.007			
	Constant	9.312	.466		19.992	.000			.004
Model 2	PR	1.179	.458	.176	2.573	.011			
	Culture**	-1.284	.467	-.187	-2.749	.006	7.994*	.097	
	Interaction***	.459	.460	.064	.998	.319			

Dependent variable = SSS-8

* $p < .01$. ** Dummy coded as 0 = TR, 1 = NL. *** PR x Culture

Coping Strategies of Turkish-Dutch Bereaved in relation to Acculturation Strategies

H3: Assimilated TR-NL will have similar EA and PR scores as Dutch bereaved while separated TR-NL will have similar EA and PR scores as Turkish bereaved.

H4: Integrated TR-NL will have similar EA scores as Turkish bereaved and PR scores as Dutch bereaved while marginalized TR-NL will have different pattern of EA and PR than Turkish and Dutch bereaved.

Of TR-NL participants, 17 were integrated (19.1%), 29 were assimilated (32.6%), 25 were separated (28.1%), and 18 were marginalized (20.2%). There was no significant difference between four acculturation groups and Turkish bereaved according to their EA and PR scores ($F_{(4, 218)} = 1.862, 1.503, p > .05$, respectively, $F_{(4, 217)} = 1.592, 1.367, p > .05$, respectively, adjusted for gender). Although four acculturation groups and Dutch bereaved did not differ according to their EA scores ($F_{(4, 221)} = 2.221, p > .05, F_{(4, 220)} = 2.889, p > .05$,

adjusted for gender), a significant difference was found between them according to their PR scores ($F_{(4, 220)} = 6.003, p < .01, F_{(4, 219)} = 7.172, p < .01$, adjusted for gender). To determine which groups are significantly different, Bonferroni Post-hoc test was conducted. It was found that TR-NL who are integrated ($M = 1.59, SE = .15$) and assimilated ($M = 1.52, SE = .14$) have significantly higher PR scores than NL ($M = .98, SE = .06$).

Therefore, H3 was partially confirmed because the separated TR-NL were similar on EA and PR to TR as expected, but assimilated ones was same on EA, but higher on PR than NL. Furthermore, since integrated TR-NL had similar EA scores as TR, but higher PR scores than NL and marginalized ones were similar on EA and PR score to TR and NL, H4 was partially supported.

Table 7

One-Way ANOVA for the differences between TR-NL, TR and NL groups in their coping strategies

		<i>N</i>	<i>M</i>	<i>SE</i>	<i>F (vs. TR)</i>	<i>F (vs. NL)</i>
EA	Integration	17	1.03	.19		
	Assimilation	29	.75	.12	1.862	2.221
	Separation	25	1.12	.14	($\eta_p^2 = .033$)	($\eta_p^2 = .039$)
	Marginalization	18	.75	.13		
PR	Integration	17	1.59	.15		
	Assimilation	29	1.52	.14	1.503	6.003*
	Separation	25	1.16	.13	($\eta_p^2 = .027$)	($\eta_p^2 = .098$)
	Marginalization	18	1.37	.14		

* $p < .05$

Somatic Symptoms in relation to Acculturation Strategies

H5: Integrated and assimilated TR-NL will have less somatic symptoms than separated and marginalized TR-NL.

There was a significant difference between four acculturation groups according to their SSS-8 scores, $F_{(3, 85)} = 2.818, p < .05$. Bonferroni Post-Hoc results indicated that there was only one significant group difference, which is that separated TR-NL ($M = 10.65, SE = 1.87$) had significantly higher SSS-8 scores than marginalized TR-NL ($M = 7.94, SE = 1.49$). When gender was considered as covariate, this difference became insignificant, too ($F_{(4, 220)} = 2.628, p > .05$). In both cases, H5 was not supported.

Table 8

One-Way ANOVA Results for differences between NL-TR sub-groups on somatic symptoms

		<i>N</i>	<i>M</i>	<i>SE</i>	<i>F</i>	<i>p</i>	η_p^2
SSS-8	Integration	17	10.65	1.87	2.818	.044	.090
	Assimilation	29	9.97	1.26			
	Separation	25	14.04	1.53			
	Marginalization	18	7.94	1.49			

Discussion

The present study investigated the differences in loss coping strategies between people living in a Dutch and Turkish culture and the role of culture in the relationship between these strategies and somatic symptoms. Additionally, Turkish immigrants in the Netherlands were part of the study to examine whether level depending on the of acculturation of them was linked to the level of similarity of these strategies to host or original culture.

As expected, Turkish bereaved were more inclined to use avoidance to deal with the loss than Dutch bereaved. This finding supports the view that avoidant coping with stressful events such as bereavement is less common among individualistic than collectivistic cultures (Bonanno et al., 2005; Kuo, 2011). Contrary to the expectations, Turkish bereaved used positive reappraisal more often than Dutch bereaved persons. This may partly be explained by the conceptual overlap between religious coping and positive reappraisal, although the instrument used for assessing positive appraisal was cleaned of conceptual overlap by removing items obviously representing the former. That is, positive reappraisal means attaching positive meaning to the stressful events (Garnefski et al., 2002), and religion provides a meaning framework for coping with the loss and highly used by the bereaved (Pargament, Koenig, & Perez, 2000; Park, 2005, 2010). Furthermore, collective coping strategies, including religion, are more preferred by collectivistic cultures (Kuo, 2013). Therefore, higher reappraisal scores of Turkish bereaved might have been obtained because religion might be associated with positive reappraisal.

Positive reappraisal was unrelated to somatic symptoms of Turkish and Turkish-Dutch bereaved while negative association was found in Dutch sample. Again, this might be accounted by the religious coping. Its relationship with the after-loss adjustment is inconclusive (Wortmann & Park, 2008; Lord & Gramling, 2014). If it is about religion, to understand better its effect on the adjustment, the studies that will be longitudinal and

focusing on its different aspects are warranted as suggested by Stroebe (2004) because it might result in negative outcomes in the short-term, but positive later (Pearce et al., 2002). If it is not, reappraisal can be conceptualized as 'deliberate effort for meaning making' which might work as rumination (Bonanno et al., 2005). Rumination can act as a form of avoidance, so interfere with healthy adjustment (Eisma et al., 2013). Surprisingly, avoidance was positively associated with somatic symptoms in all groups. The assumption about avoidance not causing somatic symptoms in collectivistic cultures was not confirmed. Since majority of cross-cultural stress coping studies focus on other stressors than bereavement (Kuo, 2011, 2014), harmlessness of avoidance in collectivistic cultures might be specific to them. Therefore, avoidance generally can be related with negative outcomes by hindering processing the loss (Boelen & Eisma, 2015; Eisma et al., 2013).

As expected, separated Turkish-Dutch bereaved showed similarity with Turkish bereaved in their coping responses. There were no significant differences between assimilated and integrated ones and Turkish bereaved in their coping preferences while they had same avoidance, but higher reappraisal scores than Dutch bereaved unlike the expectations. On the other hand, the marginalized group were like both Turkish and Dutch bereaved as opposite of initial assumptions. Overall, their coping preferences are more in line of Turkish bereaved. Moreover, only a difference in somatic symptoms of the immigrant groups was found between marginalized and separated ones with the former having less somatic symptoms, but this seemed to be due to gender difference. These results contradict other studies suggesting that the more immigrants become acculturated, the more they become similar to the host culture and integrated immigrants are better off (Kuo, 2011, 2014; Yakusho, 2010). Present findings can be accounted by the domain-specificity of acculturation. Turkish- Dutch people value Turkish culture more in emotional domains while Dutch culture is more preferred in functional domains (Arends-Toth & van de Vijver, 2004, 2007). Thus, despite of apparent

acculturation levels, all might turn to their original culture to cope with highly emotional situations like bereavement and have similar somatic symptoms.

There are certain limitations of this study. Firstly, this study is cross-sectional, so causal conclusion between loss coping strategies and somatic symptoms cannot be drawn. Secondly, only two coping strategies were included. However, different coping strategies can be used at different times after the loss (Stroebe, Schut, & Boerner, 2017). As abovementioned, positive reappraisal may not be clear at a conceptual level. Lastly, sample size is small to make general conclusion.

On the other hand, the present study is unique in other ways. To our knowledge, it was the first study compared Turkish and Dutch bereaved and examined the coping preferences of Turkish bereaved in the Netherlands according to different acculturation levels. Also, it depicts negative consequences of grief avoidance regardless of culture.

Implications and Future Recommendations

To firmly delineate the relationship between coping strategies and after-loss adjustment, longitudinal studies are warranted. To prevent the conceptual confusion between reappraisal and religion, they should be defined clearly. Then, relevant measurements can be used to reveal the phenomenon. Also, to understand better the differences between the cultures in loss coping, it might be enlightening to design a study using an interview technique. It allows to capture all strategies employed by the bereaved. Additionally, it is recommended to use different collective and individualistic countries including different immigrant groups to generalize the current findings. Lastly, although the effects of bereavement related variables (closeness, cause of death, etc.) were controlled, they might cause differences in coping preferences. So, current findings should be replicated.

There are some implications of present findings for practice. Clinicians should be aware of cultural differences in coping with loss, so offer a culture-sensitive care to their clients by considering negative consequences of avoidance regardless of culture.

Also, no matter of their acculturation status, Turkish-Dutch can embrace Turkish culture more to cope with loss. Dutch clinicians should take this into consideration, otherwise approaching from individualistic perspective may not be helpful for them.

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