



Universiteit Utrecht

Masters' of Clinical Psychology

Cross cultural differences in perception and attribution of self-inflicted death, and how that relates to grief.

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Abstract

The study examined differences in the attitudes towards suicide death, in terms of stigma and suicide bereavement experience between individuals in individualistic and collectivistic cultures. Based on existing literature, it was hypothesized that: the attitudes towards suicide bereaved individuals and grief reaction, differ in individualistic and collectivistic cultures in terms of stigma and feelings of blame. For suicide bereaved people the levels of stigma and blame would be higher in collectivistic cultures, than in those considered to be more individualistic. That expectation was set, as in collectivistic cultures the social connectedness and the conformity to norms are highly valued in contrast with individualistic, where there is more tolerance to deviation from the norms. Thus, that deviation can arise to stigma. N=444 participants were recruited from seven different countries (Serbia, Greece, Lebanon, The Netherlands, United states, Germany and Turkey), who had not experience the loss of a significant other the last five years. The results showed higher level of stigma in the collectivistic cultures than in those considered to be more individualistic, opposite to our expectations. No differences in the levels of blame were found. Potential explanations concerning the results are discussed, as well as the limitations that might have influenced our findings. Future research would contribute to a better understanding of the stigma in suicide bereavement experience in the various cultures, as well as to effective ways of support towards people bereaved by suicide.

Keywords: suicide death, bereavement experience, stigma, blame, culture, individualistic, collectivistic.

Introduction

Grief is considered a universal phenomenon which people from various cultures will go through in their lives (Maruyama & Atencio, 2008). However, Heyslip and Peveto, (2005) state that the manifestation of the reactions to death is not universal. It is supposed that the cause of death in combination with the cultural context play an important role on the grief reaction as well as in the attitudes of the society toward the bereaved person.

Bereavement after a traumatic death may differ from bereavement following natural death. Traumatic deaths, like those that occur as a result of homicide, suicide, accident or illicit drug use for example, may leave survivors feeling stigmatized. These circumstances have consequences for the social attitudes which may affect the display of mourning (Chapple, Ziebland & Hawton, 2015). Some of the psychological dimensions underlying suicide death, are the unexpectedness/expectedness, self-inflictedness and intentionality as well as moral objection. Furthermore, according to Hofstede, (2001), each culture has dimensions, which makes its contexts different from each other. One dimension of major importance is the individualistic and collectivistic identity of each culture, which will be taken into consideration in analysing the attitudes towards suicide bereavement.

Self inflictedness, in this context is defined as dying by one's own hand or provoking one's own death (Frey, 1981). Self-inflicted death encloses intentionality, which underlies the death of the person who commits suicide, and intends to end his/her own life. De Leo, et al., (2006), in their paper about definitions of suicidal behaviour, state that in the case of suicide death, the deceased person knowing and expecting the potential outcome, has started and carried out his/her fatal act with the purpose to bring about this outcome. However, not all suicides are intentional and not all other causes of death are not intentional such as an accident or smoker's lung cancer. Suicide can be a mean of communication one's extreme feelings of

desperation-crying for help, without actually seeking the death in the end (Singh, 2018). Overall, suicide is usually considered by the public to be an intentional act while other causes of death are not. Thus, that brings back suicide and intentionality to one and the same thing.

Examining the attitudes and grief reactions after suicide death of suicide survivors, Feigelman, Gorman and Jordan, (2009) conducted a study in which they examined the following: responses of parents who had lost a child by suicide compared with other traumatic death or natural causes. Their main findings illustrated more convergence between these populations than divergence. Thus, they explain that sudden traumatic deaths including suicide, homicide, as well as traumatic accidental deaths would evoke in general similar responses among the bereaved. However, they identified one difference, that people bereaved by suicide death are confronted with social stigma, fact that makes their mourning process more complicated. Hanschmidt et al, (2016) in their systematic review about social stigma, compared the experiences of stigma in suicide bereaved people with natural death's bereaved populations. The results showed that suicide survivors experienced higher levels of stigma in form of blame than natural death survivors.

Regarding the culture, it can mould both people's personalities and attitudes (Bhugra, 2013). It is considered a dynamic system of actions and a set of norms about how things ought to be interpreted (Walter, 2010). Cultures differ with each other on the basis of certain dimensions like collectivism–individualism. These dimensions though, do not mean that individuals' behaviour is determined by the culture, but their attitudes are affected by it to a certain extend. Potentially, the attitudes towards psychiatric conditions as well as suicide and self-harm, are affected too (Bhugra, 2013). A collectivistic culture is built on a foundational unit consisting of a group of individuals. The society in collectivistic cultures implants the need to provide interconnected groups in which the emotional interdependence, and sharing of

responsibility are of major importance (Trim, 2016). In contrast, in the individualistic ones, the foundational unit is the individual (Oyersman & Lee, 2008). They promote self-sufficiency, care and distinction of self, as well as autonomy (Trim, 2016). Concerning suicide death, Pitman et al., (2018), conducted a cross-sectional study, in order to identify similarities and differences in the experiences reported by suicide bereaved people. They found higher levels of blame and concealment of the cause of death in collectivistic cultures than in individualistic. Furthermore, concerning the attribution of suicide death, differences have been found among individualistic and collectivistic cultures. Specifically, Hanschmidt et al.(2016), found that stigma related to suicide is attributed to mental illness in United States and Australia, which are considered by Papadopoulos, Foster & Caldwell, (2012) individualistic cultures. Stigma towards mental illness found to be lower there, than in collectivistic cultures. That can be explained because in collectivistic cultures, the conformity to norms and interconnection are highly valued in contrast with individualistic where there is more tolerance to deviation from the norms. Therefore, mental illness is perceived as deviation from the norms and thus, stigmatised (Papadopoulos, Foster & Caldwell, 2012).

Through the present study, encouraged from existing findings, we have the expectation to address the following hypothesis: the attitudes towards suicide bereaved individuals and grief reaction, differ in individualistic and collectivistic cultures in terms of stigma and feelings of blame. For suicide bereaved people the levels of stigma and blame will be higher in collectivistic cultures, than in cultures considered to be more individualistic.

Methods

Design

The present study is a part of a broader cross sectional online research project, about grief and culture, involving the participation of participants from seven countries, with the

objective to test differences between individualistic and collectivistic cultures in attitudes towards and expectations of bereavement experiences caused by suicide. Participants who completed the survey had not lost a significant other over the last five years. The researchers were Clinical Psychology Masters' students who collaborated, coming from the particular seven countries.

Participants

In the present study participants from seven countries - Greece, Turkey, Serbia, Germany, The Netherlands, United States, Lebanon - participated, which were chosen as they were the researchers' countries of origin. The sample was divided into individualistic and collectivistic cultures, according to Hofstede, Hofstede and Minkov (2010). The sample comprised of 444 participants, from which 298 were female (67%) and 146 male (33%). The age range of the sample was 15-96 years old (mean 33, SD=13.7). Based on their country's cultural identity according to Hofstede, Hofstede and Minkov (2010), 155 participants lived in individualistic cultures (N=45 Germany, N=69 The Netherlands, N=41 US) and 289 in collectivistic cultures (N=134 Greece, N=83 Turkey, N=61 Serbia, N=11 Lebanon). Significant differences between collectivistic and individualistic cultures were present on the following demographic variables: age, $t=2.18$, $p=.000$, marital status, $\chi^2=14.5$, $p=.001$, area of residence $\chi^2(1) = 34.7$, $p = .000$, and household income $\chi^2=21.39$, $p=.000$ (see Table 1).

Table 1: Summary of demographic information by individualistic and collectivistic culture

Variable	Individualism	Collectivism	<i>t</i>	<i>Df</i>	<i>P</i>
Age (in years)	N = 157	N = 285	2.18	44	.000
<i>M</i> (<i>SD</i>)	35,2 (\pm 16.4)	32.21 (\pm 12)			
Range	15-77	18-96			

	N (%)		χ^2	Φ	P
Gender	N = 153	N = 290	.092	.01	.762
Female	104 (68%)	193 (66.9 %)			
Male	49 (32 %)	97(33.4 %)			
Area of residence	N = 157	N = 288	34.7	1	.000
Large city	90 (57.3 %)	239 (83 %)			
Rural area/village	67 (42,7%)	49 (17%)			
Education level	N = 157	N = 255	2.9	.08	.224
Primary school/ High school	37 (23.6%)	43 (16.9%)			
Vocational School/ Some university	54 (34.4%)	90 (35.3%)			
University undergraduate/ graduate	66 (42%)	122 (47.8%)			
Marital Status	N = 157	N = 287	14.5	.18	.001
Married/living together	78 (49.7 %)	91 (31.7 %)			
Widowed/ Divorced	9 (5,7%)	16 (5,6%)			
Single	70 (44.6 %)	180 (62.7 %)			
Employment	N = 141	N = 288	4.91	.10	.085
Employed full/ part-time	80 (56,7%)	164 (56.9%)			
Unemployed/retired/disabled	20 (4.2%)	62 (21.5%)			
Student	41 (29.1%)	62 (21.5 %)			
Household income	N = 156	N = 287	21.39	.22	.000
Under \$10,000	39 (25.0 %)	77 (26.8 %)			
\$10,000 - \$29,999	23 (14.7%)	92 (32.1%)			
\$30,000 - \$49,999	37 (23,7%)	48 (16.7%)			
\$50,000 - and above	31 (19.9%)	30 (10.5 %)			
Prefer not to say	26 (16.7%)	40 (13.9 %)			
Religious affiliation	N = 291	203.5	.67	.000	
Christian: orthodox	127 (43.6 %)				
Christian: protestant/ roman catholic	11 (6%)				
Muslim – Shia/ Sunni	44 (24.2%)				
Other	23 (7.9%)				
Not religious	85 (29.2%)				

Instruments

A brief questionnaire (see Appendix B) was administered in order to obtain the basic demographic information about country of origin/ nationality, age, gender, level of education, marital status, occupation, annual income and religion affiliation. Ethnicity was asked only for United States and Lebanon.

Suicide Opinion Questionnaire (see Appendix C)

The attitudes towards suicide death were measured using the Suicide Opinion Questionnaire (SOQ) . The SOQ was originally developed by Domino et al., (1982) in order to assess attitudes toward suicide among communities, evaluate training and education programmes for professionals (Kodaka et al, 2010). In its current version the SOQ consists of 8-factors (mental illness, cry for help, right to die, religion, impulsivity, normality, aggression, morally bad), with Cronbach 's alpha reliability coefficients $\alpha > 0.70$ (Domino, 2005). In the present study only 4 items were used, addressing the hypotheses. The current alpha for those specific items was calculated to .55. Cronbach's alpha 'if item deleted was calculated .57. As, not significant rise was found, all the 4 items were used. The SOQ respondents' rates were on a 5-point Likert scale, from 1= strongly agree to 5= strongly disagree.

Grief Experience Questionnaire (GEQ) (see Appendix C)

In order to compare participants' expectations for bereavement experience and grief reaction of suicide survivors with those of natural death in the two country groups, the Grief Experience Questionnaire (GEQ) (Cronbach alpha .97) was used (Barrett & Scott, 1989). From the 55 items of the original questionnaire, 10 items were selected to be used in the present study for two reasons: the first reason was to precisely address the hypothesis and the second for ethical issues such as the sensitivity of the research subject. From those, 4 items were excluded again because of the ethical reason of sensitivity. Finally, 6 items were included in the statistical

analysis. The internal consistency was satisfactory with Cronbach's alpha .79. The items of the GEQ, were answered on a 5-point Likert scale, scored as 1=never, 2=rarely, 3=sometimes, 4=often, 5= almost always. So the higher the score, the greater feelings of stigma and blame, the participants would report.

Procedure

The survey was created using the Qualtrics software. All the scales used were translated to Greek, German, Dutch and Turkish language by the researchers coming from each country. Participants were contacted and invited via email, through colleagues and institutions as well as by sharing the questionnaire in social media in all the aforementioned countries. The survey took place from January to February 2018. A link directed the participants to the survey and a question was asked about whether respondents had lost a significant other the last five years. Positive and negative answer directed them to the grief bereavement questionnaire and to the attitudes' questionnaire respectively.

An informed consent form (see Appendix A) was used containing information about the purpose and the procedure of the study as well as on the benefits, risks, confidentiality of the survey and protection of personal data. Participation in the survey was voluntary, therefore participants were able at any time to terminate their participation. Participants, N=103, who did not reply to basic demographic questions or did not complete the whole scales of the questionnaires were excluded from the analysis. However, the software allowed them to leave unfulfilled items, due to the sensitivity of the questions about loss and grief. The approximate time needed for the completion of the questionnaire concerning the attitudes was 20 minutes. In the end, the participants were thanked for their time in participating to the survey.

Statistical Analysis

Data analysis was performed using IBM SPSS 25. Inspection of the data took place for missing values. The cases with more than two missing data were excluded, to prevent any biases in the results, while in the cases (participants) with one or two missing values, those were replaced with the mean of the nearby scores. Then, the total scores of the Suicide opinion questionnaire and the Grief experience questionnaire for each participant were calculated. Inspection for the assumption of normality was performed to check the distribution of the participants using Kolmogorov-Smirnoff tests. Checks for the assumptions of homogeneity of variances, homogeneity of regression slopes, and correlation among covariates were performed too.

In order to examine the hypothesis that the level of stigma and blame in suicide bereaved individuals would be higher in collectivistic cultures compared to the individualistic ones, two two-way ANCOVA (analysis of covariance) were performed. This statistical analysis was chosen aiming to give more insight about potential differences between the two groups on the basis of culture along with background demographic information. Marital status of the participants was tested as a factor in the same vein with the independent variable of the country group.

Concerning the levels of stigma, the total score of stigma was the dependent variable, the country group (individualistic & collectivistic cultures) and marital status were the fixed factors and the age, household annual income and area of living were the covariates. Next, in the second two-way ANCOVA, the total scores of blame was the dependent variable, the country group (individualistic & collectivistic cultures) and marital status were the fixed factors and household annual income and area of living were the covariates. The examination of the aforementioned demographic variables was conducted as chi-squared calculations showed significant effect size.

Results

Descriptive data for measures of Suicide Opinion Questionnaire (SOQ) and Grief Experience Questionnaire (GEQ) are presented in Table 2.

In order to assess the differences in the levels of stigma and blame due to suicide death in individualistic and collectivistic cultures, two two-way ANCOVAs were used. Preliminary checks were conducted for the assumptions of normality, homogeneity of variances, homogeneity of regression slopes, and correlation among covariates.

Concerning the levels of stigma towards hypothetical suicide bereaved individuals, the analysis revealed a significant main effect for the country group (individualistic-collectivistic), $F(5.37)=.021$, $p<.05$, $\eta^2=.012$. However, contrary to our expectation, participants from individualistic countries scored higher than collectivistic ones ($M=12.8$ vs $M=12.1$) (see Table 2.). A non-significant interaction was found between country group (individualistic-collectivistic) and marital status of the participants, $F(.95)=.38$ ns. That means that non-significant differences exist on the effect of marital status and country group on the expected levels of stigma. Also, the dependent variable has not been found to be affected by the confounding variables.

Concerning blame in bereavement reaction due to suicide death, the analysis revealed again, a non-significant interaction effect $F(.10)=.9$, ns, between the country group (individualistic-collectivistic) and marital status of the participants. That means that non-significant differences exist on the levels of blame in suicide bereavement, caused by the country group and marital status. Also, the analysis, revealed non-significant main effects for all the variables: country group (individualistic-collectivistic) and marital status. Again, no effect on the dependent variable was found, caused by the confounding variables.

Table.2 Means and standard deviations per country group for the variable **Stigma and Blame**

	Individualistic		Collectivistic	
	M	SD	M	SD
Level of Stigma	12.8	2.81	12.1	3.1
Level of Blame	14.6	4.4	13.3	4.7

DISCUSSION

The aim of the present study was the examination of differences between individualistic and collectivistic cultures in the attitudes as well as expectations of bereavement experiences in death caused by suicide. More specifically, it was hypothesized that the levels of stigma and levels of blame in suicide bereavement experience would be higher in collectivistic cultures than in cultures considered to be more individualistic.

The findings of the study, did not support the hypothesis. Explicitly, we did not find higher levels of stigma and blame in collectivistic cultures than in individualistic ones, as was expected. However, a significant difference was revealed with higher levels of stigma due to suicide in individualistic cultures. The hypothesis was based on the idea that in the cultures with collectivistic identity, the individual is strongly related to the social group and is characterised by conformity to norms and hence the ties among individuals are essential. Therefore divergence from social norms could be seen as censurable. In that sense, collectivistic cultures are more conservative and traditional than those characterized as more individualistic. The latter, are seen more open to the deviation as the identity is based on the individual (Papadopoulos, 2009).

Nevertheless, the findings of the study could imply that the social connectedness among people in individualistic cultures might lead to social loneliness. In those cultures the bonds among family members and other primary groups are weaker than those in a collectivistic society (Lykes & Kemmelmeier, 2014). Thus, interdependence and support are not primarily present. In addition, in the cultures that people experience social loneliness, empathy would be

also low (Van Staden & Coetzee, 2010) which would lead them to judge and label/ stigmatize others.

Concerning the levels of blame in the suicide bereavement experience, no significant difference was found between the two country groups. That finding, could be attributed to the fact that in the present study the population was non-bereaved individuals, who could not experience the feelings of the suicide loss by answering the survey. Furthermore, three demographic variables were examined-age, household income, area of residence- which were found with non-significant effect on the dependent variables. From that finding we could assume that they did not affect people's opinion towards suicide death and thus stereotypes might were not present. However, there is a difficulty to explain the results on a greater scale, because of the absence of demographic data's effect.

Taking all into consideration, opinions about suicide death as well as the way that people would react in the loss of a significant other by suicide, are both shaped by personal, social and cultural aspects. This aspect though could not be seen as black or white. Also, methodological issues are of major importance in order to obtain a clearer image of the attitudes in suicide death, stigma and grief experience.

Limitations & Future Research

The findings of this study have to be seen in the light of some limitations. Firstly, the fact that the study is of a cross-sectional design, seeking for attitudes and bereavement experiences in non-bereaved population in a limited period of time, puts barriers to generalization of the results. A longitudinal design would be more appropriate to address those criteria and strengthen the confidence of the results.

Secondly, an important methodological limitation exists concerning the instruments used. Ten items in total were selected to be included in the statistical analysis, mainly for ethical reasons. From the SOQ, only four items were used, which may be weak indicators and thus

may have influenced the results. Scales with more items which are focused on the various variables aimed to be measured, would reassure more accurate results.

Thirdly, another limitation is the fact that there was a significant deviation in the samples' size, between the two country groups, N=289 in collectivistic and N=155 in individualistic cultures. That difference in the population may have influenced the results, which again does not allow generalization. Country groups with less deviation in the sample size of participants would give a more representative picture of differences on how people view suicide death and the bereavement experience.

Fourthly, the translation of the questionnaires was carried out by the researchers who were native speakers. However, as no validation check was performed, it is possible that the questionnaires' items differed in the meaning or were interpreted differently in each country, and hence put the results at risk.

Finally, some participants contacted the researchers to express doubts about whether or not they could be considered bereaved or non-bereaved, in the cases that their loss had occurred more than five years ago.

Conclusions

Considering what had been stated above, the present study examined potential differences between individualistic and collectivistic cultures concerning the attitudes and expectations of bereavement experience in suicide deaths cases. In contrast with what was expected, higher levels of stigma were found in individualistic cultures. Our initial expectation for higher levels of stigma in the collectivistic ones, was due to the collectivist's value of the strong social network and the fact that individuals should comply to this. However, social loneliness and the following low empathy could potentially lead to judgement and stigmatization. The reported limitations of the study may affect the generalizability and validity of the results. Further research which will take the reported limitations into consideration and

extend the design to suicide bereaved individuals is needed to shed more light in the stigma caused by suicide death and the bereavement experience cross culturally. What's more, this insight, could potential help for well-adjusted interventions to be designed for suicide bereaved individuals.

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Appendix A

Informed Consent

USA & Lebanon

Informed Consent

This form is to provide you information that may affect your decision as to whether or not to participate

in this research study. If you decide to be involved in this study, this form will be used to record your consent.

Purpose of the Study

You have been asked to participate in a research study about beliefs about **grief across cultures**. The purpose of this study is **to enhance understanding about grief**.

What will you be asked to do?

If you agree to participate in this study, you will be asked to

Respond to questionnaires regarding your beliefs about grief.

This study will take approximately **20 minutes**.

What are the risks involved in this study?

The possible risk associated with this study are minimal. Risks associated with this study are **emotional discomfort**.

What are the possible benefits of this study?

You will receive no direct benefit from participating in this study; however, **by participating in this study you are contributing to further knowledge regarding the experience of a**

loss of an important person and findings from this study may lead to a better understanding regarding this experience.

Participation or Withdrawal

Your participation in this study is **voluntary**. You may decline to answer any question by skipping them and you have the right to withdraw from participation at any time. If you do not want to participate either simply stop participating or close the browser window.

If you would like to participate **continue reading and click next once you have finished.**

Will there be any compensation?

There is **no** financial compensation for participation in this study.

How will your privacy and confidentiality be protected if you participate in this research study?

Limiting personal identifying information, including your name, will ensure your privacy and confidentiality. The information you provide will only be shared with researcher involved in the project.

Whom to contact with questions about the study?

If you have any questions about the study or if you feel that you have been harmed, contact the principal researcher, **Henk Schut Ph.D.** by sending an email to **h.schut@uu.nl**

Dr. Henk Schut is in the Department of Clinical Psychology at Utrecht University and has over 20 years of experience in research. Together with Dr. Margaret Stroebe, he developed the 'Dual process model of coping with bereavement'. He has also written several books and articles on grief. University page: <https://www.uu.nl/staff/hschut/0>

Participation

If you agree to participate **please select that choice and click next to begin.**

Greece

Έντυπο συγκατάθεσης συμμετοχής σε έρευνα

Το παρακάτω έντυπο σας παρέχει πληροφορίες που αφορούν την επιλογή σας να συμμετέχετε ή όχι στην έρευνά μας. Εάν αποφασίσετε να συμμετάσχετε αυτό δηλώνετε με το παρακάτω έντυπο συγκατάθεσης.

Σκοπός της έρευνας

Καλείστε να συμμετάσχετε στην παρακάτω ερευνητική μελέτη σχετικά με τις πεποιθήσεις για το πένθος σε διαφορετικές κουλτούρες. Ο στόχος της έρευνας είναι η καλύτερη κατανόηση του πένθους ως φαινόμενο ανά τον κόσμο.

Τι θα σας ζητηθεί να κάνετε

Αν συμφωνήσετε να συμμετάσχετε στην έρευνα, θα σας ζητηθεί να συμπληρώσετε ερωτηματολόγια σχετικά με τις πεποιθήσεις σας για το πένθος.

Ο χρόνος που θα χρειαστείτε για την συμπλήρωση είναι **περίπου 20 λεπτά.**

Υπάρχει κάποιο ρίσκο από την συμμετοχή μου στην έρευνα;

Το πιθανό ρίσκο είναι ελάχιστο και αφορά **ενδεχόμενη συναισθηματική δυσφορία.**

Ποιά είναι τα πιθανά οφέλη από την συμμετοχή μου στην έρευνα;

Παρόλο που δεν υπάρχει κάποιο άμεσο όφελος, συμμετέχοντας στην έρευνα αυτή **συμβάλετε στην διεύρυνση της κατανόησης της εμπειρίας του πένθους για την απώλεια κάποιου σημαντικού ανθρώπου.**

Συμμετοχή ή Αποχώρηση

Η συμμετοχή σας στην έρευνα είναι **εθελοντική.** Μπορείτε να αρνηθείτε να απαντήσετε οποιαδήποτε ερώτηση παραλείποντάς την. Μπορείτε επίσης να αποσύρετε το εν λόγω έντυπο

συγκατάθεσης οποιαδήποτε στιγμή και για οποιονδήποτε λόγο απλά κλείνοντας την ιστοσελίδα.

Αν θέλετε να συμμετάσχετε **συνεχίστε το διάβασμα και πατήστε επόμενο (next) όταν τελειώσετε.**

Υπάρχει κάποια αποζημίωση/ αμοιβή;

Δεν δίνετε χρηματική αμοιβή για την συμμετοχή σε αυτή την έρευνα.

Προστασία προσωπικών δεδομένων και εμπιστευτικότητα

Η συμπλήρωση των ερωτηματολογίων γίνεται ανώνυμα έτσι ώστε να διασφαλιστεί η ιδιωτικότητά σας. Οι πληροφορίες που δίνετε θα γίνουν γνωστές μόνο σε μέλη της ερευνητικής ομάδας.

Σε ποιόν μπορώ να απευθυνθώ αν έχω περισσότερες ερωτήσεις σχετικά με την έρευνα;

Σε αυτή την περίπτωση ή εάν νιώσετε ότι η έρευνα σας έβλαψε, μπορείτε να επικοινωνήσετε με τον επικεφαλής της έρευνας καθηγητή **Henk Schut (Ph.D)** μέσω του email: **h.schut@uu.nl**.

Ο Δρ. Henk Schut είναι καθηγητής του τμήματος Κλινικής Ψυχολογίας στο Πανεπιστήμιο της Ουτρέχτης και έχει πάνω από 20ετή εμπειρία στο χώρο της έρευνας. Μαζί με την Dr. Margeret Stroebe, ανέπτυξε το Διπολικό μοντέλο για την αντιμετώπιση του πένθους. Έχει επίσης γράψει διάφορα βιβλία και άρθρα σχετικά με το πένθος. Σελίδα πανεπιστημίου: <https://www.uu.nl/staff/hschut/0>

Συμμετοχή

Αν συμφωνείτε να συμμετάσχετε στην έρευνα, **παρακαλώ επιλέξτε το αντίστοιχο πεδίο και στη συνέχεια πατήστε επόμενο (next).**

Turkey

Informed consent

Bu çalışma, Utrecht Üniversitesi Klinik Psikoloji Yüksek Lisans öğrencileri Bujen Oğuz, Gülşah Kurt ve Fulin Kurtkaya tarafından Dr. Henk Schut süpervizörlüğünde yürütülmekte olup, yas sürecinin kültürlerarası karşılaştırılmasına yönelik kapsamlı araştırmanın bir parçasını oluşturmaktadır. Bu çalışma yas sürecini daha iyi anlamak için düzenlenmiştir. Tüm soruları tamamlamak yaklaşık 25 dakikanızı alacaktır.

Bu çalışmada katılımınız tamamen gönüllülük esasına dayanır. Çalışmaya katıldıktan sonra dahi herhangi bir sebep göstermeksizin ve sorumluluk altında kalmadan araştırmayı bırakabilirsiniz.

Çalışma boyunca ve sonrasında gizliliğiniz korunacak ve kişisel bilgileriniz üçüncü şahıslarla paylaşılmayacaktır. Çalışma sonuçları sadece akademik amaçla kullanılacaktır. Sonuçlar isteğiniz üzerine araştırma tamamlandıktan sonra sizinle paylaşılacaktır.

Çalışmayı bitirdikten sonra sorularınızı ve/veya endişelerinizi iletmek isterseniz aşağıdaki iletişim bilgileriyle bize ulaşabilirsiniz.

Sorumlu araştırmacılar: Bujen OĞUZ b.oğuz@students.uu.nl

Gülşah KURT g.kurt@students.uu.nl

Fulin KURTKAYA f.kurtkaya@students.uu.nl

Sorumlu süpervizör: Dr. Henk Schut h.schut@uu.nl

Dr. Henk Schut Utrecht Üniversitesi Klinik Psikoloji Bölümü öğretim üyesidir ve yaklaşık 20 yıldır araştırma alanında çalışmaktadır. Dr. Margaret Stroebe ile birlikte 'Çift Süreç Teorisi'ni geliştirmiştir. Aynı zamanda yas hakkında pek çok makale ve kitap yazmıştır.

Websitesi: <https://www.uu.nl/staff/hschut/0>

The Netherlands

Informed Consent

Dit formulier geeft u informatie die uw beslissing kan beïnvloeden over het wel of niet deelnemen aan dit onderzoek. Wanneer u beslist wel deel te nemen aan het onderzoek zal dit formulier gebruikt worden om uw toestemming hiervoor op te tekenen.

Doel van het onderzoek

U bent gevraagd om deel te nemen aan een onderzoek over opvattingen over rouw in verschillende culturen. Het doel van dit onderzoek is het verkrijgen van meer begrip over rouw.

Wat wordt er van u gevraagd?

Wanneer u instemt met deelname aan dit onderzoek wordt er van u gevraagd om de vragenlijsten in te vullen met betrekking tot uw opvattingen over rouw. Dit onderzoek zal ongeveer 20 minuten duren.

Wat zijn de risico's aangaande dit onderzoek?

Het mogelijke risico dat samengaat met dit onderzoek is minimaal en draait om emotioneel ongemak.

Wat zijn de mogelijke voordelen van deze studie?

U zult geen direct voordeel ervaren van de deelname aan dit onderzoek. Doordat u deelneemt aan deze studie draagt u echter wel bij aan het vergaren van meer kennis over de houding van anderen ten opzichte van rouwende mensen. Bevindingen van deze studie leiden dan ook tot een beter begrip over deze opvattingen.

Deelname of intrekken van deelname

Uw deelname aan dit onderzoek is vrijwillig. U mag weigeren een vraag te beantwoorden door deze simpelweg over te slaan. Daarbij heeft u ook het recht om uw deelname op elk moment in te trekken. Wanneer u niet wilt deelnemen, kunt u gewoon stoppen met deelname of het browservenster sluiten.

Wanneer u wel wilt deelnemen, **ga dan verder met lezen en klik op ‘volgende’ wanneer u klaar bent.**

Zal er een compensatie zijn?

Er is **geen** financiële compensatie voor deelname aan dit onderzoek.

Hoe wordt uw privacy en vertrouwelijkheid beschermd wanneer u deelneemt aan dit onderzoek?

Het beperken van persoonlijk identificeerbare informatie, inclusief uw naam, zal ervoor zorgen dat uw privacy en vertrouwelijkheid wordt verzekerd. De participanten zullen op geen enkele manier traceerbaar zijn vanuit de resultaten van dit onderzoek. De informatie die u geeft, zal alleen gedeeld worden met de onderzoekers die betrokken bij het project zijn.

Met wie kunt u contact opnemen voor vragen over het onderzoek?

Wanneer je vragen hebt over het onderzoek of wanneer u het gevoel heeft dat u beschadigd wordt, kunt u contact opnemen met de hoofdonderzoeker. Een mail kan gestuurd worden naar Henk Schut via het volgende e-mailadres: h.schut@uu.nl.

Dr. Henk Schut werkt aan de Universiteit van Utrecht op de afdeling Klinische Psychologie en heeft meer dan 20 jaar onderzoekservaring. Samen met Dr. Margaret Stroebe heeft hij het ‘Duale procesmodel’ ontwikkeld over de omgang met rouw. Ook heeft hij verschillende boeken en artikelen geschreven aangaande de thema's verdriet en rouw. Voor meer informatie kunt u terecht op zijn pagina van de Universiteit Utrecht (<https://www.uu.nl/staff/hschut/0>).

Deelname

Wanneer u instemt met deelname aan het **onderzoek selecteer deze keuze dan en klik op ‘volgende’ om te beginnen.**

Serbia

Informed Consent

Tekst koji sledi sadrži informacije koje mogu uticati na vašu odluku da učestvujete ili ne učestvujete u ovom istraživanju. **Ukoliko odlučite da želite da učestvujete u ovom istraživanju, ovaj dokument će služiti kao zvanična potvrda vašeg pristanka.**

Svrha istraživanja

Zamolili bismo vas da učestvujete u istraživanju koje se tiče **kulturnih razlika u procesu žalovanja**. Cilj ovog istraživanja je **bolje shvatanje ljudske žalosti**.

Šta će se tražiti od vas?

U slučaju da pristanete na učešće u ovom istraživanju, od vas će se tražiti da odgovorite **na pitanja vezana za ljudsku žalost**.

Odgovaranje na ova pitanja ne bi trebalo da vam oduzme više od **20 minuta**.

Koji su mogući rizici učešća u ovom istraživanju?

Rizici učešća u ovom istraživanju su minimalni. Učešće u ovom istraživanju sa sobom nosi rizik **doživljavanja emotivne uznemirenosti**.

Koje su moguće dobiti učešća u ovom istraživanju?

Učešćem u ovom istraživanju nećete ostvariti nikakvu direktnu dobit. Međutim, učešćem u ovom istraživanju **obezbedićete informacije o različitim pogledima na ljudsko žalovanje nakon gubitka drage osobe**. Ove informacije mogle bi **doprineti boljem shvatanju ljudske žalosti**.

Povlačenje pristanka na učešće u ovom istraživanju

Vaše učešće u ovom istraživanju je u potpunosti **dobrovoljno**. Niste u obavezi da odgovorite ni na jedno pitanje koje će vam biti postavljeno, i **možete slobodno preskočiti svako pitanje na koje ne želite da date odgovor**. Ukoliko se ijednog trenutka predomislite povodom odluke da učestvujete u ovom istraživanju, možete jednostavno zatvoriti stranicu sa pitanjima u vašem internet pretraživaču.

Da li postoji novčana nadoknada za učestvovanje u ovom istraživanju?

Ne postoji mogućnost novčane nadoknade za učestvovanje u ovom istraživanju.

Da li će i na koji način vaši podaci i privatnost biti zaštićeni ukoliko pristanete da učestvujete u ovom istraživanju?

Time što se od vas **ne traže informacije pomoću kojih biste mogli biti identifikovani**, uključujući vaše ime i prezime, obezbeđena je vaša privatnost i zaštićenost podataka. Sve informacije koje pružite, biće dostupne **samo istraživačima** koji su deo ovog istraživanja.

Koga možete kontaktirati ukoliko imate ikakva dodatna pitanja vezana za ovo istraživanje?

U slučaju ikakvih pitanja vezanih za ovo istraživanje, možete kontaktirati koordinatora ovog istraživanja, profesora **Dr. Henk Schuta**, slanjem e-maila na adresu: **h.schut@uu.nl**

Dr. Henk Schut je profesor na Univerzitetu u Utrehtu, sa preko 20 godina istraživačkog iskustva. U saradnji sa Dr. Margaret Stroebe, razvio je “dualni model nošenja sa gubitkom (“Dual Process Model of Coping with Bereavement”), i učestvovao u pisanju brojnih knjiga na temu žalovanja.

<https://www.uu.nl/staff/hschut/0>

Učestvovanje u istraživanju

Ukoliko, nakon svega što je izneto, pristajete da učestvujete u ovom istraživanju, molimo vas da **obeležite odgovarajući odgovor i pritisnete dugme za nastavak.**

Germany

Informed Consent

Dieses Formular dient dazu, Ihnen Informationen zu liefern, die Ihren Entschluss an dieser Studie teilzunehmen beeinflussen können. Falls Sie sich dazu entschließen, an dieser Studie mitzuwirken, dient dieses Formular als Bestätigung Ihrer Zustimmung.

Ziel der Studie

Diese Studie befasst sich mit Überzeugungen bezüglich Trauer **im kulturellen Kontext**. Das Ziel der Studie ist die Erweiterung aktueller Erkenntnisse über den Trauerprozess.

Was erwartet Sie?

Wenn Sie zustimmen, an dieser Studie teilzunehmen, bitten wir Sie verschiedene Fragebögen über Ihre Einstellungen gegenüber Trauer zu beantworten. Die Studie dauert **ungefähr 20 Minuten**.

Was sind die Risiken, die mit dieser Studie verbunden sind?

Die möglichen mit dieser Studie verbundenen Risiken sind minimal. Primär stellen sie emotionale Unannehmlichkeiten dar.

Was sind mögliche Vorteile dieser Studie?

Durch die Teilnahme an dieser Studie entsteht für Sie kein unmittelbarer Vorteil.

Vielmehr **tragen Sie zu einem besseren Verständnis der Erfahrung beim Verlust einer wichtigen Person bei, was zu einem besseren Verständnis dieser Gedanken führen kann**.

Teilnahme und Widerruf Ihrer Teilnahme

Ihre Teilnahme an dieser Studie ist freiwillig. Sie sind nicht dazu verpflichtet jede Frage zu beantworten und können Fragen überspringen. Als Teilnehmer an dieser Studie sind Sie anonym; Ihre Identität ist folglich nicht nachvollziehbar. Sie haben das Recht Ihre Teilnahme jederzeit zu widerrufen. Wenn Sie nicht teilnehmen wollen können Sie die Studie jederzeit stoppen, indem Sie das Browserfenster schließen.

Wenn sie teilnehmen wollen, lesen sie weiter und drücken sie auf "Nächste".

Wird es eine Entlohnung geben?

Es gibt **keine** finanzielle Ausgleichsleistung für die Teilnahme an dieser Studie.

Wie wird Ihre Privatsphäre und Vertraulichkeit gewährleistet?

Die geringe Zahl an persönlich identifizierbaren Informationen, trägt zur **Gewährleistung Ihrer Privatsphäre und Vertraulichkeit** bei. Die von Ihnen angegebenen Informationen sind nur von den Durchführern dieser Studie einsehbar.

Mit wem können Sie bei Fragen über die Studie Kontakt aufnehmen?

Falls Sie Fragen haben sollten oder wenn Sie das Gefühl haben durch die Studie geschädigt worden zu sein, können Sie mit dem Projektleiter Kontakt aufnehmen. **Henk Schut** ist per E-Mail erreichbar unter: h.schut@uu.nl

Henk Schut ist ein Professor an der Universität Utrecht auf der Abteilung Klinische Psychologie und hat mehr als 20 Jahre Untersuchungserfahrung. Zusammen mit Dr. Margaret Stroebe hat er das "**Duale Prozessmodell**" über den Umgang mit Trauer entwickelt. Ferner hat er mehrere Bücher und Artikel über Trauer publiziert. Informationen finden Sie hier: <https://www.uu.nl/staff/hschut/0>

Teilnahme

Wenn Sie **an dieser Studie teilnehmen möchten**, wählen Sie bitte die entsprechende Auswahlmöglichkeit und klicken Sie auf "**Nächste**" um fortzufahren.

Appendix B

Demographic questionnaire

USA & Lebanon

Demographics

1. What is your gender?

- Female

- Male

- Other

2. What is your age?

3. What is your nationality?

- Greek

- Turkish

- American

- Lebanese

- Serbian

- German

- Dutch

- Other

4. Where do you live now?

- Large city

- Suburb/Rural town

- Rural area/Village

5. What is your marital status?

- Married/Living together

- Widowed

- Divorced

- Single

6. What is the highest level of education you've reached?

- Primary school

- High school

- Trade/Vocational school

- Some university

- University Undergraduate

- University Graduate School

7. What is your work situation?

- Employed full-time

- Employed part-time

- Unemployed

- Retired

- On disability

- Student

8. What is your household income per year?

- Under \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - and above
- Prefer not to say

9. What is your religious affiliation?

- Christian: Orthodox
- Christian: Protestant
- Christian: Roman Catholic
- Jewish
- Muslim: Shia
- Muslim: Sunni
- Muslim: Alevi
- Buddhist
- Other
- Not religious

Ελλάδα (Greece)

Δημογραφικές πληροφορίες

1. Ποιό είναι το φύλο σας;

▪Γυναίκα

▪Ανδρας

▪Άλλο

2. Ποια είναι η ηλικία σας;

3. Ποιά είναι η εθνικότητά σας;

▪Ελλάδα

▪Τουρκία

▪Αμερική

▪Λίβανος

▪Σερβία

▪Γερμανία

▪Ολλανδία

▪Other

4. Ποιά είναι η τωρινή σας διαμονή;

▪Μεγάλη πόλη/ Αστικό κέντρο

▪Προάστιο/ Κωμόπολη

▪Επαρχιακή πόλη/ Χωριό

5. Ποια είναι η οικογενειακή σας κατάσταση;

▪ Έγγαμος/η- Σε συμβίωση

▪ Χήρος/α

▪ Διαζευγμένος/η

▪ Άγαμος/η

6. Ποιο είναι το υψηλότερο εκπαιδευτικό επίπεδο που έχετε ολοκληρώσει;

▪ Δημοτικό

▪ Γυμνάσιο

▪ Λύκειο

▪ Ι.Ε.Κ/ Επαγγελματική σχολή/ Τεχνική σχολή

▪ Α.Ε.Ι./ Τ.Ε.Ι.

▪ Μεταπτυχιακό/Διδακτορικό

7. Ποια είναι η επαγγελματική σας κατάσταση;

▪ Εργαζόμενος πλήρους απασχόλησης

▪ Εργαζόμενος μερικής απασχόλησης

▪ Άνεργος/η

▪ Σε σύνταξη

- Λήπτης/τρια επιδόματος

- Μαθητής/τρια

8. Ποιό είναι το εισόδημα του νοικοκυριού σας ανά έτος;

- Κάτω από 10,000 Ευρώ

- 10,000 - 19,000 Ευρώ

- 20,000 - 29,000 Ευρώ

- 30,000 - 39,000 Ευρώ

- 40,000 - 49,000 Ευρώ

- Πάνω από 50,000 Ευρώ

- Θα προτιμούσα να μην αναφέρω

9. Ποιες είναι οι θρησκευτικές σας πεποιθήσεις;

- Χριστιανισμός : Ορθοδοξία

- Χριστιανισμός : Προτεσταντισμός

- Χριστιανισμός : Καθολικισμός

- Ιουδαϊσμός

- Μουσουλμανισμός : Σιιτισμός

- Μουσουλμανισμός : Σουνιτισμός

- Μουσουλμανισμός : Αλεβιτισμός

- Βουδισμός

- Άλλο

- Καμία/Αθρησκία

Turkey

Demographics

1. Cinsiyetiniz

- Erkek
- Kadın
- Diğer

2. Yaşınız [...]

3. Uyuşunuz

- Yunan
- Türk
- Amerikalı
- Lübnanlı
- Sırp
- Alman
- Hollandalı
- Diğer

4. Şu an nasıl bir bölgede yaşıyorsunuz?

- Şehir
- Kırsal

5. Medeni durumunuz

- Evli/beraber yaşıyor
- Dul
- Boşanmış
- Bekar

6. Eğitim durumunuz

- İlkokul/ortaokul
- Lise
- Meslek Yüksekokulu
- Üniversite mezunu
- Lisans üstü

7. Çalışma durumunuz

- Tam zamanlı iş
- Yarı zamanlı iş
- İşsiz

- Emekli
- Engellilik sebebiyle devlet desteđi
- Öğrenci

8. Yıllık geliriniz

- 10.000 lira altı
- 10.000-20.000 lira arası
- 20.000-30.000 lira arası
- 30.000-40.000 lira arası
- 40.000-50.000 lira arası
- 50.000-60.000 lira arası
- Belirtmek istemiyorum

9. Dini inancınız

- Hristiyan: Ortodoks
- Hristiyan: Protestan
- Hristiyan: Katolik
- Yahudi
- Müslüman: Şii
- Müslüman: Sünni
- Müslüman: Alevi
- Budist

- Diğer [...]
- Yok

The Netherlands

Demographics

1. Wat is uw geslacht?

- Vrouw
- Man
- Anders

2. Wat is uw leeftijd? [...]

3. Wat is uw nationaliteit?

- Grieks
- Turks
- Amerikaans
- Libanees
- Servisch
- Duits
- Nederlands
- Anders [...]

4. Waar woont u?

- (Grote) stad
- Buitenwijk
- Landelijk gebied of dorp

5. Wat is uw burgerlijke stand?

- Getrouwd/Samenwonend
- Weduwe
- Gescheiden
- Single

6. Wat is het hoogste opleidingsniveau dat u heeft afgerond?

- Basisschool
- Middelbare school
- MBO/beroepsonderwijs
- HBO
- Universiteit – Bachelor
- Universiteit – Master of hoger

7. Wat is uw beroepsstatus?

- Werkzaam – full-time
- Werkzaam – part-time
- Werkloos
- Gepensioneerd
- Arbeidsongeschikt
- Student

8. Wat is uw gezinsinkomen per jaar?

- Onder €10.000
- €10.000 - €19.000
- €20.000 - €29.000
- €30.000 - €39.000
- €40.000 - €49.000
- €50.000 of meer
- Dit zeg ik liever niet

9. Wat is uw religieuze overtuiging?

- Christelijk: Orthodox
- Christelijk: Protestant
- Christelijk: Katholiek
- Joods
- Moslim: Shia

- Moslim: Sunni
- Moslim: Alaouite
- Boedhist
- Anders [...]
- Niet religieus

Serbia

Demographics

1. Kog ste pola?

- Muškog
- Ženskog
- Drugo

2. Koliko imate godina? [...]

3. Koje ste nacionalnosti?

- Grčke
- Turske
- Američke
- Libanske
- Srpske

- Nemačke
- Holandske
- Drugo

4. Gde trenutno živite?

- Veće gradsko naselje
- Manje gradsko/prigradsko naselje
- Seosko naselje

5. Koji je vaš trenutni bračni status?

- Venčani
- Udovac/Udovica
- Razvedeni
- Bez partnera

6. Koji je vaš nivo obrazovanja?

- Osnovna škola
- Srednja škola
- Viša škola
- Osnovne akademske/strukovne studije
- Specijalističke akademske/strukovne studije ili Master studije

- Doktorske akademske studije

7. Koje je vaše trenutno stanje zaposlenosti?

- Zaposleni na puno radno vreme
- Zaposleni na skraćeno radno vreme
- Nezaposleni
- Starosna penzija
- Invalidska penzija
- Student

8. Koliko iznosi vaša zarada na mesečnom nivou?

- Manje od 30,000 dinara
- 30,000 - 49,999 dinara
- 50,000 - 69,999 dinara
- 70,000 - 89,999 dinara
- više od 90,000 dinara
- Ne bih da odgovorim

9. Koje je vaše versko opredeljenje?

- Pravoslavlje

- Protestantizam
- Rimokatolicizam
- Judaizam
- Islam – Šiiti
- Islam – Sunniti
- Islam – Alaviti
- Budizam
- Drugo [...]
- Nijedno

Germany

Demographics

1. Ich bin...

- Weiblich
- Männlich
- Divers

2. Wie alt sind Sie?

3. Welche Nationalität haben Sie?

- Griechisch

- Türkisch
- Amerikanisch
- Libanesisch
- Serbisch
- Deutsch
- Niederländisch
- Andere

4. Wo wohnen Sie?

- Stadt
- Vorort
- Ländliche Region

5. Was ist Ihr Familienstand?

- Verheiratet oder zusammenlebend
- Verwitwet
- Geschieden
- Single

6. Was ist Ihr höchstes erreichtes Bildungsniveau?

- Grundschule
- Weiterführende Schule (Hauptschule, Realschule, Gymnasium)
- Berufschulabschluss
- Fachhochschulabschluss
- Universität- Bachelor
- Universität- Master oder höher

7. Was ist Ihre Arbeitssituation?

- Vollzeitangestellt
- Teilzeitangestellt
- Arbeitslos
- Pensioniert
- Berufsunfähig
- Student

8. Was ist Ihr Haushaltseinkommen pro Jahr?

- Unter 10,000 Euro
- 10,000 - 19,000 Euro
- 20,000 - 29,000 Euro
- 30,000 - 39,000 Euro
- 40,000 - 49,000 Euro
- 50,000 oder mehr

9. Was ist Ihre Religionszugehörigkeit?

- Christlich: Orthodox
- Christlich: Evangelisch
- Christlich: Katholisch
- Jüdisch
- Muslimisch: Shia
- Muslimisch: Sunni
- Muslimisch: Alaouite
- Buddhistisch
- Anders
- Nicht zutreffend

Appendix C

Suicide opinion questionnaire & Grief experience questionnaire

USA, Libanon

Suicide Opinion Questionnaire

This is not a test, but a survey of your opinions. There are no right or wrong answers; we are interested in your honest opinion. For each of the following items, please indicate the degree to which you agree or disagree:

1. Strongly Agree 2. Agree 3. Undecided 4. Disagree 5. Strongly disagree

1. 2. 3. 4. 5.

1. Most persons who attempt suicide are lonely and depressed.

2. People who commit suicide are usually mentally ill.

3. People who commit suicide must have a weak personality structure.

4. Suicide goes against the laws of God and/ or nature.

Grief Experience Questionnaire

If you had lost someone by suicide, how often would you:

1. Never 2. Rarely 3. Sometimes 4. Often 5. Almost always

1. 2. 3. 4. 5

1. Feel ashamed that a member of my family committed suicide.

2. Think people were gossiping about you or your family member.

3. Feel maybe others blame you for the death.

4. Feel somehow stigmatized from the death caused from suicide.

5. Feel avoided by friends.

6. Feel like a social outcast.

7. Feel somehow guilty after the death.

8. Feel anger and resentment toward your family member after the death.

9. Feel uncomfortable revealing the cause of the death.

10. Feel embarrassed about the death.

11. Think that people were uncomfortable offering their condolences to you.

Greece

Suicide Opinion Questionnaire

Δεν πρόκειται για εξέταση, αλλά μας ενδιαφέρει η άποψή σας. Δεν υπάρχουν σωστές και λάθος απαντήσεις, αλλά η ειλικρίνεια σας μετράει. Για καθένα από τα παρακάτω, επιλέξτε εάν:

1. Συμφωνώ απόλυτα 2. Συμφωνώ 3. Αναποφάσιτος 4. Διαφωνώ 5. Διαφωνώ απόλυτα

1. 2. 3. 4. 5.

1. Τα περισσότερα άτομα που προσπαθούν να αυτοκτονήσουν είναι μοναχικά και πάσχουν από κατάθλιψη.

2. Τα άτομα που αυτοκτονούν συνήθως είναι ψυχικά ασθενείς

3. Τα άτομα που αυτοκτονούν έχουν αδύναμη προσωπικότητα.

4. Η αυτοκτονία είναι ενάντια στους νόμους του Θεού ή/ και της ανθρώπινης φύσης.

Grief Experience Questionnaire

Εάν χάνατε κάποιον από αυτοκτονία, σημειώστε πόσο συχνά θα:

1. Ποτέ 2. Σπάνια 3. Μερικές φορές 4. Συχνά 5. Σχεδόν πάντα

1. 2. 3. 4. 5.

1. Νιώθατε ντροπή για το άτομο της οικογένειά σας που αυτοκτόνησε.

2. Σκεφτόσασταν ότι ο κόσμος θα σχολίαζε εσάς και την οικογένειά σας.

3. Νιώθατε ότι ίσως οι άλλοι σας κατηγορούν για το θάνατο

4. Νιώθατε κάπως στιγματισμένοι από τον θάνατο από αυτοκτονία.

5. Νιώθατε ότι οι φίλοι σας αποφεύγουν.

6. Νιώθατε σαν απόκληρος της κοινωνίας.

7. Νιώθατε κάπως ένοχος μετά το θάνατο.

8. Νιώθατε θυμό και πικρία προς το άτομο της οικογένειας που αυτοκτόνησε.

9. Νιώθατε άβολα να αποκαλύψετε την αιτία θανάτου.

10. Νιώθατε αμηχανία για το θάνατο.

11. Σκεφτόσασταν ότι ο κόσμος θα ένιωθε άβολα να σας δείξει συμπόνοια.

Turkey

Suicide Opinion Questionnaire

Αşağıdaki cümleler sizin fikirlerinizi öğrenmek için tasarlanmıştır. Hiçbir yargının doğru ya da yanlış cevabı yoktur. Her bir cümleyi düşünerek ne ölçüde katılıp katılmadığınızı belirtiniz:

1. Kesinlikle katılıyorum **2.** Katılıyorum **3.** Kararsızım **4.** Katılmıyorum **5.** Kesinlikle katılmıyorum

1. 2. 3. 4. 5.

1. İntihar girişiminde bulunan çoğu insan yalnız ve depresiftir.

2. İntihar eden insanlar genellikle psikolojik olarak rahatsızdır

3. İntihar eden insanlar zayıf bir kişiliğe sahiptir.

4. İntihar, Allah ve/veya doğanın kanunlarına aykırıdır.
-

Grief Experience Questionnaire

Eğer birini intihardan dolayı kaybetmiş olsaydım.

1. Hiç 2. Nadiren 3. Bazen 4. Sık sık 5. Neredeyse her zaman

1. 2. 3. 4. 5.

1. O kişi ailemden biri olsaydı utanırdım.

2. İnsanların ben veya ailem hakkında dedikodu yapacağını düşünürdüm.

3. Başkaları onun ölümünden dolayı beni suçlayabilirlermiş gibi hissederdim.

4. Bir şekilde ölüm nedeninden dolayı damgalanacağımı hissederdim.

5. Arkadaşlarımdan benden kaçındığını hissederdim.

6. Sosyal olarak dışlanmış hissederdim.

7. Bir şekilde onun ölümden dolayı suçlu hissederdim.

8. Aile bireylerime karşı öfkeli ve kızgın hissederdim.

9. Ölüm nedenini söylerken rahatsız hissederdim.

10. Ölüm nedeninden dolayı utanırdım.

11. İnsanların bana baş sağlığı dilerken rahatsız olacaklarını düşünürdüm.

Serbia

Suicide Opinion Questionnaire

Molimo vas da pažljivo pročitate svaku od sledećih stavki, i, za svaku od njih, obeležite stepen u kome se sa njom slažete. Ne postoje tačni ili netačni odgovori – zanima nas vaše mišljenje.

1. Uopšte se ne slažem **2.** Ne slažem se **3.** Nisam siguran/na **4.** Slažem se **5.** U potpunosti se slažem

1. 2. 3. 4. 5.

1. Većina ljudi koja pokuša samoubistvo je usamljena i depresivna.

2. Ljudi koji počine samoubistvo su uglavnom psihički oboleli.

3. Ljudi koji počine samoubistvo mora da su nestabilne ličnosti.

4. Samoubistvo je u suprotnosti sa Božijim zakonima i zakonima prirode.

Grief Experience Questionnaire

1. Nikada **2.** Retko **3.** Ponekad **4.** Često **5.** Stalno

1. 2. 3. 4. 5.

1. Osećali sramotu zbog onoga što se desilo.

2. Mislili da ljudi ogovaraju vas ili člana vaše porodice.

3. Osećali kao da vas drugi ljudi krive za ono što se desilo.

4. Osećali kao da ste nekako stigmatizovani zbog toga što je smrt u vašoj porodici.

5. Osećali kao da vas prijatelji izbegavaju.

6. Osećali kao da ste odbačeni i izdvojeni iz društva.

7. Osećali kao da ste nekako krivi za smrt.

8. Osećali ljutnju i prezir prema članu porodice koji se ubio.

9. Osećali neprijatnost kada god treba da otkrijete uzrok smrti člana porodice.

10. Osećali sram zbog onoga što se desilo.

11. Mislili da je ljudima neprijatno da vam izjavljuju saučešća.

The Netherlands

Suicide opinion questionnaire

De volgende vragenlijst draait om uw mening. Dit betekent dat er dus geen foute of goede antwoorden zijn. Het enige wat telt is uw mening. Wilt u alstublieft aangeven voor elk van de onderstaande items in hoeverre u het er mee eens of oneens bent?

1. Helemaal mee eens **2.** Mee eens **3.** Niet mee eens/ niet mee oneens **4.** oneens **5.** helemaal mee oneens

1. 2. 3. 4. 5.

1. De meeste mensen die zelfmoord plegen zijn eenzaam en depressief.

2. Mensen die zelfmoord plegen zijn meestal geestelijk ziek.

3. Mensen die zelfmoord plegen moeten wel een zwakke persoonlijkheid hebben.

4. Het plegen van zelfmoord is tegen de wetten van de natuur en/of God.

Grief experience questionnaire

Lees de volgende statements alsof u een persoon zou zijn die iemand heeft verloren door suïcide. Wilt u alstublieft aangeven voor de volgende stellingen aan in welke mate deze op u van toepassing zouden kunnen zijn in deze situatie?

1. Nooit **2.** Zelden **3.** Soms **4.** Vaak **5.** Bijna altijd

1. 2. 3. 4. 5.

1. Ik zou me schamen wanneer een lid van mijn familie zelfmoord zou plegen.

2. Ik zou denken dat mensen zouden roddelen over mij of mijn familielid.

3. Ik zou voelen dat anderen mij de schuld geven van de dood.

4. Ik zou me op een bepaalde manier gestigmatiseerd voelen door deze dood als gevolg van suïcide.

5. Ik zou me ontweken/vermeden voelen door vrienden.

6. Ik zou me voelen als een sociale buitenstaander

7. Ik zou me op de een of andere manier schuldig voelen na de dood.

8. Ik zou boosheid en wrok voelen ten opzichte van mijn familielid na de dood.

9. Ik zou me ongemakkelijk voelen tijdens het bekendmaken van de oorzaak van de dood.

10. Ik zou me schamen voor deze dood.

11. Ik zou denken dat mensen zich ongemakkelijk voelen om mij te condoleren.

Germany

Suicide opinion Questionnaire

Dies ist kein Test, sondern ein Fragebogen über Ihre Meinung. Es gibt keine richtigen oder falschen Antworten. Ihre ehrliche Meinung zählt. Bitte geben Sie an inwiefern Sie den folgenden Aussagen zustimmen/ nicht zu stimmen.

1. Stimme sehr zu **2.** Stimme zu **3.** Keine Meinung **4.** Stimme nicht zu **5.** Stimme gar nicht zu

1. 2. 3. 4. 5.

1. Die meisten Menschen, die Selbstmord begehen, sind einsam und depressiv.

2. Menschen, die Selbstmord begehen, sind im Allgemeinen geistig krank.

3. Menschen, die Selbstmord begehen, haben eine schwache Persönlichkeit.

4. Selbstmord verstößt gegen die Gesetze von Gott / oder der Natur.

Grief experience questionnaire

Wenn Sie jemanden durch Selbstmord verloren hätten, würden Sie:

1. Nie 2. Kaum 3. Manchmal 4. Oft 5. Beinahe immer

1. 2. 3. 4. 5.

1. Ich würde mich schämen, dass jemand aus meiner Familie Selbstmord begangen hätte.

2. Menschen würden hinter meinem Rücken über mich/meine Familie reden.

3. Ich denke, dass andere mich für den Tod verantwortlich machen würden.

4. Ich würde von dem Selbstmord gebrandmarkt sein .

5. Ich mich von meinen Freunden ausgeschlossen fühlen.

6. Ich würde mich wie ein sozialer Außenseiter fühlen.

7. Ich würde mich schuldig fühlen.

8. Ich wäre wütend und würde es der Person übel nehmen, Selbstmord begangen zu haben.

9. Ich würde mich verraten fühlen.

10. Ich würde mich über den Tod schämen.

11. Ich denke Menschen würden sich unwohl fühlen, Ihr Beileid mitzuteilen.
