

Do men grieve differently than women? A cross-cultural analysis



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Abstract

Objective: This study examined how men cope with bereavement in both a masculine (Ireland) and a feminine (The Netherlands) society, according to Hofstede's (2010) cultural dimensions. It was expected that: 1) in the masculine society we would find a more restoration-oriented way of grieving for men in comparison to women; 2) in the feminine society there would be a more balanced way of grieving (LO/RO) amongst both men and women, compared to men and women in the masculine society. **Method:** 196 participants were examined. Participants from Ireland consisted of 71 females and 44 males, and from The Netherlands there were 40 females and 41 males. Recruiting participants was done from March until June 2020 by contacting key institutions and professionals in the field of grief. Besides that the online survey was published on social media. Adapted English and Dutch versions of the IDWL were used to assess the degree to which bereaved people engage in the coping processes of LO and RO. A two-way ANCOVA adjusting for age and education was performed to analyse both hypothesis **Results:** A significant main effect of gender was found. There was no statistically significant main effect of culture or significant interaction effect between culture and gender. **Conclusion:** Results suggest that men and women differ in the way they grieve regardless of their culture. On average, men were more Restoration-oriented, although women were not loss-oriented.

Keywords: Loss and restoration-orientated, grief, DPM, Culture, gender differences, masculinity, cultural dimension.

Introduction

An evaluation of contemporary theories for coping with bereavement shows that the notion of "grief work" is easily assumed, in the scientific grief literature, to be the equivalent of coping (Stroebe & Schut, 1999). This notion though undervalues, among other things, chosen masculine ways of grieving, which would be less emotionally confrontational and not so openly expressive of suffering in comparison to women (Stroebe, Stroebe & Schut, unpublished manuscript as cited in Stroebe & Schut, 1999).

Inasmuch as gender literature customarily focusses on women (Hofstede, 1998), Stroebe and Schut (1999) point out that female ways of grieving have received much more scientific attention compared to male grieving. They question if the "grief work" hypothesis, which has been derived from the analysis of primarily female samples and then generalized to all individuals, would actually be a "female model of grieving".

Stroebe and Schut (1999) propose the Dual Process Model (DPM) of coping with bereavement, which is supposed to be more accurate considering the complexity of grieving and it takes into account the gaps found in other coping theories. This model (Boerner et al., 2016) proposes that bereaved people oscillate between two distinct ways of coping: Loss-oriented (LO) and Restoration-oriented (RO). LO refers to focus on processing aspects of the loss itself, while RO involves the attempt to adapt to new challenges of daily life without the deceased. In this model an "unhealthy" grief would mean a lack of oscillation between the two categories.

Stroebe and Schut (1999) question the possibility of Loss and Restoration orientation being descriptive of female and male ways of grieving respectively. In a review of the DPM of coping with bereavement, a decade after its first publication, Stroebe and Schut (2010) reaffirm

that women appear to be more loss-oriented and men more restoration-oriented when it comes to grieving. The importance of disentangling patterns of coping with bereavement relies on the fact that coping affects bereavement outcome and health (Stroebe, Schut & Stroebe, 2007).

Research (Stroebe & Schut, 2010) suggests, for example, that focusing on loss-orientation among women and restoration-orientation among men would normally work well, provided that either one is not adhered to in the extreme (which would be detected by the lack of oscillation to the other orientation). However, further research is needed to establish if indeed clinical interventions are to be recommended and if so, how to optimize them (Stroebe, Schut & Stroebe, 2007).

Concurring with this line of thought, a systematic review (Fiori, 2019) analyzed all empirical studies published between 1999 and 2016, to assess whether the DPM represents the bereavement experience with accuracy, and whether its based interventions are more effective than other traditional grief therapies. The author concluded that the model not only accurately represents the experience of losing a significant one, but even more, that interventions based upon this model may be more effective than other psychological grief interventions. Nevertheless, the author also advised that, since DPM is a relatively recent model, further studies are required, especially concerning the process of oscillation between LO and RO.

Wijngaards-de Meij et al. (2008) conducted a longitudinal study with 219 Dutch couples who had lost their child, to examine the relationship between parents and their partners' ways of coping with grief in terms of the constructs loss- and restored-oriented. Their findings show that husbands were less LO than their wives and both men and women became less LO over time. The restoration orientation of men was high in the beginning, the restoration-orientation of

women started lower but rose slightly over time. Although the authors could not assess whether individuals oscillated between these two coping strategies, these results point towards confirming that RO might be more characteristic of a masculine way of grieving.

Another interesting finding of this study (Wijngaards-de Meij et al., 2008) is with regards to the health consequences of the bereaved couple, which supports the importance of the current research to improve clinical interventions in the context of grief and bereavement. Within the couple that experienced a bereavement, the restoration-orientation of the women appeared to be a crucial factor in the adjustment process. For one because women high on restoration-oriented coping were doing better themselves ('compensating' for being high in loss-orientation) and second because for men the more their wife was restoration-oriented, the lower were their levels of depression and grief. For women, however, their husband's way of coping was neither related to their depression nor their grief scores. Although they could not be precise regarding the oscillation process for each gender, they concluded that these results are partially in line with the DPM reasoning that the combination of both coping strategies is beneficial for subjects' adjustment process. The fact that Wijngaards-de Meij, et al. (2008) could not assess whether individuals oscillate between LO and RO may be due to what Fiori (2019) reported in his findings, namely that the DPM requires further examination with regards to the oscillation process.

Further approaching health outcomes in bereavement situations, Stroebe, Schut and Stroebe (2007) reported that most findings confirm that gender influences the risk of mortality when one loses a spouse. For instance: widowers have a relatively higher risk of mortality than widows. But in the case of bereaved parents, the loss of a child has been proven to have a greater

impact on mothers than fathers. That means sex-difference patterns can vary across kinship (e.g. child, parent, spouse).

Contrary to the existing evidence just mentioned, suggesting that widowhood is more toxic for men than women, Moon et al. (2014) showed no difference between the sexes. In this longitudinal study using data from the Health and Retirement Study in the United States, short- and long-term associations between widowhood and mortality were analyzed considering specific parameters of socioeconomic status. The authors believe most prior studies have inadequately controlled for socioeconomic status and therefore this could explain the bias in their conclusion.

Nevertheless, a Swiss cohort (Perrig-Chiello et al., 2016) analysis also confirmed gender differences in psychosocial adjustment to later-life widowhood. The goal of this research was to examine to what extent gender differences influence psychological and physical health change during widowhood across two time periods (1979 and 2011) and to explore the ways that one's reaction to spousal loss is shaped by socio-historical context. Among their results, men complained more about loneliness than women at both time points and complained more about doing things alone in 2011. These researchers refer to other studies pointing out that the gap between genders could be explained by the fact that women have a broader social network and more social contacts compared to men. The authors also highlight that their results concur with other findings showing that widowers are at greater risk of loneliness than widows. Furthermore, they indicate that psychological distress related to losing a spouse is predicted by depressive symptoms, poorer health and becoming a widow at younger age (as psychological health is more severely affected at younger age compared to becoming a widow at older age).

In respect to the inhomogeneous findings regarding gender differences when it comes to the effects of bereavement on health in later-life, it may be important to observe that Moon et al. (2014) used a sample of 50+ years-old bereaved people, and Perrig-Chiello et al. (2016) used a sample of 65+ years old bereaved people. Additionally, their sample size was around twelve times bigger than the latter (in both 1979 and 2011). Another reason for differences in finding could be the cultural context, since Moon's research was conducted among North-Americans and Perrig-Chiello's among Swiss people. Furthermore, women reported depressive symptoms and poorer health more frequently than men in both samples (married and widowed), as explained by Erlangsen et al. (2014 as cited by Perrig-Chiello et al., 2016). This may be because men in older cohorts have a significant higher risk of suicide. This, therefore, reduces the number of depressive men. Moreover, women nowadays are suffering less with loneliness compared to men (Perrig-Chiello et al., 2016). This could indicate a change in gender-roles in society. Nevertheless, it is unknown to what extent these changes would influence how men and women cope with loss.

Föster et al. (2019) also focused on health outcomes after bereavement. The research aimed to investigate the longitudinal effects of widowhood on depressive symptoms and associate sex differences using three pooled old-age cohorts in Germany. The authors found, among other things, that widowed and non-widowed women did not differ in depression severity, however, on average, widowed men had higher depression severity than non-widowed men, therefore, corroborating with Stroebe, Schut and Stroebe (2007) and Perrig-Chiello et al. (2016). The similarities of the samples in both studies, Perrig-Chiello et al. (2016) and Föster et al. (2019), are worth mentioning. Both populations were from western European countries,

although the sample size in the latter wasn't even twice as large, participant's ages were also more balanced (respectively 65+ and 68-98) compared to Moon's et al. (2014) sample.

The hypothesis that we are working towards is that these gender differences found in most empirical studies might also be due to the way men and women cope with grief and bereavement. Concurrent with the findings explored above, Doka and Martin (2001) pointed out that research relating grief and gender suggests that men follow their traditional gender-role when coping with bereavement. They highlight though, that coping differently with loss does not translate as a deficiency. Meaning that men's response to loss can be a complementary strength to the way women cope with it.

Besides the gender influences involved in grief, Rosenblatt (2008, p. 207) calls attention to the cultural aspect: "No knowledge about grief is cultural free". As much as grief is defined and influenced by culture, depending on it people will differ in how, when and maybe even whether they express, understand, communicate and feel about grief (Rosenblatt 2008). Moreover, Thompson (2001) connects the gender-specificity and cultural aspects in relation with grief. According to him, gender operates at both an individual and social level, as it is not only a basic dimension of society, but also a significant aspect of personal identity. Emotions reflect and reinforce gender differentiation. As he explains, certain emotions, such as grief, are seen as "unmanly".

Thompson (2001) mentions the high price that comes with traditional constructions of masculinity with what society expects from the men, especially in relation to the existential challenges of loss and bereavement. Because men are discouraged to express emotions given as feminine, like sadness and tenderness, the grieving process can be rendered and distorted far

more problematic than it needs to be. Thus he emphasizes the critics about not being allowed to grieve in a different manner other than “taking it like a man”.

Bennett (2007) re-examines data from two British studies on widowhood amongst older men in the light of theories of masculinity. In accordance with the theories above mentioned, she concludes that in spite of the theory of masculinity one might adopt, being an older widowed man is not easily compatible with conventional views of what it is to be a manly man. Whilst this might be a challenge, widowers deal with it by reconstructing their experiences by the way they express themselves through speech. More specifically, they discuss their experiences in terms of control, rationality, responsibility and successful action, making a distinction between emotional expression which is permitted in private but which is not permitted in public. In this way, on the contrary of denying their experiences, they are incorporating their feelings into preserving their masculinity "to overcome one of the most difficult life events they are likely to face" (p.355).

With a broader scope on looking at gender specificities, Piatczanyn, Bennett and Soulsby (2016) researched whether gay widowers face the same challenges or whether there are additional challenges compared to heterosexual widowers following the loss of their partners. Evidence showed that bereaved gay men share similar identity concerns to heterosexual widowed men: they are supposed to grieve in a socially acceptable manner, and at the same time are expected to conform to the hegemonic masculine identity. However, gay men also face challenges of gay identity. The analysis was focused on four case studies of British men.

Moreover, a systematic search of the literature (Williams et al., 2019) with thematic synthesis about men and miscarriage showed consistent evidences with the culture's mismatch between the expected manly way of grieving and the actual men's grieving process. The author

pointed out that many studies suggested that some health care practitioners recognized only women as the rightful recipients of miscarriage support, placing men as observers or even outsiders. This secondary role, although not compatible with their emotions, was even intensified by this marginalization. The authors therefore concluded that social norms appear to perpetuate expectations for male partners to be unaffected by miscarriage.

Furthermore, a study (Matud, 2004) about gender differences in stress and coping styles examined responses of a sample of 2816 people, being 1566 women and 1250 men. The results of this study suggest that women's coping style is more emotion-focused and less problem-centered than that of men. The author, however, points out the small effect that was found in the study and considers that this might be due to the view that gender differences in stress and coping may be decreasing over time.

The previous remark is in line with Doka and Martin's (2001) observation that gender roles are susceptible to historical events, culture, class, religion, and other significant social variables. Therefore, they state that whatever holds up today for specific populations might change in the future. Hofstede's (2010) studies about cultural dimensions provides researchers with an interesting way to take into account social variables also when it comes to gender. Masculine vs Feminine cultural dimensions refer to a distribution of values between the genders in different societies.

Femininity (Hofstede, 2010) is characterized by a society where men and women should be modest and caring, both fathers and mothers deal with facts and feelings, both boys and girls may cry but neither should fight and people are sympathetic for the weak. On the other hand in a Masculine society men should be and women may be assertive and ambitious, fathers deal with

facts, mothers with feelings, and the strong are admired. Furthermore, masculinity describes a society in which emotional and social-gender roles are clearly distinct, whereas in a feminine society this role separation either is not there or is weaker.

In the light of the above literature, taking into account the gender differences in coping with bereavement found in most studies and the massive literature on cultural impacts on gender specificities, with this research we aim to determine how men cope with bereavement related to the masculine vs feminine cultural dimensions. It is expected that in masculine societies we will find a more restoration-oriented way of grieving for men in comparison to women. Furthermore, we hypothesize that in the feminine society there would be a more balanced way of grieving (LO/RO) amongst both men and women, compared to men and women in the masculine society.

Method

Setting

This study investigated bereaved individuals in both a masculine and a feminine society, according to the Hofstede (2010) cultural dimension's criteria. Ireland at a score of 68 is the masculine society, whilst The Netherlands is the feminine (in a high degree), scoring 14 in the masculine dimension.

Given that to analyze cultural aspects implies having scales translated and means to reach out to the population in each society selected, the choice for the countries in this study were made according to the researchers' country of origin or current country of residence. The online survey employed a demographic questionnaire and three academic scales (see the Appendix A). This instrument was created for the purpose of two individual cross-cultural master's thesis.

Procedure

Recruitment was accomplished by making contact with key institutions and professionals in the field of bereavement and grief. In the current year, 2020, from the months of March until June, the online survey was also published in social media as WhatsApp groups, LinkIn, Facebook, as well as announced on Instagram to reach the broad population as far as possible.

An information sheet (Appendix B) was administered as part of the online form to ensure that the participant understood the purpose of the current study and their rights as a participant. Contact information for the researcher and supervisor was provided in the case that the participant had any further questions or wished to remove their data from the study.

Participants

To be eligible, participants had to meet the following criteria: to have either the Dutch (feminine society) or the Irish (masculine society) nationality, be older than 18 years-old, and have lost a significant other at least 3 months before and no more than 3 years at the moment they filled out the survey. Exclusion criteria was to not complete the full questionnaire. A total of 225 participants completed the survey. From those, 105 individuals filled out the Dutch version of the online questionnaire and 120 were participants that filled out the Irish version. In total, 24 participants from the Dutch sub sample were excluded. Four of them due to being from a different country, and 20 others because they didn't complete the survey. Another five participants were also deleted from the Irish dataset because they failed to complete the full questionnaire.

Being so, in this study a total of 196 participants were examined. Of those, 56.6% were female and 43.3% were male. Participants from Ireland consisted of 71 females and 44 males ($n=$

115), and from The Netherlands there were 40 females and 41 males ($n=81$). To analyse further demographic differences between the Irish and the Dutch samples, Chi-square for independence¹ and independent t-tests were performed.

Only two eligible individuals, one from each culture, were living outside their country of origin at the time they filled out the questionnaire. A significant difference was found regarding the relationship status of the participants ($p = .003$). About 68% of the Dutch were married or living together, whilst around 58% of the Irish were single.

Statistically, the two groups did not differ significantly regarding the cause of death ($p = .81$), their current occupation ($p = .56$), the relationship with the deceased ($p = .63$) and the gender of the deceased ($p = .772$). Nevertheless, while 44.3% of the Irish have lost one of their indirect family members², in the Dutch sample 49.4% have lost someone of their immediate family³. Although the majority of both groups were workers, 14.8% participants from Ireland vs 24.7% from The Netherlands were students. In both samples the massive majority of individuals had lost their significant one due to illness or other natural causes. These background information are presented in more detail in table 1.

¹ To account for the minimum expected frequencies of 5 or more in each cell, the following variables had their levels combined: relationship status of the participants, occupation, relationship with the deceased and cause of death.

²As Indirect family we considered: grandparents and their spouses, stepparents, cousins, in law's relatives, aunt/uncle and niece/nephew.

³As immediate family we considered: own child/children, siblings, parents and partners.

Table 1*Demographics and background information of the participants*

<i>Variables</i>	Irish (n = 115)		Dutch (n = 81)		<i>p</i>
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	
1. Gender					.116
Female	71	61.7	40	49.4	
Male	44	38.3	41	50.6	
2. Relationship status*					.003
Married/living together	51	44.3	54	66.7	
Single/Widowed	64	55.7	27	33.3	
3. Occupation*					.056
Unemployed/retired	14	12.2	14	17.3	
Student	17	14.8	20	24.7	
Working part-time	19	16.5	17	21	
Working full-time	65	56.5	30	37	
4. Cause of death*					.081
Illness or other natural causes	92	80	74	91.4	
Accident	10	8.7	4	4.9	
Homicide/Suicide	13	11.3	3	3.7	
5. Relationship with the deceased*					.063
Immediate family	38	33	40	49.4	
Indirect family	51	44.3	29	35.8	
Non-family	26	22.6	12	14.8	
6. Gender of the deceased					.772
Female	59	51.3	39	48.1	
Male	56	48.7	42	51.9	

Note. $N = 196$. Using chi-square test for independence. *To account for the minimum expected frequencies of 5 or more in each cell, the following variables had their levels combined: relationship status of the participants, occupation, relationship with the deceased and cause of death.

Concerning age, expectedness of death and level of education, significant differences were found between the Dutch and the Irish sample. On average, Irish participants ($M = 3.63$, $SD = 2.42$) were slightly younger, around their late twenties/early thirties, and the Dutch ($M = 4.78$, $SD = 3.23$) were about their mid/late thirties; the death of their significant one was less expected for them ($M = 3.32$, $SD = 1.63$) than for the Dutch ($M = 2.75$, $SD = 1.45$), and they had a lower level of education. Averaged Irish individuals ($M = 4.43$, $SD = .87$) studied at a FETAC/MBO level, whilst Dutch participants ($M = 5.25$, $SD = .87$), on average, had either a

bachelor or a masters degree. Regarding the three remaining demographic characteristics, number of children, age of the deceased at the time of death and time since loss, no significant differences were found in the two groups. The majority of individuals in both samples had none or one child, their significant one had died on average around their late fifties and a year before they participated in the research. More details are presented in table 2.

Table 2
Demographics and background information of the participants

Variables	Irish (n = 115)		Dutch (n = 81)		<i>t</i>	<i>p</i>	<i>df</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Education level	4.43	.96	5.25	.87	-6.07	.000	194
Age	3.63	2.42	4.78	3.23	-2.72	.007	140.51
Number of children	1.78	1.13	1.72	.98	.43	.668	194
Age of the deceased	17.97	4.55	18.40	4.63	-.65	.518	194
Time since loss	4.57	2.17	4.67	2.09	-.33	.744	194
Expectedness of Death	3.32	1.63	2.75	1.45	2.57	.011	183.99

Measurement

Demographic background of all participants was accessed with close ended questions. An adapted version of the Inventory of Daily Widowed Life (IDWL) was used to assess the degree to which bereaved people engage in the coping processes that are characteristic of Loss Orientation and Restoration Orientation, and the oscillation between these stressors.

The IDWL offers a list of 22 activities or issues that people who lost a significant one sometimes need to confront or do in their daily lives. 11 of the items refer to LO, such as “being preoccupied with my situation” and the other 11 to RO, “learning to do new things”, for instance. Participants are asked to indicate how much time they have spent on each item during the past week and their answers are divided into 4 levels ranging from 1 (rarely or not at all) to 4 (almost always). The possible scope of each subscale is 11 to 44. When measuring the results (Caserta & Lund, 2007) a higher value represents a greater engagement in each process. Regarding the

oscillation process, the scale assesses it by balance, that is the degree to which the bereaved person engages in equal amounts of both processes. A total score of 0 consequently indicates perfect balance between the two coping processes.

According to the creators of IDWL themselves (Caserta & Lund, 2007), the scale could be modified to fit the diverse other types of adult bereavement situations, as long as it is applied to the loss of a significant other. For the purposes of the current research, considering that this study is not reduced to widowhood, we have made the suggested adaptation. That being so, the Inventory of Daily Bereaved Life (IDBL) was afterwards translated to Dutch by native speakers, to maintain the scale's quality and equivalence of continent in the different cultures involved in this study. Finally the IDBL was back translated to the English language being therefore named Bereavement Daily Inventory (BDI).

The IDWL was developed and validated by Caserta and Lund (2007) and it was found to be valid and reliable in their study. The LO and RO subscales produced alpha coefficients of .90 and .79, respectively. In the current study, the Cronbach alpha coefficient of the complete scale was .86 for the Irish version and .89 for the Dutch. LO and RO Irish subscales generated alphas equal to .90 and .76 and for the Dutch subscales, equal to .90 and .85, respectively.

Analytic Strategy

The existence of statistically significant differences between the background information of the two country's subsamples was tested by performing independent-samples t-tests and chi-square tests for independence. A two-way between-groups analysis of variance adjusting for the effects of education and age was conducted to explore the two distinct hypotheses:

1. In the masculine society (Ireland) the male way of coping with bereavement, compared to the female, can be described as more Restoration-oriented.
2. In a feminine society (The Netherlands) there is a more balanced way of grieving (LO/RO) amongst both men and women, compared to men and women in a masculine (Ireland) society.

Results

A two-way between groups analysis of covariance was conducted to examine the effects of gender and culture on the style of grieving and its stressors, after controlling for age and education. The independent variables were Gender and Culture (Irish and Dutch). The dependent variable was total score on BDI (Bereavement Daily Inventory). The information regarding age and education level was provided by the participants before completing the referred scale and both these variables were used as covariates to control for individual differences.

Preliminary checks about normality, linearity, homogeneity of variances, homogeneity of regression slopes, and reliable measurement of the covariate were conducted, to ensure there was no violation of these assumptions. After adjusting for age and education, the analysis of variance revealed that there was not a statistically significant interaction between gender and culture on total BDI, $F(1, 190) = .118, p = .732, \text{partial } \eta^2 = .001$. Therefore, an analysis of the main effects for gender and culture was performed. The main effect of gender showed a statistically significant difference in the adjusted marginal mean for males (3.13) compared to females (.82), $2.31, 95\% \text{ CI}[0.064, 4.563], p = .044$. There was not a statistically significant main effect of culture on adjusted marginal mean Total BDI, $F(1, 190) = 0.18, p = .892, \text{partial } \eta^2 = .000$. These results suggest that males and females differ in their way of grieving regardless of their culture.

Males had a higher score on BDI compared to females, on the other hand, females had their average score closer to the perfect oscillation mark, zero. Means, adjusted means, standard deviations and standard errors are presented in Table 3.

Table 3

Means, Adjusted Means, Standard Deviations and Standard Errors for scores on Bereavement Daily Inventory (Total BDI) for the four groups

Total BDI	Irish (<i>n</i> = 115)		Dutch (<i>n</i> = 81)	
	Male	Female	Male	Female
M	2.32	.06	4.00	2.23
(SD)	7.08	9.55	7.74	6.76
Madj	2.85	.93	3.41	.71
(SE)	1.19	.95	1.23	1.32

Note. Bereavement Daily Inventory's possible range = -33 to +33. A score equal to zero (0) indicates perfect oscillation balance.

Discussion

The aim of this study was to examine how men cope with bereavement, taking into account the impact of the masculine and feminine cultural dimensions as proposed by Hofstede (2010). More specifically, it was hypothesized that 1) the male way of coping with bereavement, compared to the female, would be more Restoration-oriented in the masculine society, and 2) that in the feminine society there would be a more balanced way of grieving (LO/RO) amongst both men and women, compared to men and women in the masculine society. Contrary to what was expected, results from the analysis of variance suggest that the dimension of masculinity vs femininity does not have a significant influence on how men and women go about grief. Thus, in this sense, both previous formulated hypotheses were not met. Nevertheless, findings are very preliminary given that only two countries were subjected to this analysis. Furthermore, although

the particular dimension of masculinity vs femininity explores the impact of social-gender roles in each culture, it is yet only one aspect of that particular society and, consequently, may not be a good parameter to generalize findings regarding culture. Individualism-collectivism contrast on the other hand, has been pointed out as corresponding to the "deep structure" of cultural differences (Greenfield, 2000; Triandis, & Suh, 2002). For being generative, deep structure principles of culture would generate human behaviors and behavior's interpretations in an infinite array of domains and situations (Greenfield, 2000). If this is the case, to use the Individualism-collectivism dimension in cross-cultural studies would reflect more reliable results compared to other dimensions, due to its impact on people's behaviors. On this matter, it is worth noting that both Ireland and The Netherlands are individualistic countries (Hofstede, 2010), which could explain the absence of significant interaction between gender and culture and the absence of significance of the main effect of culture in our findings.

Additionally, present results support general findings (Matud, 2004; Stroebe & Schut, 1999; 2010; Wijngaards-de Meij, et al, 2008; Perrig-Chiello et al., 2016; Föster et al., 2019) which suggests that there are gender differences in grief. Men had a higher score measured on the levels of Bereavement Daily Inventory compared to women and however this was not influenced by culture, it does suggest that men may be more Restoration-oriented regarding grief. The average of women, although lower than men in the RO process, was not loss-oriented. The finding that women were also RO could be due to the possible changes in gender-roles in society, mentioned by other researchers (Doka and Martin, 2001; Matud, 2004). Forasmuch, this study provides and supports preliminary evidence (Stroebe & Schut, 2010; Fiori, 2019) for gender-specific interventions in the case of unhealthy outcomes when coping with bereavement.

Moreover, the fact that women had on average a score closer to zero ($M = .82$), compared to men ($M = 3.13$), might indicate that they had a higher level of oscillation between loss- and restoration-orientation than men, considering that the oscillation process is assessed by the degree to which the bereaved person engages in equal amounts of both processes. A total score of zero indicates perfect balance between the two coping processes (Caserta & Lund, 2007). Nevertheless, these results must be interpreted with caution. In fact, the scores may be showing a stable coping style which is low in RO, but not necessarily an oscillation process. As indicated by Fiori (2019), and previously referred to, the process of oscillation between the two coping strategies needs to be further examined. According to the mentioned author, clarifying how and when oscillation occurs would improve understanding regarding how to achieve adaptive coping, since this process was supposed to indicate the level of coping adaptiveness. Therefore, it would be a mistake to infer, with present information, that men in this study showed a less healthy bereavement coping mechanism than women.

Further, some important limitations should be considered when interpreting the results of this study. Firstly, as mentioned before, one feminine country and one masculine is hardly representative of this cultural dimension. Secondly, this cultural aspect (dimension) can not be generalized as representative of the culture as a whole. Thirdly, the measurement of each process, loss- and restoration-orientation, was based on one single instrument, which, although validated and reliable (Caserta & Lund, 2007), is based on the Dual Process Model of coping with bereavement, that given the fact that it is relatively recent, would benefit from further examination (Caserta & Lund, 2007; Fiori, 2019). Lastly, a study that engages in cross-cultural analysis would benefit from a larger sample. Hence, a study that would overcome these

limitations could yield more generalizable results. Finally, future research could explore the Individualism-collectivism cultural dimensions in relation to gender differences in coping with bereavement and the processes of loss and restoration-orientation as proposed on the DPM.

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Appendix A**Demographic Questionnaire (English)**

1. What is your gender?
 - Male
 - Female
2. What is your age?
 - 18-22
 - 23-27
 - 28-32
 - 33-37
 - 38-42
 - 43-47
 - 48-52
 - 53-57
 - 58-62
 - 63-67
 - 68-72
 - 73-77
 - 78-82
 - 83-87
 - +88
3. What is your Nationality?
4. What is your current country of residence?
5. What is your highest level of education?
 - Primary School Education
 - Some Secondary School Education
 - Junior certificate
 - Leaving certificate
 - FETAC
 - Bachelor's degree
 - Master's degree
 - Doctorate
6. Occupation
 - Unemployed
 - Student
 - Working part-time
 - Working full-time

7. Which of the following best describes your current relationship status?
 - Married / Living Together
 - Separated/ Divorced
 - Single
 - Widowed
8. How many children do you have?
 - None
 - One
 - Two
 - Three +
9. What is the relationship between you and the deceased?
 - My Sibling
 - My Child
 - My Parent
 - My Partner
 - My Ex Partner
 - My Grandparent
 - My Friend
 - Other: Please specify
10. What was the gender of the deceased?
 - Male
 - Female
11. What was the age of the deceased at the time of death?
 - Abortion
 - Miscarriage
 - Still Birth
 - 6 months or less
 - 1 year-old or less
 - 2-5
 - 6-9
 - 10-13
 - 14-17
 - 18-22
 - 23-27
 - 28-32
 - 33-37
 - 38-42
 - 43-47

- 48-52
- 53-57
- 58-62
- 63-67
- 68-72
- 73-77
- 78-82
- 83-87
- 88+

12. How long has it been since the loss of the deceased?

- 3 months
- Less than 6 months
- 6-12 months
- 12-18 months
- 18-24 months
- 24-30 months
- 30-36 months

13. What was the cause of death?

- Illness
- Accident
- Homicide
- Suicide

14. How expected was the death?

- Very Much
- Rather
- A bit
- Not really
- Not at all

Thoughts About Loss

People often think of diverse things after the death of a loved one.

In the following questions we would like to know how often you have thought of the following things during the past month.

How frequently in the past month did you...

Never; Sometimes; Regularly; Often; Very often

1. ... think about the consequences that his/her death has for you.
2. ... analyze what the personal meaning of the loss is for you.
3. ... query whether you receive the right support from family members.
4. ... analyze whether you could have prevented his/her death.
5. ... ask yourself why you deserved this loss.
6. ... try to analyze your feelings about this loss precisely.
7. ... ask yourself whether you react normally to this loss.
8. ... ask yourself whether his/her death could have been prevented if the circumstances had been different.
9. ... ask yourself whether you get adequate support from friends and acquaintances.
10. ... ask yourself whether his/her death could have been prevented if others had acted differently.
11. ... wonder why this had to happen to you and not someone else.
12. ... think about the unfairness of this loss.
13. ... try to understand your feelings about the loss.
14. ... think how you would like other people to react to your loss.
15. ... think how your life has been changed through his/her death.

Positive and Negative Feelings

The following questionnaire is designed to evaluate emotions. When you lose someone or something dear to you, it's natural to experience more negative emotions than usual, such as being distressed. It is also normal to feel positive emotions, such as feeling strong for instance. Emotions may fluctuate and this is a natural occurrence in the grieving process.

Please indicate the extent you have felt this way over the past week...

Positive and Negative Affect Schedule (PANAS-SF)

Indicate the extent you have felt this way over the past week.		Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
PANAS ₁	Interested	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₂	Distressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₃	Excited	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₄	Upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₅	Strong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₆	Guilty	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₇	Scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₈	Hostile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₉	Enthusiastic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₁₀	Proud	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₁₁	Irritable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₁₂	Alert	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₁₃	Ashamed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₁₄	Inspired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₁₅	Nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₁₆	Determined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₁₇	Attentive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₁₈	Jittery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₁₉	Active	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
PANAS ₂₀	Afraid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Bereavement Daily Inventory

Below is a list of activities, tasks and issues that people who lost a significant/loved one sometimes need to confront or do in their daily lives. For each item, please indicate how much time you have spent on it *during the past week*.

	Activity	Rarely or not at all	Once in a while	Fairly often	Almost always
<u>1</u>	Thinking about how much I miss him/her.	1	2	3	4
<u>2</u>	Thinking about the circumstances or events associated with his/her death.	1	2	3	4
<u>3</u>	Yearning for him/her.	1	2	3	4
<u>4</u>	Looking at old photographs and other reminders of him/her.	1	2	3	4
<u>5</u>	Imagining how he/she would react to my behaviour.	1	2	3	4
<u>6</u>	Imagining how he/she would react to the way I handled tasks or problems I faced.	1	2	3	4
<u>7</u>	Crying or feeling sad about his/her death.	1	2	3	4
<u>8</u>	Being preoccupied with my situation.	1	2	3	4
<u>9</u>	Engaging in fond or happy memories about him/her.	1	2	3	4
<u>10</u>	Feeling a bond with him/her.	1	2	3	4
<u>11</u>	Feeling lonely.	1	2	3	4
<u>12</u>	Visiting or doing things with others.	1	2	3	4

<u>13</u>	Finding ways to keep busy or occupied.	1	2	3	4
<u>14</u>	Dealing with financial matters.	1	2	3	4
<u>15</u>	Engaging in leisure activities (hobbies, recreation, physical activity etc.).	1	2	3	4
<u>16</u>	Attending to my own health-related needs.	1	2	3	4
<u>17</u>	Engaging in employment or volunteer work.	1	2	3	4
<u>18</u>	Watching TV, listening to music, listening to the radio, reading.	1	2	3	4
<u>19</u>	Attending to legal, Insurance or property matters.	1	2	3	4
<u>20</u>	Attending to the maintenance of my household or automobile.	1	2	3	4
<u>21</u>	Focusing less on my grief.	1	2	3	4
<u>22</u>	Learning to do new things.	1	2	3	4

Finally,

Thank you for your participation.

We appreciate you sharing your experience with us and extend our condolences. We hope that taking part in the survey has not been too distressing for you.

If you have any questions about the study, queries or concerns, please contact the researcher at the following email address: s.m.rogerson@students.uu.nl.

We sincerely thank you for your contribution and assure you that the data will remain anonymous, and if published will not be in any way identifiable.

Demografische enquete (Dutch)

1. Wat is uw geslacht?
 - Man
 - Vrouw
2. Wat is uw leeftijd?
 - 18-22
 - 23-27
 - 28-32
 - 33-37
 - 38-42
 - 43-47
 - 48-52
 - 53-57
 - 58-62
 - 63-67
 - 68-72
 - 73-77
 - 78-82
 - 83-87
 - +88
3. Wat is uw nationaliteit?
4. In welk land woont u momenteel?
5. Wat is uw hoogst genoten opleiding?
 - basisonderwijs
 - middelbare school
 - middelbaar beroepsonderwijs (MBO)
 - Hoger onderwijs (HBO)
 - Wetenschappelijk onderwijs (WO)
 - Post HBO/WO
6. Werksituatie
 - Werkloos
 - Student
 - Part-time werkverband
 - Full-time werkverband
 - Gepensioneerd
7. Relatiestatus
 - Getrouwd
 - Samenwonend

- Gescheiden
 - Single
 - Weduwe / weduwenaar
8. Hoeveel kinderen heeft u?
- Geen
 - Een
 - Twee
 - Drie of meer
9. Wat is uw relatie tot de overledene?
- Mijn broer / zus
 - Mijn kind
 - Mijn ouder
 - Mijn partner
 - Mijn ex-partner
 - Mijn grootouder
 - Mijn vriend / vriendin
 - Anders: licht toe
10. Wat is het geslacht van de overledene?
- Man
 - Vrouw
11. Wat was de leeftijd van uw dierbare op het moment van overlijden?
- Abortus
 - Miskraam
 - Doodgeboorte
 - Jonger dan 6 maanden
 - Jonger dan 1 jaar
 - 2-5
 - 6-9
 - 10-13
 - 14-17
 - 18-22
 - 23-27
 - 28-32
 - 33-37
 - 38-42
 - 43-47
 - 48-52
 - 53-57

- 58-62
 - 63-67
 - 68-72
 - 73-77
 - 78-82
 - 83-87
 - 88+
12. Hoe lang geleden bent u uw dierbare verloren?
- 3 maanden
 - Minder dan 6 maanden
 - 6 tot 12 maanden geleden
 - 12 tot 18 maanden geleden
 - 18 tot 24 maanden geleden
 - 24 tot 30 maanden geleden
 - 30 tot 36 maanden geleden
13. Wat was de oorzaak van overlijden?
- Ziekte
 - Ongeval
 - Moord
 - Zelfmoord
14. Hoe onverwacht was het overlijden?
- Heel erg onverwacht
 - Redelijk onverwacht
 - Enigszins onverwacht
 - Niet echt onverwacht
 - Total niet onverwacht

Gedachten omtrent het verlies

Mensen denken vaak aan diverse zaken na het overlijden van een dierbare.

Met de volgende vragen wordt er geprobeerd te achterhalen hoe vaak u aan verschillende zaken gedacht heeft in *de afgelopen maand*.

Hoe vaak heeft u in de afgelopen maand....	Nooit	Af en toe	Regelmatig	Vaak	Heel vaak
1. ...gedacht aan de consequenties van het overlijden van uw dierbare voor u?	1	2	3	4	5
2. ...bedacht wat het verlies voor u persoonlijk betekent?	1	2	3	4	5
3. ...afgevraagd of u de juiste steun van familieleden krijgt?	1	2	3	4	5
4. ...bedacht of u het overlijden van uw dierbare had kunnen voorkomen?	1	2	3	4	5
5. ...uzelf afgevraagd waar u dit verlies aan verdiend heeft?	1	2	3	4	5
6. ...geprobeerd om uw gevoelens rond dit verlies nauwkeurig te analyseren?	1	2	3	4	5

7. ... uzelf afgevraagd of uw reactie op het verlies normaal is?	1	2	3	4	5
8. ... uzelf afgevraagd of het overlijden van uw dierbare voorkomen had kunnen worden als de omstandigheden anders waren geweest?	1	2	3	4	5
9. ... afgevraagd of u de adequate steun van vrienden en kennissen krijgt?	1	2	3	4	5
10. ... afgevraagd of het overlijden van uw dierbare voorkomen had kunnen worden als anderen anders gehandeld hadden?	1	2	3	4	5
11. ... afgevraagd waarom dit u moet overkomen en niet iemand anders?	1	2	3	4	5
12. ... gedacht aan de oneerlijkheid van dit verlies?	1	2	3	4	5
13. ... geprobeerd uw gevoelens omtrent het verlies te begrijpen?	1	2	3	4	5

14. ...bedacht hoe u graag zou willen dat anderen reageren op uw verlies?	1	2	3	4	5
15. ...bedacht hoe uw leven is veranderd door het overlijden van uw dierbare?	1	2	3	4	5

Positieve en negatieve gevoelens

De volgende enquête is ontwikkeld om emoties te evalueren. Als u iemand of iets dierbaars verliest, is het natuurlijk dat u meer negatieve emoties, zoals bedroefdheid, ervaart. Het is ook normaal dat u vele positieve emoties voelt, zoals uzelf sterk voelen. Emoties kunnen fluctueren wat een natuurlijke gang van zaken is in het rouwproces.

Geef aan in welke mate jij je op deze manier gevoeld hebt de afgelopen week		Niet of nauwelijks	Een beetje	Gemiddeld	Best veel	Extreem veel
PANAS 1.	Geïnteresseerd	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 2.	Rampzalig	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 3.	Opgewonden	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 4.	Boos	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 5.	Sterk	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 6.	Schuldig	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 7.	Bang	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 8.	Vijandig	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 9.	Enthousiast	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>

PANAS 10.	Trots	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 11.	Prikkelbaar	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 12.	Alert	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 13.	Beschaamd	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 14.	Geïnspireerd	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 15.	Nerveus	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 16.	Vastberaden	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 17.	Attent	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 18.	Opgejaagd	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 19.	Actief	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
PANAS 20.	Angstig	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>

Het dagelijkse leven

Hieronder staat een lijst met activiteiten, taken of zaken die iemand die een dierbare verloren heeft, soms moet doen of mee geconfronteerd wordt in het dagelijks leven.

Geef alstublieft per item aan hoeveel tijd u er in de afgelopen week aan heeft besteed.

Activiteit	Nauwelijks of nooit	Af en toe	Regelmatig	Vrijwel altijd
1. Denken aan hoe erg ik mijn dierbare mis	1	2	3	4
2. Denken aan de omstandigheden of gebeurtenissen rondom het overlijden van mijn dierbare	1	2	3	4
3. Verlangen naar mijn dierbare	1	2	3	4
4. Kijken naar oude foto's of andere herinneringen van mijn dierbare	1	2	3	4
5. Bedenken hoe mijn dierbare zou reageren op mijn gedrag	1	2	3	4
6. Bedenken hoe mijn dierbare zou reageren op hoe ik taken of problemen heb aangepakt	1	2	3	4

7. Huilen of verdrietig voelen om het overlijden van mijn dierbare	1	2	3	4
8. Heel veel bezig zijn met mijn situatie	1	2	3	4
9. Meedoen in blije en vrolijke herinneringen aan mijn dierbare	1	2	3	4
10. Een band voelen met mijn dierbare	1	2	3	4
11. Eenzaam voelen	1	2	3	4
12. Op visite gaan of dingen doen met anderen	1	2	3	4
13. Manieren vinden om bezig te blijven	1	2	3	4
14. Financiële zaken regelen	1	2	3	4
15. Meedoen in vrijetijdsbestedingen (hobby's, recreatie, fysieke activiteiten etc.)	1	2	3	4
16. Aandacht besteden aan mijn eigen gezondheidsbehoeften	1	2	3	4
17. Werken of vrijwilligerswerk doen	1	2	3	4

18. TV kijken, muziek (radio) luisteren, lezen.	1	2	3	4
19. Juridische, verzekerings- of eigendomszaken regelen	1	2	3	4
20. Het bijhouden van het huishouden of het onderhouden van de auto	1	2	3	4
21. Minder bezig zijn met mijn rouw	1	2	3	4
22. Nieuwe dingen leren.	1	2	3	4

Tot slot,

Hartelijk dank voor uw medewerking.

Wij waarderen dat u uw ervaringen wilde delen en hopen dat het beantwoorden van de vragen niet te veeleisend voor u is geweest.

Mocht u nog vragen, opmerkingen of zorgen hebben, neemt u dan alstublieft contact op met de onderzoeker op het volgende emailadres: s.olivamarcon@students.uu.nl.

Wij danken u nogmaals voor uw bijdrage en willen u nogmaals verzekeren dat alle data anoniem blijft of, in het geval van publicatie, op geen enkele manier herkenbaar zal zijn.

Klikt u alstublieft nog éénmaal op het pijltje om uw antwoorden te verzenden.

Appendix B

Information Sheet (English)

Purpose of the Research

The aim of the present study is to examine how different societies' culture and values are associated with various aspects of coping with bereavement.

If you have lost a loved one through death in the last three years, we kindly ask that you consider taking part in the study. We advise that you do not take part in the study if you have been bereaved less than three months ago.

Invitation

You are being invited to consider taking part in research which will contribute to two master theses at Utrecht University, The Netherlands. This research is being undertaken by Shauna Rogerson and Stephanie Severs - Oliva Marcon under the supervision of Dr. Henk Schut. Before you decide to take part, it is important to understand why this research is being carried out and what it will involve. Please take this time to read the information carefully and do not hesitate to ask if there is anything unclear or if you would like more information.

Do I have to take part?

You are free to decide whether you wish to take part or not. If you do decide to take part, the information you provide will remain anonymous. You are free to withdraw from the study at any point before completing the survey.

If I take part, what do I have to do?

If you agree to take part in the study, you will be asked to complete a short demographic questionnaire and three questionnaires which cover important aspects of grief and dealing with grief. These questions will require you to reflect on personal experience and confront emotions associated with the death of your loved one.

The survey should take no longer than 15 minutes.

Who will have access to the information?

The researchers and the supervisor will have access to information collected in the study. The data will be stored on password protected computers and all information provided will be anonymous.

What will happen to the results of the research?

The results of the study will be presented in two theses for MSc in Clinical Psychology at Utrecht University. The results will be examined by the supervisor and a second marker. The thesis may be read by future students in the course and may be published in a research journal. The answers you provide will be completely anonymous and unidentifiable, should you wish to partake. A copy of the research may be obtained by emailing s.m.rogerson@students.uu.nl.

What if there is a problem?

If you have any concern about any aspect of the study, you may wish to speak to someone who will do their best to answer any query you might have. You should contact Shauna Rogerson (s.m.rogerson@students.uu.nl) or their supervisor Dr. Henk Schut (h.schut@uu.nl)

Thank you for taking the time to read this information sheet.

Consent

By consenting to the study, you confirm that you are over 18 years-old and have read and understood the information sheet for the above.

Do you consent?

- **Yes, I agree to participate in the study**
- **No, I do not agree to participate in the study**

Algemene informatie (Dutch)

Algemene informatie

Doel van het onderzoek

Het doel van dit onderzoek is om in kaart te brengen hoe zowel maatschappelijke en culturen verschillen als verschillen in normen en waarden, verband houden met verschillende aspecten van het omgaan met een sterfgeval.

Als u in de afgelopen drie jaar iemand dierbaar verloren bent, zouden wij u vriendelijk willen vragen te overwegen om mee te doen aan dit onderzoek.

Uitnodiging

U bent uitgenodigd te overwegen om te participeren in een onderzoek dat bijdraagt aan twee afstudeeronderzoeken aan de Universiteit van Utrecht. Dit onderzoek wordt uitgevoerd door Shauna Rogerson en Stéphanie Severs – Oliva Marcon onder supervisie van Dr. Henk Schut. Alvorens u besluit deel te nemen, is het belangrijk te begrijpen waarom dit onderzoek plaatsvindt en wat het omhelst. Neemt u alstublieft de tijd om deze informatie zorgvuldig door te nemen. Mochten er nog vragen of onduidelijkheden zijn, twijfelt u dan niet om contact op te nemen.

Moet ik deelnemen?

Het staat u volledig vrij te besluiten om al dan niet deel te nemen. Indien u besluit deel te nemen zullen de gegevens die u verschaft volledig anoniem worden verwerkt. U kunt op ieder moment uw deelname terugtrekken.

Als ik deelneem, wat wordt er dan van mij verwacht?

Als u besluit deel te nemen aan dit onderzoek zult u om te beginnen gevraagd worden een korte algemene enquête invullen om enkele demografische gegevens in kaart te brengen. Vervolgens zult u gevraagd worden drie enquêtes in te vullen die belangrijke aspecten behandelen omtrent rouw en het omgaan met rouw. U wordt gevraagd te terug te kijken op uw persoonlijke ervaring en zult waarschijnlijk geconfronteerd worden met emoties die samenhangen met het overlijden van uw dierbare. Dit zal in totaal niet meer dan 15 minuten in beslag nemen.

Wie krijgt toegang tot mijn informatie?

De onderzoekers en de afstudeerbegeleider zullen toegang hebben tot de informatie die wordt verzameld tijdens dit onderzoek. De volledig anonieme data zal worden opgeslagen en met een wachtwoord worden beschermd.

Wat gebeurt er met de resultaten van het onderzoek?

De resultaten van dit onderzoek zullen worden verwerkt in twee afstudeerscripties voor de masteropleiding Clinical Psychology aan de Universiteit van Utrecht. De resultaten zullen worden beoordeeld door de toezichthouder, een tweede beoordelaar en een externe beoordelaar. De scripties kunnen door toekomstige studenten van de opleiding worden ingezien alsmede gepubliceerd worden in een wetenschappelijk tijdschrift. Nogmaals, de informatie die u ons verschaft bij participatie zal volledig anoniem en onherkenbaar zijn. Het staat u vrij een kopie van het uiteindelijke onderzoek aan te vragen middels een email aan

s.m.rogerson@students.uu.nl

Wat als er zich een probleem voordoet?

Als enig aspect van dit onderzoek u zorgen baart, is het wellicht wenselijk met iemand te kunnen spreken die uw zorg kan adresseren. In dat geval kunt u contact opnemen met Stéphanie Severs – Oliva Marcon (s.olivamarcon@students.uu.nl) of de toezichthouder Dr. Henk Schut (h.schut@uu.nl).

Bedankt voor de tijd die u genomen heeft deze algemene informatie door te nemen.

Toestemmingsformulier

Door in te stemmen met deelname aan dit onderzoek, bevestigt u dat u 18 jaar of ouder bent en dat alle bovenstaande informatie begrepen heeft.

Gaat u akkoord met deelname?

- **Ja, ik ga akkoord met deelname aan het onderzoek**
- **Nee, ik ga niet akkoord met deelname aan het onderzoek**

