A CROSS-CULTURAL STUDY OF THE COPING STRATEGIES OF TURKISH AND ENGLISH ADULTS

ZEHRA IDIL KORTANTAMER

A thesis submitted in partial fulfilment of the requirements of the
Nottingham Trent University
for the degree of Doctor of Philosophy

August 2011

To my sister and mother

ACKNOWLEDGEMENTS

ABSTRACT

This project examined the similarities and differences of the coping process of English and Turkish adults. It focused on stress in close relationships and how individuals from these two cultures coped with it. A mixed method approach with a sequential mixed design consisting of an initial qualitative study followed by a quantitative study was applied. The qualitative study was exploratory and investigated the coping process of 10 English adults, 10 Turkish adults living in Turkey and 10 Turkish adults living in the UK through semi structured interviews. Turkish adults living in the UK were included in the study to investigate the effect of acculturation on the coping strategies of Turkish people. A grounded theory analysis was used which provided detailed information on the coping process of these groups. The results suggested that the Turkish participants used the coping strategies self expression, seeking social support, avoidance and problem solving more than the English participants. It was also found that as Turkish participants lived in UK for a while they used these coping strategies less frequently than the Turkish participants living in Turkey. Also as a result of the grounded theory analysis a model of coping patterns emerged which depicted the tendential order of successive coping strategies employed by the participants. In the quantitative study eight hypotheses about the primary appraisals and coping strategies of Turkish and English adults were formulated based on the findings of the grounded theory analysis and literature review. 300 Turkish (150 living in Turkey and 150 living in the UK) and 150 English adults completed the COPE and ALE scales. The hypotheses were tested through ANOVAs and hierarchical regression analysis. The findings of the quantitative study suggest that Turkish adults living in Turkey and the UK use active coping,

planning, restraint coping, focus on and venting of emotions, and religion as coping strategies significantly more than English adults. There were also differences between the two Turkish groups. Turkish adults living in Turkey used significantly more planning, venting of emotions, seeking instrumental and emotional social support and religion than the Turkish adults living in the UK. Culture also affected the appraisal process. Turkish adults living in Turkey and UK appraised the stressful situation more as loss than the English adults. Overall the findings suggest that culture is a significant factor influencing the appraisal and coping process.

CONFERENCES ATTENDED

Kortantamer, Z. I. (2010). A qualitative study of the coping strategies of Turkish and English adults. *Presented at Nottingham Trent University Psychology Conference, Nottingham, June 2010.*

Kortantamer, Z. I. (2009). A comparative study of the coping strategies of Turkish and English adults. *Presented at 30th Stress and Anxiety Society Conference, Budapest, Hungary, July 2009.*

Kortantamer, Z. I. (2008). A cross-cultural study of the coping strategies of English and Turkish adults. *Presented at PsyPAG Annual Conference, Cardiff, July, 2009.*

Kortantamer, Z. I. (2007).Turkish women living in the UK and their coping strategies. *Presented at KCTOS: Knowledge, Creativity and Transformation of Societies, Vienna, December, 2007.*

CONTENTS

CHAPTER ONE: INTRODUCTION AND LITERATURE REVIEW

1.1 Introduction

Although people have dealt with hardships, strain, tension, loss, and pain for thousands of years, not until the last few decades, systematic coping research has proliferated. Coping is universal. Yet, as different cultures reflect differences in norms, values, and beliefs, which shape the behaviour and experiences of people, coping with situations and events may vary according to those cultural perspectives.

Most coping research has been designed, employed and analysed in Western countries with Euro-American populations. Although the influence and significance of culture on the coping process has been recognised, research on cross-cultural coping still has limitations. One important limitation is that the cultural differences in coping have been tried to be captured through the dichotomy of individualism and collectivism. Yet all cultures are fluid and dynamic being regularly subjected to influences from other cultures making any dicothomous grouping difficult and misleading. Instead, examining culture specific phenomena would reveal significant information on the variety of ways people from different cultures employ coping strategies.

A significant phenomenon to consider regarding cultures in coping is the role of emotion. The appropriate ways of expressing emotion may vary depending on the beliefs and values of each culture. One good example of emotional expressivity is Turkish culture. In the Turkish culture expressing oneself in any stressful situation is not only regarded as a natural reaction to problems but is also expected of the person (Göka, 2008).

Cultural beliefs and norms are reflected in language since each language

carries with it the ways of thinking that are peculiar to that culture (Wierzbicka, 2005). In this sense idioms and expressions can express cultural values and belief patterns. For instance in Turkish language there are many idioms and expressions that reflect the importance of expressing oneself in a stressful situation such as "insan insanın ağusunu alır" (talking to someone about the problem helps you to get the stress out of your system), "keskin sirke küpüne zarar" (negative emotions that are retained and are not expressed will harm you), "anlat açılırsın" (talk about it and you will feel better), "derdini söylemeyen derman bulamaz" (if you do not talk about it you will not be able to find a solution). Thus there is a strong emphasis on expressing emotions as a way of dealing with the stressful situation in the Turkish culture.

Other cultures however may not regard expressing emotions in a stressful situation as important. The English culture can be considered as an example for this. "Keeping a stiff upper lip", "not turning a hair" and remaining calm or cool in the face of adversity might be more prevalent in the English culture. Furthermore expressions such as "get a grip" suggest that emotions are preferred to be controlled rather than expressed in a stressful situation in English culture.

Thus comparing cultures that vary in emotional expressivity can reveal significant information on the coping strategies of those cultures. In this project the coping strategies of people from English and Turkish cultures are investigated as these two cultures seem to vary in their values and norms regarding emotions and emotional expressivity.

People tend to experience stress in various life domains such as work, health, financial difficulties, and traumatic events. This study focused on the domain of interpersonal relationship as a source of stress. Thus all stressful situations mentioned in this research refer to a stressful situation or event with someone close

2

(i.e. family member, partner, friend) to the participant. This domain of stress was chosen as there was no previous research in this area comparing a Turkish and English sample. Furthermore cross-cultural research in coping with stress in interpersonal relationships is very limited. Thus this study aimed to address a gap in the literature of coping.

1.2 Theories of stress

The concept of stress has evolved over a period of hundred years although it gained its popularity in the last few decades (Cooper & Dewe, 2004). Previously, when used in daily language, the term 'stress' meant hardship whereas in the beginning of this century it acquired a technical meaning through physics and engineering (Hinkle, 1973; Lazarus, 1993). Robert Hooke's Law of Elasticity proposed that the load applied to any structure will create stress on the part it has affected and cause strain on the mechanism. Through this "engineering analogy" stress came to be accepted as an external demand placed upon a system or structure (Lazarus, 1993).

1.2.1 Stress as an external event

a) The theory of Walter Cannon

The work of Walter Cannon provided a good foundation of knowledge about the physiological process of stress. According to his theory of homeostasis the body has a self regulatory system focusing on maintaining equilibrium. When environmental challenges threaten the organism it maintains its stability by corrective mechanisms that deter the threat (Cannon, 1939). He further theorised that

there could be a safety factor that determined the limit to which the self regulatory system could handle the environmental demands before being overtaken by it (Cooper & Dewe, 2004). Another focus of Canon's theory was how the organism reacted to stress. His theory proposed that there are only two ways of reacting; fight and flight (Cannon, 1914). Although the concepts of homeostasis and fight or flight responses have inspired further research of stress they were limited in capturing the whole process. One main shortcoming of his work was to limit the concept of stress to reflex responses aiding the survival of the organism. Thus, Cannon's theory was only concerned with the biological aspect of stress, which suggested that the person did not have any influence over it (Newton, 1995).

b) The theory of Hans Selye

Following the tradition of Cannon, the work of Selye was also based on the biological aspects of stress. Selye argued that stress could be defined as the "wear and tear in the body" (p 2) due to stressors which he named as "noxious agents" (Selye, 1978, p 37). He further categorised stress into eustress (good stress) and distress (bad stress) arguing that the person aimed to experience as much as eustress as possible (Selye, 1979). His focus was on the processes that the body underwent as a reaction to the stressors rather than the stressors themselves which he named as non-specific. According to his theory the type of stressor did not have any influence on the set of responses produced; stressors which he hypothesised were of external origin always elicited the same responses in the organism (Selye, 1978).

Selye's theory General Adaptation Syndrome consists of three stages that the organism experiences as a response; "alarm", "resistance" and "exhaustion" (Selye, 1978). Alarm is the initial stage that involves physiological responses in triggering

4

the defence systems of the organism. If the organism manages to use either flight or fight responses successfully, homeostasis is maintained. On the other hand, if the threat continues to persist, the body enters the second stage; resistance. In this stage the body tries to avert the overtaxing demands by using most of its energy through employing a variety of its resources. If the threat still persists the depletion of energy will lead to tissue damage, exhaustion or even death, the final stage (Selye, 1978).

Similar to Cannon's theory, the theory of Selye, has been criticised for not taking into account any psychological factors and limiting stress only to physical or physiological responses of the organism (Cassidy, 1999). The non specific responses have also been questioned as research has failed to certify that a variety of stressors can elicit a uniform set of behaviour (Mason, 1975).

1.2.2 Stress as a transaction between the person and the environment

The notion that the various external stressors evoke general responses to stress was challenged by the research findings of Lazarus and his colleagues which indicated individual differences in the physiological reactions to stress (Lazarus et al, 1984). Furthermore, research by Mason (1971) revealed that different responses were elicited by different types of stressors. Thus, Lazarus introduced a cognitive framework to stress theory in which the individual's interpretation of the situation is a significant part of the stress response process. Contrary to previous theories which explained stress as a reaction to an external demand, the theory of Lazarus shifted the focus to the transactional interaction of the person and the environment. For Lazarus, the concept of stress was a whole process involving also the coping responses. Hence his definition of stress encompasses the whole process; "It seems wise to use stress as a generic term for the whole area of problems that includes the stimuli producing

stress reactions, the reactions themselves and the various intervening processes"
(1966, p 27). Thus, with the transactional approach the term stress became "a
collective term for an area of study" (p 27) including the whole interactive process of
stress and coping.

1.3 Theories of coping

The theories of stress have laid the foundation for the way coping has been
conceptualised. Three main coping models have dominated the literature for the last
few decades. The models of coping vary according to their emphasis on the different
elements of stress. A situation based model of stress and coping is centred on the
impact of specific external events or environmental demands that shape the coping of
the individual. A person based model of coping on the other hand assumes
"environmental consistency" where the coping responses are determined based on
the individualistic differences. The transactionalist approach explains coping as a
process where the situation, person and coping responses affect one another
constantly (Aldwin, 2007, p 99).

1.3.1 The situation based model of coping

Following the tradition of stress as an external factor, the situation based
model of coping emerged arguing that the environmental demands are the primary
factors which determine the coping process that people use. Thus, in this approach
the coping responses are considered to depend mostly on the nature of the stressor
and therefore the type of stressor is of paramount importance (Aldwin, 2007). The
objective presence of a major life event such as a disaster is the focus of attention in

situation based approach as it postulates that coping is shaped according to a certain event (Cooper & Dewe, 2004). One example is Holmes and Rahe's (1967) approach which focused on effects of major life events.

The interest in situation based model of coping waned towards the beginning of this decade as it has been criticised for confining coping into a simple stressor-response domain with the environmental demands as being the only factor shaping this process. Furthermore by objectifying the stress and coping process the situational based model of coping fails to take individual differences in account the (Cooper & Dewe, 2004).

1.3.2 Person based models of coping

In person based models of coping the personality of the individual is of prime importance in determining the coping strategy applied. Two different approaches; the psychoanalytic tradition and the trait based model of coping place the personality characteristics of the individual at the centre of stress coping process.

a) The psychoanalytic tradition

In the psychoanalytic tradition the individual attempts to manage situations that cause anxiety by the usage of defence mechanisms. Thus rather than the environmental factors focus is solely on the characteristics of the individual's personality which developed in childhood and therefore is set (Anna Freud, 1966). Although Anna Freud identified a variety of major defence mechanisms such as suppression, denial, and projection, she also suggested that when faced with stressful situations, the individual prefer to use only a selected few (Zeidner and Endler,

1996).

Initially the defence mechanisms were all considered to be maladaptive as they distorted the reality to reduce the tension felt by the individual. Later taxonomy of defence mechanisms were created by Haan (1977) in which defence mechanisms were grouped into adaptive and maladaptive strategies. This concept was further developed by Vaillant (1977) who proposed a hierarchical model with a range of mature and immature defence mechanisms. Immature defences were defined as projection, hypochondriasis and passive aggression. Mature defences were sublimation, humour and suppression. There was also a third group named as neurotic defences that was positioned as an intermediate class and consisted of the defence mechanisms intellectualisation, repression and reaction formation.

b) The trait based model of coping

The trait based model of coping focuses on the individuals' perception styles and on how individuals with different personalities process information. For instance, the blunting-monitoring hypothesis posits that individuals cope by either seeking (monitoring) or avoiding (blunting) information on the stressful subject (Miller, 1980). Several dichotomous models of coping have been presented, for example, nonvigiliant-vigiliant (Averill & Rosenn, 1972), repression-sensitisation (Bell & Byrne, 1978), reducers-augmenters (Petrie, 1978), rejection-attention (Mullen & Suls, 1982) and approach-avoidance (Roth & Cohen, 1986). The various typologies of approach-avoidance coping have been criticised for limiting coping behaviours to two strategies where a person either seeks information or avoids it (Aldwin, 2007).

Another trait based model of coping is McCrae's (1982) personality based

coping that places personality traits as the determining factor in the choice of coping styles. Similarly, personality types (i.e. type A, type C personality) and hardiness have also been considered to influence the stress and health relationship of the individual (Cassidy, 1999).

Both the psychoanalytic tradition and the trait based models of coping have been criticisised for failing to explain the complexity of coping process as the core of the person based theories focus on a limited number of set personality types. In addition the main assumption of trait theories is that people's characteristics or traits remain stable over time and do not change across situations (Cassidy, 1999). Furthermore, personality based models cannot predict what coping responses tend to be used in different situations (Wong et al, 2006).

1.3.3 The transactional model of coping

a) The theory of Lazarus and his colleagues

Contrary to previous theories the transactional model regards coping as a process that evolves over time involving the dynamic transaction between the person and the environment (Lazarus & Folkman, 1987). Although the key focus of the theory is on the cognitive aspects of coping the characteristics of the situation is also taken into consideration. Hence how people perceive and appraise the psychological and environmental demands of specific stressful encounters are both of high significance (Folkman et al, 1986). Thus coping is defined by Lazarus and Folkman (1984, p 141) as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person."

The cognitive aspect of the theory is based on the appraisal of the process.

Cognitive appraisal is described by Lazarus and Folkman (1984) as an "evaluative" (p 31) process which involves determining if a transaction between the environment and the person is stressful. It consists of two stages; primary and secondary appraisal. Primary appraisals can be of three types; harm/loss, threat or challenge. The harm/loss appraisal includes interpreting the event as a stressful situation where damage has already occurred. In the threat appraisal the individual sees the event as a potential loss or harm and usually the emotions anger, fear or anxiety is experienced. Challenge appraisal on the other hand focuses on potential gain and growth as a result of the situation and involves experiencing emotions such as excitement and exhilaration (Lazarus & Folkman, 1984).

The main difference between challenge and threat appraisal is their emphasis on either loss or potential gain. (Chun et al 2006). Although threat and challenge appraisals cognitively differ they are not considered to be mutually exclusive (Lazarus & Folkman, 1984). For example a stressful situation such as a work change can be simultaneously appraised both as a threat and challenge. It can be appraised as a challenge since it could lead to a promotion and thus includes the potential gain. Yet at the same time it could be appraised as a threat because it could also be too demanding for the person and therefore carries the risk of being overwhelming (Lazarus & Folkman, 1984).

Secondary appraisal entails the evaluation of the coping resources and options in regards to the demands of the stressful situation. It addresses the question "What can I do?" (Folkman, 1984, p 842). Hence, physical (i.e. person's health, energy), social (i.e. social network and support systems), psychological (i.e. beliefs, self esteem, morale), material (i.e. money, tools) resources are evaluated according to the demands of the situation (Folkman, 1984).

A significant part of secondary appraisal is the situational appraisal of control. The situational appraisal control refers to the belief the person has about the amount of control they have in the specific stressful encounter. It involves the assumption about how much control they can exert on the outcome of the situation (Lazarus & Folkman, 1987). Thus people may believe that they can or cannot control the event. A widely known formulation for this is Rotter's (1966) internal versus external control.

The transactional model suggests that appraisals can be modified throughout the coping process through reappraisals. A reappraisal is defined as a "changed appraisal" based on the information received from the environment such as other people's responses (Lazarus & Folkman, 1984). Thus a stressful situation appraised initially as threat can be reappraised as a challenge in the light of new information.

According to Lazarus and Folkman (1987) both situation factors such as ambiguity and uncertainty can influence the appraisal. Uncertainty refers to the person not being clear about the meaning of the situation whereas ambiguity is defined as the lack of clarity within the situation due to the environmental factors. For instance the stressful situation may be unambiguous however the person may still experience uncertainty because of conflicting values, commitments s/he has or because s/he doesn't not know what to do in that situation. On the other hand another person may be confident about what to do although the situation appears to be ambiguous (Lazarus & Folkman, 1984).

Lazarus and Folkman (1987) identified two main functions of coping; problem focused coping and emotion focused coping. Problem focused coping centres around efforts that try to solve the problem by analysing it, generating solutions, evaluating the choices available and applying the best alternative. Thus

problem focused coping is geared towards altering the stressful situation. Emotion focused coping on the other hand involves "managing emotional distress" (Lazarus & Folkman, 1987, p 152) when the individual believes that the stressful situation cannot be changed. Thus in emotion focused coping the meaning given to the event is altered through reappraisals in order to reduce the distress. Emotion focused coping includes strategies such as avoidance, positive comparisons and distancing (Lazarus & Folkman, 1984).

1.4 Coping and culture

Cultural differences exist as each culture is shaped by a variety of factors ranging from historical context, political events to physical conditions and a variety of beliefs and assumptions shared by its members (Wong et al, 2006). Triandis (1972, p 3) defined culture as "shared attitudes, beliefs, categorizations, expectations, norms, roles, self definitions, values and other such elements of subjective culture found among individuals whose interactions were facilitated by a shared language, historical period, and geographic region." According to Pedersen (1999) culture shapes behaviour to the extent that "it's rare for any human being ever to behave without responding to some aspect of culture" (p 8). Thus it is crucial to view human behaviour in the socio-cultural context it occurs in (Segall et al, 1998). In psychology of coping this context has been Euro-American cultures as most of the existing research on coping gives significant information about the coping processes of people form Euro-American background (Wong et al, 2006).

In cross cultural psychology, the cultural dimension of coping has traditionally been explored using the individualism-collectivism construct. As most of the research on coping has been undertaken in individualistic cultures, for

example North America and Western Europe, problem focused coping tends to be more prevalent than emotion focused coping (Wong et al, 2006). Thus coping research has focused on problem focused coping presenting it a as an adaptive coping strategy whereas emotion focused coping was associated with poor health and psychopathology (Stern & Zavon, 1990).

Yet this categorisation explains coping behaviour from a Euro-American perspective failing to take into account the cultural context in which coping takes place. For instance in cultures influenced by Buddhism or Taoism, wellbeing is enhanced through building up one's inner resources and achieving wisdom through not taking direct action, and, therefore, frequently used coping styles are those that involve passivity and endurance (Wong et al, 2006). Hence, from both a theoretical and empirical perspective, it is vital that coping research consider cultural beliefs and differences that influence choice of coping strategies, rather than jump to the conclusion that any diversion from problem focused coping is dysfunctional.

Cultural influences on individuals' choice of coping strategies have been reported by many researchers (e.g., Bailey & Dua, 1999; Slavin et al, 1991; Prelow et al, 2000; Tweed et al, 2004). Moreover, research has suggested that culture can affect both the appraisal and the choice of coping strategies (Aldwin, 2007; Chun et al, 2006).

1.4.1 Cross-cultural research on appraisals

The transactional theory suggests that threat and loss appraisals elicit emotion focused coping (Lazarus & Folkman, 1984). Although there is limited cross-cultural research about primary appraisals, Lazarus and Folkman's (1984) theory has been supported so far.

One example is the study by Bjork et al (2001) who examined primary appraisal and coping strategies among Korean Americans, Filipino Americans and Caucasian Americans. Their results showed that Asian American participants appraised the stressful situations as more challenging than Caucasian Americans. In addition, Korean Americans also appraised the situations as involving a greater loss than the other two groups. The study also investigated the relationship between the appraisals and the coping relationships. The study showed that in all three groups, challenge appraisals predicted problem solving and positive reappraisal as coping strategies. When the participants appraised the situation as involving a loss, they used social support, religious coping and distancing as coping strategies. Loss and threat appraisals together resulted in the utilisation of escape-avoidance coping. The study also suggested that Asian American participants used more number of coping strategies than Caucasian Americans.

Another study that found similar results with regards to the relationship between appraisal and coping was the study by Rao et al (2000). The study investigated the relationship of appraisals and coping strategies in a non-Western sample was undertaken in India, and focussed on stressors in the academic and interpersonal domains (Rao et al, 2000). The results of the study showed that in both domains (exam stress and interpersonal stress) threat appraisals predicted avoidance and wishful thinking as coping strategies. Challenge appraisal on the other hand resulted in problem solving coping strategy when the stressor was exams and positive outlook when the stressor was interpersonal relationships.

Another significant result of the study by Rao et al (2000) was that although there were no differences in gender in the appraisal process there were variations in the coping strategies of Indian men and women in the interpersonal domain. For

instance female participants employed withdrawal, crying, wishful thinking and prayers as coping strategies and male participants used distractions such as physical activity and smoking as a coping strategy.

Some studies suggest that there might be gender differences in the appraisal process. According to a research in Israel (Anshel et al, 2001) Israeli females experienced more threat and fewer challenge appraisals than male participants. In addition the results of the study by Ptacek et al (1992) undertaken in USA showed that American men tended to appraise the stressful events more as a challenge whereas American women tended to appraise them more as threats or losses. The same findings were reported by Levy-Shiff (1999) who examined the appraisal and coping strategies of Israeli fathers with parenting stress.

1.4.2 Cross-cultural research on coping

Most cross cultural research on coping strategies focus on comparing North Americans with Hispanic Americans, African Americans or Asians. These studies have established that there are cultural differences in the use of problem focused and emotional focused coping. For example, studies which compared stress and coping of Asian (India, Malasia, China and Japan) and Euro-American (USA, Canada, Germany, UK) students highlighted the more frequent usage of emotion focused coping by Asian students (Gerdes et al, 1999; Essau and Trommsdorff, 1996; Sinha et al, 2000; O'Connor & Shimizu, 2002).

However, there are some contradictory findings concerning the coping strategies of Asian and North Americans. A study by Motoaki et al (1990) showed that, in comparison to Japanese participants, Americans used more escape and avoidance coping. Similarly, in a research study which compared Canadians

and Japanese adults, the results indicated that Canadians employed more escape and avoidance coping than Japanese participants (Tweed et al, 2004). Furthermore, Gerdes and Ping (1994) compared the coping strategies of Chinese and American students and their results indicated that American students used less problem focused coping compared to Chinese students. Other studies which compared Chinese and American, Japanese and English and German, American and Malaysian students, all reported no difference in the amount of problem focused coping used by Asian and Euro-American students. The contradictory results of these studies suggest that people from collectivistic cultures do not always tend to favour emotion focused coping. Thus the collectivistic -individualistic perspective seems not to be sufficient to predict the choice of coping strategy (i.e. emotion focused, problem focused).

Research studies have investigated the coping mechanisms used by people from minority groups, especially Hispanic and African Americans in USA (Knight et al, 2000; Mausbach et al, 2003; Ramos, 2004; Culver et al, 2004; Morgan et al, 2005; Njoku et al, 2005; Choumanova et al, 2006; Person et al, 2008; deLeon Arabit, 2008). Most of the coping research about Hispanic and African Americans focus on the domain of health (i.e cancer, chronic fatigue syndrome, elephantiasis of the leg or caregiving to a relative with medical condition). These studies report that both African and Hispanic Americans use only emotion focused coping (Knight et al, 2000; Mausbach et al, 2003; Ramos, 2004; Culver et al, 2004; Morgan et al, 2005; Njoku et al, 2005; Choumanova et al, 2006; Person et al, 2008; deLeon Arabit, 2008). According to these studies religion, avoidance and seeking social support were the main coping strategies used by these groups. Hence there seems to be a tendency for the Hispanic and African Americans to use mostly emotion focused coping in the domain of health as a stressor.

There is limited research on coping in Muslim minority groups as well as Muslim cultures. However, the study by Khawaja (2007) showed that Muslim immigrants in Australia would express their emotions and seek social support as a way of dealing with a stressful situation. Similarly study of coping strategies of medical students in Pakistan revealed that they would talk to somebody about the stressful situation as a coping strategy. The participants also used praying and various distractions (i.e. watching movies, visiting relatives) as coping strategies. Iranian women diagnosed with cancer expressed that they would use religion, acceptance and seeking support form significant others to cope with the situation. (Taleghani et al, 2006). Although these findings suggest that people from Muslim minority groups and Muslim cultures prefer using emotional focused coping, research that focuses on other Muslim cultures might reveal different results. For instance, Hattar-Pollara (2003) concluded that Egyptian women experiencing stress in the interpersonal and work domains used both problem focused and emotion focused coping to deal with these situations.

Just as collectivism-individualism construct is too general to capture the various cultural differences in coping strategies the emotion focused versus problem focused grouping of coping strategies is not enough to depict the whole array of different coping strategies individuals from different cultures use. Therefore it would be beneficial to examine the specific coping strategies that are grouped under the labels 'problem focused' and 'emotion focused' coping.

a) Emotion focused coping

<u>Denial and Avoidance</u>

Research has suggested that there are differences in the amount of denial

used as a coping strategy by Hispanic and Afro American minority groups and the Anglo Americans in USA. (Prelow et al, 2000; Njoku et al, 2005; Farley et al, 2005; Montoro-Rodriguez & Gallagher-Thompson, 2009; Everett et al, 2010). The research by Roy et al (2005) on the coping strategies of Asian (Hindu, Bengali and Urdu) and English cancer patients in UK also established some differences in the usage of denial between these two groups. According to the study the English patients rated higher on the items "I do not dwell on my illness" and "I have difficulty believing it happened to me" whereas the Asian patients rated higher on the item "I don't really believe I have cancer". It seems that English and Asian participants differed in the way they used denial as a coping strategy. Asian participants denied acknowledging the fact that they had cancer whereas English participants preferred to avoid thinking about it. Thus although the amount of denial as a coping strategy did not differ among these groups the choice of items by the patients denote a variety in how denial is utilised the two groups.

In addition the study by O'Conor and Shimizu (2002) comparing the coping strategies of Japanese and English students revealed that Japanese students used denial as a coping strategy which included "refusing to believe it had happened". Thus similar to the study by Roy et al (2005) the Asian participants in the study by O'Conor and Shimizu (2002) also used denial as a way of refusing to acknowledge the existence of the illness rather than avoiding to think about it.

Although denial is used as a coping strategy across cultures these findings suggest some differences in the usage of denial as a coping strategy in the minority cultures and the hosting culture in USA and UK.

Some culture specific research has provided some information on which cultural groups use avoidance as a coping strategy. For instance Yeh and Chou

(2007) have demonstrated that for Taiwanese patients of haemodialysis avoidance and isolated thoughts are the most commonly used coping strategies. Similarly, the study by Sun et al (2007) in Taiwan showed that the family of patients who had attempted suicide used avoidant coping as their main coping strategy.

The studies undertaken with Turkish samples have suggested that Turkish people also tend to use avoidant coping on a frequent basis (Soares & Grossi, 1999; Kukullu & Buldukoğlu, 2006; Küçük, 2008) For instance the research looking at the coping strategies of Turkish patients suffering from musculoskeletal pain living in Sweden found that Turkish patients used pain avoidance as a coping strategy (Soares & Grossi, 1999). Also, in a study undertaken in Turkey, Turkish women expressed using avoidance as a way of coping with the daily parenting hassles (Kukullu & Buldukoğlu, 2006). Distancing oneself emotionally and physically from the stressful situation was a coping strategy employed by the Turkish caregivers of family members in dementia (Küçük, 2008).

Various activities are also used as a way of avoiding or distancing oneself physically or mentally from the stressful situation. Especially the use of leisure as a way of coping allows the individual to temporarily escape the stressful situation (Iwasaki et al, 2002). For instance doing an activity helps the person to focus entirely on that specific activity and therefore helps the person to avoid the stressful situation (Specht, 2005).

Cross-cultural research has suggested that leisure activities are commonly used as a form of avoidant coping by Euro-Americans as well as people from different cultural backgrounds. For example, exercising/ sports and watching movies/TV have been reported as a coping strategy in studies undertaken in Taiwan (Sun et al, 2007; Chang & McConkey, 2008), Israel (Cwikel & Segal-Engelchin,

2010) India (Albuquerque et al, 1990; Rao et al, 2000), Pakistan (Shaikh et al, 2004), UK (Grant & Whittell, 2000) and USA (with Hispanic Americans) (deLeon Arabit, 2008). Listening to music was used by Israeli women (Cwikel & Segal-Engelchin, 2010), students in Pakistan (Shaikh et al, 2004) and Aboriginal Canadians (Iwasaki & Bartlett, 2006). Other leisure activities such as reading, shopping and gardening were reported to be employed by Israeli, Taiwanese and Hispanic American women (Cwikel & Segal-Engelchin, 2010; Chang &McConkey, 2008; deLeon Arabit, 2008).

There is research showing that drinking alcohol is used as a coping strategy in Euro-American populations (Lawson and Thompson, 1996; Grant and Whittell, 2000; Park and Levenson, 2002; Hovey, 2005). A study by Büyükşahin (2009) investigating the coping strategies of university students in Turkey suggest drinking alcohol can be used as a coping strategy by Turkish male students as well. Yet there is not sufficient information on alcohol use as a coping strategy in Turkish culture.

<u>Social support</u>

Research suggests that social support is used as a coping strategy in the domains of health, parenting and caregiving across a variety of cultural groups. Yet there are differences between cultural groups in what is the preferred type of social support and also how the social support is used.

According to the studies of Parra et al (1995), Connell and Gibson (1997) and Chiang et al (2004) Hispanic Americans and Afro-Americans in comparison to their Anglo-American counterparts rely more heavily on informal rather than formal support. The results of these studies showed that both Hispanic and Afro Americans preferred to seek social support from their friends, family members and significant others rather than counsellors or support groups. For instance according to

Henderson et al (2003) in the cases when African American women coping with cancer joined social support groups they preferred to be in groups that were designed for African American women. They explained that they wanted to be with women who were from similar background to them because they would understand them better. In addition Hispanic American participants tended to be reluctant to seek help from services as they believed one should keep the problems in the family and not discuss it with strangers (Ramos, 2004) Furthermore, not having information about the social services or how to access them was another reason why Hispanic Americans did not use any formal type of social support (Ramos, 2004).

For African and Hispanic Americans, another important source of social support was the church, which provided both emotional and instrumental social support for these two minority groups. Church activities offered a platform for socialisation for both Hispanic and African Americans where they could talk to friends, neighbours and clergymen about their problems (Lawson & Thompson, 1996; Ramos, 2004; Morgan et al, 2005). Instrumental social support was also offered through church members and clergymen. For instance in the study by Morgan et al (2005) African American couples coping with cancer reported receiving help from other church members in the form of household assistance or being provided meals. Similarly, Puerto Rican caregivers received help from church members or pastors in finding jobs, help in transportation, household items and food (Ramos, 2004). Hence these studies suggest that both Hispanic and Afro Americans preferred to seek social support from their community and church networks rather than social services or counsellors.

Research from Taiwan and China has suggested that seeking social support is used as a coping strategy in these cultural groups too (Wong & Chan, 2006; Lin et al,

21

2008; Huang et al, 2008;Sun et al, 2008; Chang & McConkey, 2008). So far, the research looking at the coping strategies of Chinese populations have mainly focused on stressors due to health (cancer), caregiving (i.e. schizophrenia, attempted suicide) of a family member or parenting a child with mental disability. The results of these studies suggest that social support is mainly sought from other caregivers or parents who have experienced similar problems. It seems that parents or caregivers tend to be reluctant to talk to their friends or relatives about their problem and would rather talk to other parent or caregivers (Wong & Chan, 2006; Huang et al, 2008; Lin et al, 2008). According to Huang et al (2008) this is due to the concept of shame in Chinese culture. The families believe that they will lose "face" if it is known that they have a family member who suffers from a mental illness. Thus due to the stigma attached to the problem in Chinese culture they tend to seek social support from other people who experience similar situations.

There are a few studies that indicate that Turkish people also tend to use social support as a coping strategy. According to Akyüz et al (2008) and Van Rooij et al (2009) Turkish women and their husbands cope with cancer and involuntary childlessness through seeking social support from their family and friends. The research by Küçük (2008) revealed that Turkish caregivers of family members with dementia that lived in Germany did not join any social support groups that were available as they would prefer a support network with Turkish people. Similar to the Afro American participants in Henderson's study (2003), the Turkish immigrants in Germany tended to favour support network with the same cultural background.

Social Comparisons

'Social   comparison'   has   been defined as an emotion focused coping

strategy aimed to reduce emotional discomfort (Tennen & Affleck, 1997). Upward comparisons involve the individuals comparing themselves to other people in the desired direction or favourable situation and downward comparison consist of comparing oneself to others less fortunate (Taylor et al, 1990). Upward and downward social comparisons are known to be used with health stressors such as cancer (Van der Zee et al, 2000).

Research suggests that individuals from different cultural backgrounds use downward comparisons as coping strategy. For instance research by Person et al (2008) showed that Dominican women who suffered from elephantiasis of the leg would compare their situation to others who were in worse situations than themselves. Similarly according to the study of Chang and McConkey (2008) Taiwanese parents used downward comparison to cope with parenting distress due to having children with intellectual disability. One important component of social comparisons is the notion of shared experience. For instance in Ching et al's (2009) study, Chinese women who were coping with breast cancer expressed that social comparisons enabled them to feel that they were not the only one with this illness. This aspect of shared experience as a part of social comparison has also been reported by Turkish couples going through infertility treatment as a coping strategy (Van Rooij et al, 2009).

Religious/spiritual coping

Religious coping refers to the "cognition, behaviours, practices that are used to manage the perception, occurrence or consequences" of a stressful situation (Chatters et al, 2008 p 372). Religious/spiritual coping consists of both the beliefs and the behaviours of the individual. Although many cultural groups

use religious coping the differences in the beliefs and actions of those groups result in a variety of ways in which religion/spirituality is used as a coping strategy.

Religious coping has been identified as a primary coping strategy for Hispanic and African Americans (Culver et al, 2004). The studies by Morgan et al (2005), Bourjolly (1998), Choumanova et al (2006) showed that for both of these groups religious coping had two aspects; the private and the public. The private aspect of religious coping involved seeing God as a source of guidance and healing and to find meaning for the situation. For instance in the study by Morgan et al (2005) the African-American women diagnosed with cancer and their husbands expressed that God helped them to endure and was with them during this process. The public aspect of religion was going to church and attending religious events as a source of social support and to obtain networks through church that would help them. Prayer was also one important component of religious coping and involved praying to God for endurance, strength and acceptance (Mattis, 2002).

Research shows that Chinese and Taiwanese populations also use religious/spiritual coping (Sun et al, 2008; Huang et al, 2008; Chang & McConkey, 2008). For these groups both the religious beliefs and the actions that were grounded on those beliefs were used as ways of coping. For instance according to Huang et al (2008), the Buddhist concept karma which represents reincarnation was used as a spiritual coping strategy on the belief level. Thus the concept of karma offered an explanation to the person about the situation. Visiting the temple, worshipping the deity of the temple, consulting a shaman; *dang-gi*; who was believed to have the power to communicate with the deities and going to a fortune teller; *suan-ming*; to find out about the future were other spiritual coping strategies used by the Taiwanese (Huang et al, 2008, Sun et al, 2008; Chang & McConkey, 2008).

24

Although the research on coping in Muslim populations is scarce the existing literature suggests that religious coping is also used by Muslims. One aspect of religious coping involves believing that any problem that exists is God's will; *kısmet* and a test of God. For instance in the study by Taleghani et al (2006) Iranian women saw breast cancer as God given, as a test of God that they wanted to pass. Similarly, the study of Akyüz et al (2008) showed that Turkish women who had cancer and their husbands believed the illness was God's will. In addition, Turkish caregivers in Germany who looked after a relative with dementia expressed that the situation was a test from God that they wanted to pass (Küçük, 2008). Praying has been shown to be used as a form of religious coping in a variety of different Muslim groups (Turkish, Pakistani, Iranian and Tunisian) (Taleghani et al, 2005; Filazoğlu & Griva, 2008; Akyüz et al, 2008; Küçük, 2008; Bhui et al, 2008; VanRooij et al, 2009). The studies by Bhui et al (2008) and Khan and Watson (2006) showed that there were different ways in which religious coping was applied by the Muslim participants. Reciting religious verses using prayer beads or reading special prayers; *dua*; was one of the ways. Also carrying an amulet in which religious prayers were contained, listening to religious teachings on tape and reading the Quran were other forms of religious coping the Muslim groups used (Taleghani et al, 2005; Bhui et al, 2008).

b) *Problem focused coping*

Problem focused coping strategies are aimed to alter the stressful situation (Lazarus & Folkman, 1984). Although the collectivism-individualism dichotomy has been applied to suggest that problem focused coping is mainly a Euro-American way of coping, research has suggested that people in collectivistic cultures use problem focused coping to the same extent as their Western counterparts. For instance a

cross-cultural comparison of the coping strategies of Japanese and Chinese students with North American or English students revealed that there was no difference in the amount of problem focused coping used by the different groups (Gerdes & Ping, 1994; O'Connor & Shimizu, 2002; Tweed et al, 2004).

Moreover, results of culture specific research suggest that problem focused coping is employed in Asian (Taiwan and China) and Turkish cultures in the domains of health, caregiving and parenting (Soares & Grossi, 1999; Qui & Li, 2007; Filazoğlu & Griva, 2008; Chang & McConkey, 2008; Lin et al, 2008, Ching et al, 2009) For instance, Taiwanese parents who have children with intellectual disability or autism use a variety of problem focused coping strategies such as taking action to find a resolution to a difficulty, developing specific skills related to the child's disability, looking for day care situations as well as making plans and searching for more information (Chang & McConkey, 2008; Lin et al, 2008). Similarly Chinese and Turkish patients of cancer and musculoskeletal pain and Chinese caregivers with family members recovering from stroke have reported using adaptive strategies targeted at changing the conditions, searching for information and active coping (Qui & Li, 2007; Filazoğlu & Griva, 2008; Ching et al, 2009).

1.4.3 Cross-cultural research on coping with interpersonal relationships

An important issue to consider is how an individual copes with a stressful situation where the stressor is a family member, the partner or a close friend. Problems and tensions especially with a partner, spouse, friend or family member can result in stress and research suggests that close personal relationships are among the most common sources of stress in daily life (Marco et al, 1999). Cross-cultural research on coping with stressful situations within interpersonal relationships

can be grouped into three categories; the demands of caregiving, parenting stress and marital conflict/divorce as a source of stress.

a) The demands of caregiving

Taking care of a close family member (i.e., spouse, father or mother) with a medical or mental condition has been reported to cause stress for the caretaker (Funk et al, 2010). In their review of 17 empirical studies investigating the coping strategies of family caregivers of people affected by dementia Gottlieb and Wolfe (2002) found that both emotion and problem focused ways of coping were employed by participants from the USA. Only three of the studies in the review involved participants from minority groups; two studies compared Afro Americans and one study compared Chinese Americans with Anglo Americans. The two studies concerning the Afro Americans that are reported in the review (Gottlieb & Wolfe, 2002) concluded that Afro Americans in comparison to Anglo Americans employed more emotion focused coping and the one study focusing on Chinese Americans reported that Chinese Americans used more confrontive coping than Anglo Americans. The empirical research so far from North America and the UK indicates that Anglo American and English caretakers tend to utilise both problem focused (i.e., taking action and planning) and emotion focused coping (i.e., avoidance, acceptance and humour) (Gottlieb & Wolfe, 2002; Grant & Whitell, 2000). Yet, researches undertaken with different cultural populations have suggested that wider arrays of coping strategies are used when managing care giver stress (Sun et al, 2008; deLeon Arabit, 2008; Qui & Li, 2008). For instance, religion is one of the most frequently used coping strategies employed by both the black and Hispanic minority groups in USA when stress results from taking care of a family member (Conell & Gibson 1997; Mausbach et al, 2003; Ramos, 2004; deLeon Arabit, 2008; Herrera

et al, 2009). Studies on Hispanic female caregivers (i.e. taking care of an elderly family member or a family member with dementia or a spouse with stroke) in USA showed that religion was one of the main coping strategies of Hispanic women (Mausbach et al, 2003; Ramos, 2004; deLeon Arabit, 2008; Herrera et al, 2009). Similarly Conell and Gibson (1997) as a result of their review of literature research on dementia caregivers concluded that compared to white caregivers both Hispanic and Black caregivers living in USA used prayer and religion more as a coping mechanism.

Moreover, in two studies undertaken in Taiwan where family members took care of their close relatives who suffered from schizophrenia or who had attempted suicide, religion was also one of the main coping strategies (Sun et al, 2008; Huang et al, 2008). In these studies, religious coping was practiced as going to the temple, consulting a shaman and involved the belief in karma. Folk healing as in using herbal medicines and going to fortune tellers were also a part of the coping strategies used. Furthermore in a study by Hussain and Cochrane (2003) the carers of south Asian women living in UK who suffered from depression reported using religion as a coping strategy.

In addition to religion, avoidance and various distractions were also reported to be used by Hispanic and Taiwanese carers. For instance Latino women who were taking care of their spouses recovering from a stroke watched TV, cooked or did gardening as a way of distracting themselves (deLeon Arabit, 2008). Taiwanese carers have also reported of using distractions such as watching TV or exercising as a coping strategy (Sun et al, 2008).

These findings suggest that emotion focused coping as the prevalent form of coping among these culturally diverse populations. Although these cultural groups

could be classified as collectivistic cultures under Hofstede's (1983) categorisation a hasty conclusion of emotion focused coping as a dominant form of coping for collectivistic cultures with caregiving stressor should be avoided. Further research with other cultures such as the Chinese, which belongs to the under collectivistic culture category challenges this assumption. For instance in a study in China the Chinese participants who experienced stress as a result of taking care of a family member who had stroke used both problem focused (planning, active coping) and emotion focused coping strategies (positive reframing, acceptance) (Qiu & Li, 2008).

b) Parenting stress

Stress may also result from the strain caused by the demands of parenting. Research on parenting stress has primarily focused on coping with clinical conditions of the child such as mental or physical disability or severe illness (Newman, 2000). Studies in the USA on the coping strategies of parents with children suffering from cancer, heart disease, cystic fibrosis, juvenile rheumatoid arthritis or autism suggest that problem focused coping is the prevalent form of coping that American parents employ (Katz, 2002; Gray, 2003; Hovey, 2005). Analysing and planning through looking at options, weighing choices and trying to figure out what to do constitute the main ways the parents use problem focused coping. In addition the fathers of the children with a mental or medical condition have expressed using emotion focused coping in the form of distractions such as drinking alcohol, smoking or working more (Gray, 2003; Hovey, 2005).

Similar results have emerged from research undertaken in the UK, where the coping strategies of parents who have a child with intellectual disability are studied. According to the study of Grant and Whittell (2000) both parents used problem focused and emotion focused coping. The parents used problem focused

coping through thinking about the problem and trying to find a way to overcome it or trying out a number of solutions until finding the one that worked. Among the emotion focused coping strategies the participants applied was making positive comparisons, acceptance, humour, drinking and smoking and distractions such as reading, watching TV, exercising.

There is scarce research on coping strategies of parents from different cultural settings. However, a few studies have examined the coping strategies of Chinese and Taiwanese parents of children diagnosed with cancer, autism or intellectual disability and these studies suggested that both problem and emotion focused coping strategies are used by these cultural groups too (Wong & Chan, 2006; Lin et al, 2008; Chang & McConkey, 2008). For instance both Chinese and Taiwanese parents reported using taking action, facing up to their problems, planning and making logical analysis on treatment options and developing specific skills related to the disability. They also applied emotion focused coping which consisted of acceptance, seeking emotional support and various distractions such as watching TV/movies, exercising, visiting the temple and shopping (Wong & Chan, 2006; Lin et al, 2008; Chang & McConkey, 2008).

In similar, research on cultural differences in regards to coping with daily hassles due to the demands of the parental role is very limited. However, one study compared the coping strategies of Mexican, Mexican American and Anglo American mothers dealing with daily parental stress found that Mexican and Mexican American mothers employed more denial, acceptance and restraint coping than Anglo American mothers (Prelow et al,2000) The research by Cwikel and Segal-Engelchin (2010) suggested that Israeli mothers coped with daily parenting stressors through using various distractions namely reading, listening to music,

30

walking/exercising, shopping, smoking and venting their emotions (i.e. talking to friends). Similarly, the results of a study undertaken in south Turkey showed that Turkish mothers used various forms of avoidance such as leaving the environment and distractions as a way of dealing with daily parental strain (Kukulu & Buldukoğlu, 2006).

c) *Marital conflict and divorce as a source of stress*

Marital conflict and divorce as stressors have primarily been studied in relation to prevention, intervention and well being (Bodenmann, 1997; Christensen & Heavey 1999; McKelvey & Mc Kenry, 2000; Cummings et al, 2008). Few studies have examined how people from different backgrounds cope with marital conflict or divorce. One such study was done by Lawson and Thompson (1996), who investigated of strategies to cope with divorce that were used by Afro American men in the USA. The study showed that participants used a variety of emotion focused coping mechanisms (Religion, drinking alcohol, working more and seeking social support). Similarly, other studies comparing the coping strategies of Black and Mexican minority groups with Anglo Americans found that both Mexican American and Afro Americans used more social support as a coping strategy than the Anglo Americans (Parra et al, 1995; Sistler & Moore, 1996).

The results of these studies suggest that the black and Hispanic minority groups in the USA prefer using emotion focused coping strategies in the cases of marital conflict and divorce. Cross cultural research about the coping strategies of minority groups in regards to marital conflict/divorce in Europe is nonexistent. Only one study looking at the divorce coping strategies of Turkish women living in Netherlands reported that Turkish women use dominantly problem focused

coping to deal with stressors related to divorce (Öztürk & Knipscheer, 2003).

1.4.4 Acculturation and coping

Cross cultural research on coping consists of either comparing the different cultures of separate countries or comparing a minority group to the majority in a specific country. In the latter, another issue of interest is the effect of acculturation on coping strategies. Acculturation is defined by Berry (1999, p 12) as: "Acculturation is a process of cultural change that results when two(or more) cultural groups come into contact as well as the psychological changes that individuals experience as a result of being members of cultural groups that are undergoing acculturation at the group or collective level."

Acculturation is a process that involves significant change in the individual's life. Thus when people experience demands that require them to change they feel some degree of stress (Comer, 2001). The way the individuals perceive the stressor and their assessment of their own capacity to react to it influences the stress response. Thus, individuals that consider the event or situation as threatening will experience greater stress compared to those who believe they can effectively respond to the situation (Lazarus, 1999). Within the framework of stress models, acculturative stress refers to a kind of stress where the stressors can be found in the process of acculturation (Williams and Berry, 1991). In this sense, acculturative stress is "A stress reaction in response to life events that are rooted in the experience of acculturation" (Berry, 1999, p 16).

Individuals might experience a variety of different stressors when they are trying to adapt to a new culture (Hovey, 2000b). Parkes (1972) has identified loss as an important stressor and Paykel (1974) has stated that situations that

symbolise loss are perceived as a factor in causing stress. Thus the acculturating individuals may experience acculturative stress due severe disruptions with their ties with their native culture and have the perception of identity loss while they are trying to fit in to the new culture. Also the stressors may be specific to the new environment such as discrimination, language problems and financial problems (Hovey, 2000a). For instance the findings of a research on Turkish immigrants in Norway and Sweden indicated that the poorer adaptation of Turks in Norway compared to Turks in Sweden could be because of a higher degree of perceived discrimination in Norway (Virta et al, 2004). Also, a study of Mexican immigrants in the United States showed that the perceived discrimination on both individual and institutional levels was associated with higher acculturative stress (Finch et al, 2001).

Research has showed that the individual's coping strategies may change over the acculturation process. For example, the study by Bailey and Dua (1999) on coping strategies of Asians living in Australia indicated that, in comparison to Australian students, the Asian students living in Australia used more emotion focused coping strategies. However, the study also demonstrated that the longer the Asian students lived in Australia, the less they preferred to use emotion-focused strategies. Similarly, the research on coping strategies of Mexican immigrants, Mexican Americans and non-Hispanic Whites living in the USA revealed significant differences in the coping strategies of Mexican immigrants and non-Hispanic Whites. Yet, the Mexican Americans had intermediate scores not significantly different from either of the other two groups (Farley et al, 2005). Another study done in the USA (Mausbach et al, 2003) showed that Hispanic caregivers preferred to employ more religious coping than Anglo Americans yet the usage of this strategy was used to a smaller extent by participants who had been living longer in the USA. This research

taken together suggests that the length of stay in a country may have an impact on the coping strategies of members of minority groups.

1.4.5 Coping and the Turkish culture

As the review of the literature has shown, most research on coping has been undertaken with Euro-American populations. So far, the studies that have examined the impact of different cultural contexts have focused on the comparison of North Americans and minority groups in the USA or different Asian groups.

There are only a few studies that have investigated the coping strategies of Turkish people. The results of research done in Turkey indicate that religion is one of the coping strategies that Turkish people tend to use. For instance, according to Filazoğlu and Griva (2008) and Akyüz et al (2008), female cancer patients in Turkey and their spouses use religious coping. Active coping (Filazoğlu & Griva, 2008) and seeking social support (Akyüz et al, 2008) were other coping strategies that Turkish women used. The study by Büyükşahin (2009), which examined gender differences in coping with intimate relationship stress, suggested that Turkish women seek more social support, use more religious coping and more active coping in comparison to Turkish men. Turkish men, on the other hand, were found to use alcohol more than Turkish women as a coping strategy. Another interesting result of the study was that Turkish women used more coping strategies than Turkish men.

There are only a few studies examining the coping strategies of Turkish people living in Europe. According to Öztürk and Knipscheer (2003) who researched the coping strategies of Turkish women living in Netherlands when experiencing stress due to divorce active coping was the main coping strategy used by the Turkish women. Also Turkish patients living in Sweden with musculoskeletal pain used active coping more than the Swedish patients (Soares & Grossi, 1999).

Emotion focused coping was also used by Turkish people living in Europe. Turkish immigrants living in Netherlands who experienced stress due to involuntary childlessness used various emotion focused coping strategies such as seeking social support, religious coping and using social comparisons and distractions (Van Rooij et al, 2009). Similarly according to Küçük (2008) Turkish caregivers of dementia living in Germany sought social support and used religious coping. Avoidance in the form of distancing oneself from the environment (i.e. going to a different room or visiting a friend to get away) was also used as a coping strategy by this group. One further findings of the study was that Turkish women used crying as a coping strategy.

So far the research on the coping strategies of Turkish populations suggests that Turkish people use both problem and emotion focused coping. Active coping and trying to solve the problem are the problem focused coping strategies applied by Turkish people (Soares & Grossi, 1999; Öztürk & Knipscheer, 2003; Filazoğlu & Griva, 2008; Büyükşahin, 2009). Religion, seeking social support, social comparisons and avoidance are the emotion focused coping strategies employed by Turkish people (Filazoğlu & Griva 2008; Akyüz et al, 2008; Küçük, 2008; Van Rooij et al, 2009). Gender differences have also been found where Turkish women use more active coping, religious coping and seek social support more than Turkish men and Turkish men used alcohol as a coping strategy more often than Turkish women (Büyükşahin, 2009). In addition, according to Küçük (2008) Turkish women were found to use crying as a coping strategy.

The studies with the Turkish populations have mainly focused on stress caused by health issues such as cancer, musculoskeletal pain, dementia or involuntary childlessness treatment. Thus there is very limited research in how Turkish people cope in general. Furthermore the research on the coping process of

Turkish people dealing with stressful situations that they experienced with people they feel close to is nearly non-existent. Research shows that people may change their coping strategies when they live in a different culture for a period of time. Yet there is not any information on if and how Turkish the coping strategies of Turkish people may change due to living in a culture that is markedly different form theirs. In addition there is not any study comparing the coping strategies of Turkish and English people. Thus this research project aims to address this gap in the literature with the following research questions:

Do Turkish people living in Turkey, Turkish people living in the UK and English people differ in their appraisal of stressful situations they experience with someone they feel close to?

Do Turkish people living in Turkey, Turkish people living in the UK and English people differ in their ways of coping with stressful situations they experience with someone they feel close to?

CHAPTER TWO: MIXED METHODS DESIGN

The choice of the research methods in a project is crucial as it not only provides the researcher with a perspective to answer the research question with but also incorporates the tools and strategies for conducting the research and analysing the results (Morse, 2003). Hence this chapter aims to discuss the main research methodologies and provide the rationale for the mixed method design for this project.

2.1 Cross-Cultural research

Cross-cultural psychology refers to the study of different cultures to arrive at a more comprehensive understanding of a psychological phenomenon. (Wong et al, 2006). This can be reached through the *emic* (culture specific) and *etic* (universalist) research procedures.

The *emic* approach involves working intensively with a single culture in order to examine a specific phenomenon. The emic accounts reveal rich information on how the culture and language is constructed (Berry, 1989). However emic methodology focuses on producing completely distinct measure for each cultural contex and thus precluding quantitative comparisons (Tweet & Delongis, 2006). Thus although the emic approach gives information on the culture specific qualities of a construct it is limited in making cross-cultural comparisons.

The *etic* approach on the other hand involves working comparitavely across cultures to understand patterns of relationships. It provides a broad perspective so that similarities and differences can be recognised (Berry, 1989). One limitation is however that culture specific details might be missed.

An etic approach was taken as a methodological stance for this project. As the aim of the study is to compare the differences and similarities of the coping strategies of Turkish and English people the usage of neutral constructs (i.e emotion focused, problem focused coping) permitted making cross cultural comparisons. Thus an etic approach was preferred as it enabled the researcher to use neutral terms and concepts which provided the basis for cultural comparisons.

2.2 Quantitative research

Quantitative research focuses on prediction, standardized data collection, generalization to broader populations and statistical analysis (Johnson & Onwuegbuzie, 2004). It is based on positivist paradigm in which knowledge is attained through objective measurements and observations (Creswell, 2009).

In quantitative research the objective reality which is obtained through investigating the relationship between phenomena in terms of causal connections is crucial. Hence it involves the reduction of the phenomena to numerical values to perform statistical analysis (Gelo et al, 2008). The research questions arise from theories which then become the hypotheses that are tested. Quantitative research is therefore theory driven and verification oriented (Gelo et al, 2008).

A strong feature of quantitative method is that it has high "internal validity" (i.e. the causal relationships between the variables are well demonstrated) due to controlled conditions and precise, replicable measures which allow the researcher to draw strong conclusions. Yet, as quantitative methods are based on the measurements of specific variables through processes such as controlled experiments their "external validity" i.e., they can explain and account for what is happening in real life situations might be limited (Yardley & Bishop, 2008).

Experiments and surveys are two different methods of undertaking quantitative research. Experimental design involves making causal inferences about the relationship between independent and dependent variables through controlling and manipulating the variables. It can be confirmatory in which a null hypothesis is either supported or not or exploratory where the effects of certain variables are investigated (Cohen et al, 2007).

Surveys on the other hand are of a non experimental design concerned to describe the relationship among variables in a given situation. Hence survey design involves gathering standardised information from a target population generating numerical data and descriptive and inferential information (Cohen et al, 2007).

2.3 Qualitative research

Qualitative methods enable the researcher to explore the phenomena in detail and provide rich, in depth results through interpretation of the data in its context. This goal is achieved through sacrificing precise measurement and controlled situations, and instead focusing on the experiences and accounts of the people investigated (Yardley & Bishop, 2008). It is typically associated with social constructivist paradigm where the historical and social context of the phenomena studied is considered significant as it is argued that it shapes the accounts of the individuals and how they perceive the world. Thus the researcher's role is to understand the multiple meanings and constructions rather than narrowing the phenomena into few categories (Creswell, 2009).

Qualitative methods are one of the most commonly used methods if the aim of the research is to explore, discover, describe and find meaning in a new area of research (Morse, 2003). Qualitative research has its own set of characteristics that

distinguish it from other types of research enabling the researcher to explore new phenomena. First, qualitative research takes place in natural settings where the information is gathered by talking directly to people and/or observing their behaviour within context. Researchers are "the key instruments" where they collect information through observing behaviour or interviewing people without relying on any material (i.e. questionnaires) developed by others (Creswell, 2009, p: 175). This enables the researcher to explore the phenomena in depth without limiting it to any previous empirical or theoretical constructs.

Second, the focus of the researcher is on the views and meanings the participants hold about the subject matter and the way the participants construct their reality rather than previous theories about the phenomena. The research process is flexible and emergent thus depending on the situation the choice of questions asked, data collection process or target group can change. Thus, qualitative research is interpretive and holistic aiming to develop a detailed picture of the phenomena studied through identifying different factors and multi-perspectives (Creswell, 2009).

Participant observations and interviews are two different methods of conducting qualitative research. Participant observations focus on the interactions, actions and behaviours of people in "real life" settings (Robson, 2002, p: 189). Hence the data collection is geared at examining the social interactions within a specific context. Interview on the other hand is not a naturally occurring situation but is constructed with the purpose of gathering research related information (Cohen et al 2007). Interviews can be used for the validation of results from other data source or they can be used for exploration. Exploratory interviews are usually administered to understand social phenomena with the purpose of developing hypotheses rather than collect facts (Cohen et al., 2007).

2.4 Mixed methods research

In recent years, the mixed methods approach has been used in various studies where qualitative and quantitative approaches are united in order to achieve a better understanding of the phenomena investigated (Creswell & Clark, 2007). Mixed methods methodology has been criticised by some researchers on the grounds that qualitative and quantitative methods are based on very different paradigms which are not compatible and therefore do not allow any combination of these methods (Teddlie & Tashakkori, 2003). As a counterargument the pragmatist paradigm has been offered as a basis for mixed methods research.

The pragmatic approach accepts that there are differences between the paradigms of qualitative and quantitative research yet sees these different philosophical assumptions as logically independent and therefore proposes that they can be used in conjunction to achieve the most appropriate methodology for the research question.

Tashakkori and Teddlie (2003) have identified some key aspects of pragmatism as a foundation for the mixed methods approach. According to these authors, pragmatism offers a practical and applied research philosophy where the decision of using mixed methods or qualitative or quantitative methods depends on the research question. Thus, the choice of research methods should based on the nature of the research problem.

There are a number of advantages of using combining qualitative and quantitative methods. First, mixed methods research is useful when qualitative or quantitative research alone is inadequate in answering the research question (Creswell, 2009). Traditionally qualitative research has focused on generating

theories and is more exploratory whereas quantitative research has been more concerned by theory verification and therefore is more confirmatory. Thus using mixed methods enables the researcher to both generate and verify theories (Tashakkori & Teddlie, 2003).

Second, qualitative research provides depth and quantitative research gives breadth and using a mixed method approach would enable the researcher to combine the strengths of these two different methods (Tashakkori & Teddlie, 2003). Qualitative methods enable the researcher to inquire into the understanding of people's personal experiences and their perspective resulting in a detailed account of the phenomena explored (Johnson & Onwuegbuzie, 2004). However, the knowledge gained may pertain to a small group of people only and not generalisable to the population. On the other hand, the strength of quantitative methods is that by obtaining precise numerical data the research findings may be generalised to wider populations (Johnson & Onwuegbuzie, 2004). By utilising both of these methods the researcher would obtain more corroborated conclusions (Hanson et al, 2005). Hence a more complete and richer description of the phenomena studied would be attained (Yardley & Bishop, 2008).

According to Tashakkori and Teddlie (2003 p: 16) any complex social phenomenon "cannot be fully understood using either purely qualitative or purely quantitative techniques" instead, a variety of data sources and analyses are required to arrive at a better understanding of the phenomenon.

Combining two or more different methods in the same study is often referred as triangulation (Cohen et al, 2007). Greene et al (1989 p: 256) define triangulation as "the designed use of multiple methods with offsetting or counteracting biases in investigations of the same phenomenon in order to strengthen the validity of inquiry

results". It is important that when using triangulation that the methods used have strengths that are complimentary and that the weaknesses do not overlap (Johnson & Turner, 2003). Hence Tashakkori and Teddlie (2003) have created a typology of mixed methods designs describing the ways in which different methods can be combined. The typology consists of (a) concurrent mixed designs, (b) sequential mixed designs, (c) conversion mixed designs and (d) fully integrated mixed model designs.

    (a) Concurrent designs are parallel designs where the qualitative and the quantitative methods are employed to answer the research question simultaneously without the inferences form either phase influencing the procedure of the other one. In concurrent designs both qualitative and quantitative methodology can be employed to address the same research question leading to one type of inference from the multiple data sources. Or it can involve two separate strands of research with different research questions, data and analysis which are integrated only at the very end reaching a meta-inference (Tashakkori & Teddlie, 2003).

    (b) Sequential mixed designs involve the application of two methods sequentially with the inferences made from the first study leading the design of the second one. In sequential mixed designs the first study is usually geared towards exploring the phenomena and the second study is based on confirming it. Thus the first study involves collecting the data, analysing and making inferences which will shape the nature of the next study. In the second study new data is collected and analysed. The final analysis is then made on the findings of the confirmatory or disconfirmatory nature of the two studies resulting in meta-inferences

(Tashakkori & Teddlie, 2003)

c) Conversion mixed designs consists of one set of data either qualitative or quantitative. From this data two strands of data are generated by converting the initial qualitative data to quantitative or vice versa and then reanalysing both sets of data separately.

d) Fully integrated mixed model designs are more advanced designs where multiple research questions are addressed with the possibility of both concurrent and sequential timing. Usually two or more methods are used and each method can be modified depending on the findings of the other method throughout the data collection and analysis process (Tashakkori & Teddlie, 2003).

2.4.1 Rationale for using sequential mixed design

A primary consideration in the choice of research design is that the research design matches the research questions (Creswell & Clark, 2007). In order to examine the research questions in this project the sequential mixed design was used for the following reasons.

At present, research on the coping strategies of adults from different cultural backgrounds does not include research investigating the differences between coping strategies of English and Turkish adults. More specifically, there is limited information on how Turkish and English people cope with stressful situations in close relationships. It is therefore important to begin by exploring in depth how Turkish and English people cope with stressful events and situations that they experience with people close to them.

Qualitative methods enable the researcher to gather data that is rich in

detail and give insight to the ways the participants experience and describe the phenomena explored (Creswell, 2009). For this reason, starting with a qualitative study would help to explore the research problem in an effective way as it would provide detailed information on how Turkish and English people cope with stressful situations. In addition, by using quantitative methods in a second phase would enable the researcher to test the prevalence of the emerging results from the qualitative study findings and generalise them to bigger samples.

Another advantage of using a sequential design would be that the findings from the first study would reveal information on the coping strategies of the groups examined. These findings would provide guidance in the choice of scales that are to be used in the second study. Thus the findings of the qualitative study would not only provide information on the coping strategies of Turkish and English adults but it would also guide the choice of scales to be used in the quantitative study.

Therefore a sequential mixed method design was used in this project because it helped the researcher to explore the phenomena in depth and to test the findings. The first study aimed to explore the phenomena using qualitative methodology and the second study aimed to confirm the findings of the first study through using quantitative study methodology, which involved hypothesis testing.

CHAPTER THREE: QUALITATIVE STUDY METHOD

3.1 Qualitative study method

This chapter will provide information on the methodology of the first study of the project. In this study a qualitative study method was used and the research was conducted through interviews.

3.1.1 Type of interviews

Interviews vary according to degree of structure they have depending on the sequence and wording of the interview questions. In structured interviews the wording and order of the interview questions are fixed and the participants are usually asked to choose from a fixed set of answers which may include rating scales. Structured interviews provide results that are easily quantified and comparable across participants. Yet as the answers are limited to the options given by the researcher it does not allow for other information to be obtained thus carrying the possibility of missing significant information on the subject (Breakwell, 2000).

Semi structured interviews enables the researcher explore the research questions in detail permitting flexibility in the sequence of the questions and using prompting for further clarification of the responses (Fielding, 1994). Also it allows the participants to express themselves freely and elaborate on their answers (Rose 1994). As the answers of the participants are open ended contrary to structured interviews the answers are not easily quantified.

In unstructured interviews, the researcher's questions develop as a result of the interaction with the participant within a general area of interest. The participants

chose how little or much they would like to say and their responses can be informal (Breakwell, 2000). The participants are free to express everything they wish yet this limits the comparability of the answers across the sample as the responses may be about a wide array of subjects.

The method used in the qualitative study was semi structured interviews. Interviewing as a method enables the researcher to explore a complex phenomenon, provides detailed information on the individual perceptions of the process and helps to identify key aspects (Robson, 2002). Coping is a complex phenomenon and involves a process with various strategies. Furthermore, very little is known about the coping process of Turkish and English populations. Thus in this study interviewing was used as a tool since it enabled exploring different ways of coping used by Turkish and English adults . Semi-structured interviews were preferred as the type of interview because of it allows the participants to choose to what extent they wish to share their understanding of their ways of coping. In addition, contrary to unstructured interviews, in semi-structured interview the researcher can address the questions she wants to cover yet the order and wording can be changed depending on the flow of the interview.

3.2 Research instrument
3.2.1 Semi- structured interviews

In order to conduct semi-structured interviews an interview schedule was prepared. The literature of stress and coping was reviewed and an initial list of themes was generated. These themes were then expanded into questions to be used in the semi structured interview schedule and some probes and prompts were added. Then the questions were grouped according to the main themes and hence an

47

interview schedule was constructed.

The interview schedule was tested in a pilot study with two English participants. The first pilot interview was with a female participant and lasted 40 minutes. The second interview was with a male participant and lasted 50 minutes. In both interviews, the order and flow of the questions were good. Then the interview schedule was translated into Turkish by the researcher and back translated into English by another bilingual person. The original interview schedule and back translation were compared and there was a high level of consistency between the two. Therefore the Turkish version of the interview schedule was deemed appropriate and was used with the Turkish participants both in the UK and Turkey.

3.3 Sampling and recruiting the participants

The interviews were carried out in both the UK and Turkey. In total, 30 interviews were conducted and 10 of these took place in Izmir, the third biggest city of Turkey. Izmir is one of the most modern cities in Turkey and is situated on the west coast of Turkey next to various beaches and seaside resorts.

All the participants in Turkey were recruited through contacts living in Izmir. The interview schedule included questions about stressful events/situations that the participants had experienced with someone they are close to; such as a family member or a friend. This mainly involves revealing information about problems experienced in family life and Turkish people are reluctant about disclosing this information to anyone that is not family or close to them. Therefore having a contact person who knew both the interviewer and the participant and who could vouch for the interviewer made the participants speak more openly about coping with stressors in their personal life.

Twenty interviews (ten with Turkish and ten with English participants) were carried out in the UK. The interviews with the English participants were conducted in Nottingham, Sheffield and London and the interviews with the Turkish participants in the UK were held in London and Manchester.

The Turkish population in the UK is estimated to be around 250 thousand and they are scattered around cities such as Manchester, Birmingham and Leeds with the majority living in London (Atay, 2006). In London most of the Turkish immigrants live in Green Lanes (the area situated between Newington Green and Winchmore Hill) and also in Hackney, Dalston and Tottemham. The first wave of Turkish immigrants arriving in the UK was the Turkish Cypriots in the '50s followed by many others after the Cyprus conflict in 1974. Another wave of Turkish immigration to the UK started in the '70s from mainland Turkey (especially central and North Anatolia) and it mostly involved economic migration. After the military coup in Turkey in 1980 and the political problems in the south east of Turkey in the '90s more Turkish and Kurdish immigrants migrated as political refugees or economic migrants from Turkey to the UK. The Turkish speaking community in the UK now consists of three ethnic groups: Turks and Kurds from Turkey and Turkish Cypriots (Atay, 2006).

The current study focused only on the coping strategies of Turkish people that had immigrated to the UK from mainland Turkey. Thus in this study all the Turkish participants living in the UK were Turks from Turkey. All of the participants were recruited through contacts. Only Turkish people who had been living in the UK more than five years were recruited for the study, as previous research shows that change in coping strategy may occur after living five years in a different culture (Kortantamer, 2006). The length of stay of the Turkish participants living in the UK

varied between 8 and 20 years.

3.4 Participant demographics for all groups

The age range of the participants was 30-67 and there were 15 men and 15 women. The education level of the participants varied from secondary school to university level. The participants for all groups had a variety of educational backgrounds and an age range of 30-67 years. Table 1 depicts the demographics for the three groups.

Table 1: Participant demographics for all groups

	Pseudonym	Sex	Age	Education	Length of stay*
Group 1 (Turkish participants living in Turkey)	Alp	M	30	university	
	Koray	M	34	secondary school	
	Arif	M	56	secondary school	
	Nazım	M	62	university	
	Kerem	M	67	university	
	Sevgi	F	37	university	
	Hale	F	50	university	
	Nazan	F	50	secondary school	
	Ipek	F	60	high school	
	Gülizar	F	61	high school	
Group 2 (Turkish participants living in the UK)	Serdar	M	34	university	11
	Orhan	M	34	secondary school	15
	Mehmet	M	48	secondary school	8
	Hakan	M	53	university	8
	Metin	M	60	university	20
	Esin	F	37	university	11
	Derya	F	42	university	12
	Yasemin	F	44	university	15
	Suna	F	50	secondary school	20
	Fatma	F	60	secondary school	20
Group 3 (English participants)	Matt	M	36	university	
	Paul	M	43	university	
	Jack	M	49	school	
	George	M	57	university	
	John	M	60	university	
	Jane	F	35	university	
	Susan	F	46	school	
	Sally	F	47	college	
	Laura	F	56	university	
	Rose	F	67	school	

* The number of years the Turkish participants in Group 2 have been living in the UK

3.4.1 English participants

The English participants were from Nottingham, London and Sheffield and were all from an urban background. Their education level varied from high school to university degree. Three of the participants were retired. One of them was a retired teacher, one had been working as an administrator and the other one was a minister. Two of the retired participants (one female and one male) worked as part time consultants for a charity. One of the female participants was a student and another one was a housewife and the rest of the participants had various occupations such as teacher, administrator, banker, and consultant. Five of the participants were either married or had a partner, three were divorced, one was a widow and one was single. The married participants had been married for at least fifteen years and the participants who were in a relationship had been together for at least five years. Eight of the participants had one or two children. Two of the participants had children who were going to elementary school or high school and six of the participants had adult children.

3.4.2 Turkish participants living in Turkey

The Turkish participants recruited from Turkey were all from Izmir. Their education level ranged from secondary school to university degree and they were all from an urban background having lived in Izmir for most of their lives. Two of the women and two of the men were retired. Three of the retired participants used to work at different governmental posts as clerks. One of the men who were retired used to work as a singer in holiday resorts near Izmir. The rest of the participants had a variety of occupations such as teacher, shop owner, student, manager, the chair of a local party. Six of the participants were married, three of them were divorced,

and one of the female participants was a widow. All but two of he married participants had been married for at least twenty years. All women had two children and all men had one or two children with the exception of one participant. Two of the younger participants had young children who attended kindergarten or elementary school. The rest of the participants' children were older than eighteen years old.

3.4.3 Turkish participants living in the UK

The Turkish participants in the UK were living in London (seven participants) or Manchester (three participants). All of them had been living in UK for more than ten years (with the exception of two of the men who had been living in the UK for eight years) and all of them came to the UK as adults.

Five of the participants were from Istanbul, had a university degree and were working either as a manager, banker, journalist or had their own business. They all had come to the UK after they finished their degree in Turkey and had worked in Turkey for a while before they came to the UK. They came to the UK either because a new job opportunity was available or because they married someone who was already living in the UK (two of the female participants). All but one of the female participants were married to Turkish men, one participant was engaged to an English man. Two of the participants had two children who were teenagers and one of the participants had an adult son. Two of the female participants did not have children.

The other five participants came from various smaller cities or villages in Anatolia and had only secondary school education. They either did not have any jobs when they were living in Turkey or had very little income and moved to the UK for better job opportunities. The women in this group (n= 2) came as a result of their husband moving to UK. The men (n= 3) in this group worked in off-licence

shops or worked as a waiter in the Turkish populated areas of London or Manchester. The women alternated between working as a nanny and being a housewife. The men in this group were all married for at least five years with one or two children. Their children were either going to elementary school or college. Both of the women in this group were divorced for more than ten years, had two or four children who they had raised alone on benefits. All of their children were older than eighteen years old. Three of the participants in this group lived in council houses and were either still living or had lived on benefits.

3.5 Fieldwork

3.5.1 Organising the interviews

The interviews in Turkey were mainly organised through contacts in Izmir. The potential participants were contacted by the researcher and they were informed about the study and that the interview was going to be digitally recorded. If they agreed to take part in the research, a time and place for the interview was arranged.

Similarly, the interviews with the Turkish and English people in UK were arranged by the researcher through her contacts in UK. Potential participants were asked if they were willing to take part in the research and with those who agreed a meeting date and place for the interview was arranged.

3.5.2 Conducting the interviews

Most of the interviews in Turkey took place in the flat of the participant or the contact person. However two of the male participants had a busy work schedule and they were interviewed in their office. There were some interruptions in those

interviews either because of some customers arriving or some colleagues with questions but that did not disrupt the flow of the interview. During the interviews, two of the female participants started crying so the interviews were immediately stopped. Once they were feeling better they wanted to continue with the interview and so the interviews were completed.

Similarly the interviews in the UK with the English and Turkish participants were conducted in the participants' homes, cafes or restaurants. Most interviews were arranged through a contact person and s/he introduced the researcher to the participant. The contact person had a coffee or tea with the participant and the interviewer and then left. This was helpful for the researcher as it helped for the participant to feel more comfortable.

3.5.3 Transcribing and translating the interviews into Turkish

All the interviews were transcribed verbatim and then the interviews which were in Turkish were translated into English. In all, 20 interviews were conducted in Turkish. During the interviews, the Turkish participants sometimes also talked about other issues such as politics or work and diverted from the subject. Thus, translating all of the data into English would not be efficient since some quotes were not about stress and coping. So the Turkish interviews were first open coded and then only the quotes that were relevant to the research question were translated into English.

3.6 Analysis of the semi-structured Interviews
3.6.1 Grounded Theory

Due to the exploratory nature of the qualitative study, a Grounded theory

approach was used. Grounded theory is a methodology aimed to generate a theory grounded in data that is systematically analysed (Strauss & Corbin, 1994). Grounded theory was developed by Barney Glaser and Anselm Strauss in reaction to the prevalent belief in late 1960s that any research should have a priori (i.e. predefined) theoretical stance (Robson, 2002). They argued that theories should emerge from the data where the researcher takes into account the interactions and social processes of people (Cohen et al, 2007). Grounded theory both refers to the strategy and procedure of the research process (*method*) and its end product (*theory*). Grounded theory as a *method* offers a procedure on data collection as well as data analysis which involves identifying conceptual categories and establishing relationships between these categories. Grounded theory as a *theory* is the product of this process where an explanatory framework about the phenomenon is generated (Willig, 2008).

Glaser and Strauss have taken different directions regarding grounded theory since the publication of their work "The discovery of grounded theory" (1967). While Glaser emphasised positivistic assumptions of discovery, objectivity and generality Strauss, on the other hand, developed his version of grounded theory from the paradigm of pragmatism with its emphasis on language, meaning and agency (Charmaz & Henwood, 2008).

Glaser believed that the research question should be generated from the emergent data as otherwise the data would be forced into a preconceived framework and no new theoretical understanding would be possible (Glaser, 1992). Strauss and Corbin (1990), on the other hand, argued that the research question could arise from other sources such as a literature review. Another difference between Glaser's and Strauss's version of grounded theory is the way the analysis is carried out. For example, Strauss and Corbin introduced extra techniques such as axial coding and a

conditional and consequential matrix which offered some formulations of analytic strategies that researcher could apply (Charmaz & Henwood, 2008).

In this study Strauss and Corbin's approach to grounded theory was followed for two reasons. First pragmatism was suggested as a founding paradigm for the mixed methods used in this study. Pragmatism as a paradigm allows the qualitative and quantitative approaches to research to be used in conjunction to address the research question. Since Strauss and Corbin's version of grounded theory is based on pragmatism it provides a framework that is consistent with the approach taken in this study. Secondly, Corbin and Strauss (2008, p: 91) express in their book "Basics of Qualitative Research" that conditions "do not exist in a vacuum". In line with their reasoning just as events exist in connection to their environment so do the researchers and it will be inevitable that they have some prior knowledge to the phenomenon they investigate. Therefore it is more likely that some external knowledge will impact the research.

Hence in this project Strauss and Corbin's version of grounded theory was used. The analysis was carried according to the guidelines of Strauss and Corbin (1990) using open coding, axial coding and selective coding. As a result a model of coping with two different versions (English and Turkish) was generated. Therefore, it is pertinent to suggest that, in this study, grounded theory was used both as a *method* and as an emerging *theory*.

3.6.2 Analysis of the semi structured interviews: grounded theory

A grounded theory methodology was carried out using open, axial and selective coding, constant comparisons and memo writing which resulted in the emergence   of   a   number   of   categories and themes.

57

Analysis began with open coding in which data are broken down analytically (Corbin & Strauss, 1990). It involved identifying units of data (i.e. sentence, utterance or paragraph) and labelling them with codes creating categories. In this way conceptually similar feeling, actions, events and interactions were grouped to form subcategories and categories. In grounded theory categories emerge from ground up (the data) rather than trying to fit the data into pre-existing categories. Hence open coding is the first step in this category formation and involves interpreting the data rather than summarising it.

Open coding was followed by axial coding. Axial coding involves revising and linking the emergent categories together to develop high order categories. Axial coding allows the researcher to revisit the existing categories, uncode the units which are no more necessary, rename codes so that they represent the unit more accurately and link the categories together. In open coding the data is separated into segments and in axial coding the data is brought back together coherently (Charmaz, 2006). In this study the data was revisited, the categories were refined and linked together to form high order categories and the dimensions and properties of the categories were identified to build a framework.

The final stage of the analysis was selective coding which involved identifying a core category. Axial coding provides the researcher with an understanding of the relationship of the categories yet in grounded theory all categories are unified around a core category which represents the central phenomenon of the study (Corbin & Strauss, 1990). Thus in selective coding this core category was identified.

An important part of all coding process is constant comparison. During all phases of coding new data is constantly compared with the existing data and

categories to modify and develop the theory. In this analysis constant comparisons were used where concepts and the resulting categories were compared against other concepts/incidents for similarities and differences. Through this process the categories were refined and modified until they could accommodate and incorporate all the data. According to Corbin and Strauss (1990) constant comparison guards the researcher against bias for fresh data can be used to challenge the concepts generated.

Memo writing is another important aspect of grounded theory which is a system for recording the thoughts and analyses of the researcher. Memos are detailed notes about the categories, hypotheses, the questions that arise during research and the comparisons and connections made written by the researcher throughout the whole analytic process (Charmaz, 2006). Memos are a significant part of grounded theory as they guide the researcher in working through new ideas and help them to retrace their analytical thinking. Throughout this study memo writing was carried out by the researcher which helped her to capture the connections between categories and crystallise her questions and ideas.

The methods of open, axial and selective coping, constant comparisons and memo writing enabled the researcher to develop a model of coping. Due to the cross-cultural nature of the study this model had two different versions to account for the cultural varieties within the phenomenon of coping.

CHAPTER FOUR: QUALITATIVE ANALYSIS

The analysis of the interviews revealed information on the stressful situation/event the participants experienced, the coping strategies they employed and the changes in the copings strategies used by the participants. During the analysis of the data a core category emerged; coping strategies; and it appears to account for the ways in which the participants dealt with the stressful situation. As a result of the grounded theory analysis a model of coping was generated. This model aims to describe and explain how Turkish and English adults use various coping strategies when they experience a stressful situation with someone they felt close to. The coping model has two variations; English and Turkish; which depict the similarities and differences of coping strategies between these two samples.

4.1 The situations/events that caused the participant stress

The stressful situations the participants told in the interviews were in majority about interpersonal conflict with a partner, family member, friend or a neighbour. These conflicts were caused by a variety of stressful situations such as marital problems, divorce, falling out/argument with a parent, a friend or the child of the participant and the arguments between other family members. Only a few of the participants talked about a stressful situation that involved the health of a family member or friend. The health issues that caused stress for the participants were about the heart attack of a spouse, the hospitalisation of the father/ father in law of the participants and the continuous undiagnosed health problems of an adult child.

4.2 The core category: coping strategies

The coping strategies consist of four distinct superordinate categories each consisting of their various subcategories. These superordinate categories are 'self expression', 'problem solving', 'seeking social support' and 'avoidance'. Although the superordinate categories are the same for both Turkish and English participants there are variations in the subcategories between these two samples.

4.2.1 The superordiante categories: The English sample

a) Self expression

Nearly all English participants reported the need to express themselves when they experienced a stressful situation with someone close to them. Talking and yelling were the forms of self expression used by the English participants.

Talking

English participants used talking more often as a coping strategy than yelling. Most of the participants emphasised the necessity of self expression through talking as a way of dealing with a stressful event. For the participants, talking seemed to function as an outlet of emotions experienced during and after the stressful situation. The release associated with having expressed themselves seemed to have the effect of reducing the stress the participant experienced. For instance, Jack explained how he dealt with the disagreement he had with his daughter;

61

"I probably talk about her (his daughter) to her mum and that's like a release valve because you get it off your chest and think Sally (his wife) does it with me about her."

Paul's report suggests that this process unfolds naturally with close friends where expressing oneself is a commonly used way of regulating stress.

"You have a release of stress with certain friends. But it's not as if you chose it to be. It just happens to be. That's the outlet of pressure; it goes through that and you get stronger friendships."

Most participants expressed that they felt better and much calmer after talking to somebody about a stressful event because talking helped them to release the tension. With some participants such as Sally the urge to express herself was very strong and she could not resist it;

"And I think to myself I won't do it I'll shut up but I can't until I get it out of my system and then I calm down you see. Yeah and then after it's all come out and I get it off my chest I'm all right. So I do know that's one of my coping mechanisms is to get it off my chest what I've got to say."

The feeling of calmness or release the participants experienced after having talked about the stressful event reduced the stress they felt. One of the participants, Matt, attributed healing qualities to this process by seeing it as a therapeutic experience.

"I just think it is the process of offloading your problems to another person, close or not close is in itself therapeutic. And even if they don't respond with any useful interpretation or suggestions, I think the fact that you've made it public is highly beneficial."

It seems that the *action* of talking was the essential part in expressing oneself to somebody. Therefore talking was centred in the self and focused on expressing oneself rather than engaging in a dialogue where the other person was invited to become involved. This can be exemplified in Paul's description of his own self expression.

"You reach out and sort of you just chat to somebody you're not actually asking for help you just need to talk to somebody about it."

In order to release the tension the participants chose to express themselves to close friends, other family members or even strangers who were willing to listen. For example, Jane even talked to random people such as shop keepers or call centre employees to have the opportunity to express the emotions she felt. As she explained;

"But it just seems to me that I wanted as many people as possible to know, if I could have put a board, you know a placard on my chest and walk around streets saying I'm having a crisis, I hate my mother, she's living with me driving me insane I think I probably would have done yeah."

<u>Yelling</u>

Yelling was another form of self expression that was used by some of the English participants in situations where they experienced anger or frustration. Yelling became the outward expression of those strong emotions and, similar to talking, it seemed to serve the purpose to release the tension. Contrary to talking, yelling was often directed at the person involved. As Jane put it;

"And other times I'll stand there and have a good old yelling fit... I think that maybe that you know by the time you get to middle age that it's not necessary to yell to get your point across but sometimes it just makes you feel better."

For Jane self expression was one of the major coping strategies and she interchanged between talking and yelling, depending on the type of stressor she experienced. As she remarked;

"Well if I'm not talking I'm yelling"

When yelling was directed at the person causing the stress it tended to escalate the situation into an argument where the person in the receiving end also responded with yelling. For instance Jack explained how he felt in an argument with his wife;

"When it's happening I feel mad and I could wring her neck. I would never wring her neck but you feel tense and frustrated as well you want to shake them, make them see that I mean I've been doing that for years and they

don't work so I just see what I've got to see and then shut up."

For him yelling was an effective form of self expression;

"I'm verbally abusive and I'm not saying it's wrong because I think it's a release valve for my anger."

At other times, the participants were unable to express themselves during the stressful situation and instead the anger and frustration were directed at somebody else. In an argument with her mother, Sally was unable to yell at her because she felt that this would be disrespectful. Instead, she went back home to her husband and yelled at him.

"Well I came here cause mum was across road, lived across road. Jack were here and I played hell with him about it and I vented my anger towards him you know."

Similarly when Jane experienced stress and frustration due to her friend cancelling on her the last minute she could not express her emotions to her. Instead she yelled at someone who was available in the environment that she was in at that moment:

"I'll probably be absolutely fine with her to her face and on the phone and put phone down and then yell at somebody else what she's annoyed me for."

b) Problem solving

Trying to solve the problem as a coping strategy involves "managing or altering the problem causing distress" (Lazarus and Folkman, 1984, p 150). There might be a variety ways in which the situation can be changed or managed. For the English participants it consisted of taking direct action to alter the situation for the better. For instance, when the health of Laura's daughter kept deteriorating and the doctors could not treat her, Laura engaged in active coping in which she tried to find ways to remedy the problem.

> "The hospital couldn't explain what was wrong with her. So they just kept sending us home so there were no answers coming anywhere. So what Becky (her daughter) and I ended up doing was we tried to look for our own answers. You know we went to different sorts of holistic medicine. So she had some acupuncture and I bought books on you know diet and how diet can help do this and the other. And we actually looked it up we tried to do it practically you know sort of isolate the things in her diet like in case she was lactose intolerant and things like that. So we tried to be positive by doing practical things to try to solve it ourselves really."

For Sally taking immediate action to solve the problem was crucial as only through amending the situation she could reduce her stress levels.

> "Well I get I do things for them (her mother and daughter) straight away to try and relieve the stress you see. It probably looks as though we do everything for them because we do it. But actually I have to do things

66

straight away for them so that I don't get too stressed because if I'm stressed about a silly thing like having a curtain pole put up or not for myself for my daughter or my mum if I don't do it straight away then I worry and I whittle about it you know and I worry and worry about it till it's actually done. So the quicker I get it done the quicker I'm not stressed you know what I mean. It just averts the crisis sort of thing."

John also took direct action to solve the problem when he had a stressful situation with his son about moving houses. His son wanted to move into John's house together with his wife and two children because his own house was too small. John's son's suggestion was stressful to John and he tried to deal with the situation through offering a solution to the problem, namely to build an extension to his son's house.

"One of the things that that I suggested to Greg was that we could build an extension on his house and so we got some plans drawn up and we costed that out and actually that would have been ok that would have worked quite well so it was problem solving really."

c) Seeking social support
<u>Asking for help</u>

Some of the male participants sought social support from their partners by asking for their help in dealing with a family situation where they felt stressed. For instance, George asked his partner to talk to his mother about a family problem because his partner was "very good   at sorting family tangles".

"Then perhaps a bit later on thinking well actually my partner will probably be much better in explaining these issues to my mum that I would. So then I got her help that's the simple sort of version."

Jack also asked his wife for help when he felt he was too angry with their daughter and did not want to talk to her because he did not want to start another argument with her.

"Well sometimes I would speak to Sally and tell her so she can work it in another way cause sometimes I'm full on and that doesn't work whereas Sally can get round to that in a different direction or I've gone that far that.. I don't wanna be doing that then I'm stopping. So I would tell her if I would want it to be resolved without anymore stressed or arguments or falling out."

Getting a new perspective

Most of the English participants sought social support as a coping strategy and this involved talking to people to get a new perspective on the stressful experience. This enabled the participant to get other people's views of the situation which helped them to take a more objective view on it. For instance Matt explained that through talking to someone else and listening to their perspective on the issue he could distance himself emotionally from the problem and therefore look at it more objectively.

"Stress is I think a very subjective phenomena and I suppose to have it objectivised if you like to have it seem, to see it on objective terms so that other people can see it and somehow it becomes more understandable, it becomes more manageable, losses some of its menace, it's fear, it's awfulness. When you discuss it with other people and can rationalise it can see it as an object rather than something that is diffused within you in the subjective form confusing and pervasive. Talking really really helps it really does."

Contrary to the superordinate category self expression, talking to someone about a stressful experience in order to get emotional support involved engaging in a dialogue where the response of the audience was important. The response that a friend or family member gave would help the participant to deal with the situation rationally and objectively. For example, Sally talked to her husband when she had problems with her daughter to detach herself from her emotions;

"I've spoke to my partner about it and he's said well he makes me look more rational about the situation. So he tries to rationalise it for me and then I start to think about it myself."

The perspective that the other person provided was essential for most of the participants as it helped them to reposition themselves. Thus, the response of the family member or friend would guide the participant when reconsidering the situation, as in Matt's case;

"It is very important to talk about it in your own terms but it's also useful to

69

have someone guide you, to ask you personal questions so you reformulate what you're presenting rather than just simply letting it all out."

When Rose felt stressed about her life, talking to her son helped her realise that she could manage the new situation.

"My eldest son just said; never took sides my family they obviously cause they were adults as well; of course you'll manage mum you've always managed. And it had to take that person to say that to me for me to realise that you know get a grip."

Sometimes the reactions of the person that the participant talked to rather than what they actually said provided a new understanding of the stressful situation, as in the case with Jane.

"When I was getting the kind of response you know this sort of oh poor thing and sympathy and a few comments back from my friends that was the kind of reaction that I wanted but what I found actually conversely that helped me more was the fact that when they got bored of hearing about it and was kind of you could tell by the look on the face and the body language that they couldn't really wait for me to shut up. I found that actually helped more because it put it into perspective a little bit. You know it was almost as if well if they can just get over it and just you know not have to not give it any attention why am I giving it so much attention."

In the case of Jack this also involved an expectancy of judgement about the person causing the stress.

> "I tell everything and about what we said and what Anna (his daughter) said and what I've said and then I need to know from her (his wife) who is right and usually I'm right."

The social support could also be in the form of friends and family members providing a secure platform for the participant to clear their mind through talking. For example, for Paul, talking to his friends or brother made the situation seem less ambiguous and gave him the opportunity to express himself about the subject before he talked to his girlfriend.

> "There was a serious relationship you know with girlfriend partner I probably would talk to somebody else first before bringing the subject. I would talk to somebody else before addressing the subject with them. Maybe just to clarify sometime what you feel yourself about it. So yeah I'd probably discuss it with Mike, Jason or my brother first and then go through the subject work out where I was coming, what I felt and then practice it with partner."

d) Avoidance

Cognitive avoidance

Cognitive avoidance includes intentional attempts at thought or memory suppression and efforts to detach oneself from the stressful experience

(Williams & Moulds, 2007). Most of the English participants expressed that they would forget about the situation by blocking the memory or dismissing the thought. The participants suppressed their memory through intentional "forgetting". For example, when Susan had a serious conflict with her father and got extremely stressed about the situation she used forgetting as a coping strategy in order to function efficiently in her daily life;

"You know just leave it at their front door and go. I often completely forget about it you know otherwise I'd be in tears the whole time stressed out upset you know so I just can't allow that to happen."

Similarly, for Jack, forgetting was an important step in moving on.

"What you're trying to do is live around it and forget it, I do where it's not be all and end all of everything it's just a part you don't agree on and you need to agree to disagree on something, something that's basic to me that needs to be done. They don't see it as that so I try to move on from that and forget it."

Participants also tried to detach themselves from the thoughts they had about the stressful situation. As thoughts surfaced they constantly dismissed them. For example, when Sally was stressed because of her daughter's decision about her relationship, she tried to disregard and block the thoughts she had about the situation.

"I have to just dismiss it. I just dismiss it from my mind and I think well it's

her problem. She can do it if she wants so I just try and dismiss it."

Laura experienced extreme stress due to her daughter's illness which the doctors could not find a treatment for. In order to deal with the constant thoughts about this, she also used cognitive avoidance.

"Yeah so it's constantly on my mind so you know you go to bed and it's on your mind even more so you blot it."

Behavioural avoidance

Behavioural avoidance refers to responses where a person tries to escape from another person, situation or action (Ottenbriet & Dobson, 2004). It includes all the physical and mental activities that a person undertakes to distance themselves from a situation in order to reduce stress. The results of the analysis showed that if the stressful situation was caused by an interpersonal conflict, behavioural avoidance occurred at two stages; the initial distancing of oneself from the environment followed by a distraction. For instance when Matt had an argument with his dad he would leave the environment in order to detach himself from the stressor.

"I think normally I would just try to and step back and think this is pretty absurd, there is no point in carrying on with this, nothing to be served from it. Just try to distance myself from this source of stress."

For some of the participants, leaving the room seemed to be an almost automatic way of coping with a stressful situation. For example, Jack

explained that when his stress level would increase he would immediately leave the place in order to decrease the tension he felt.

"I'd always try and defuse a situation either by myself going out of that zone, out of that area or just going quiet that's another mechanism that works you just don't say anything. I can do that if it is not severe enough, can do that. When it goes several notches I feel as though I need to be saying something or going out of the way so usually if I say something it's I'll see you later and then I'm off."

In the cases of interpersonal conflict the participants expressed that discussions would lead to heated arguments. In such situations, the English participants would leave the room in order not to escalate the situation and because they feared they might not be able to control their anger. For instance, when Jane had a conflict with her mother she left the room because she wanted to contain her anger and not respond aggressively to her mother.

"If somebody is having an argument with me and they're interrupting me after I've listened to their side of things, if they interrupt me to the point where I'm thinking if you don't shut up I'm gonna throw something, then I'll generally say you're entitled to your point of view and then I'll walk away."

Similarly, Jack would leave the room if he thought he might not be able to control himself;

74

"I broke things but I've never been violent. I think it's a release mechanism before you get to that stage cause I think these stages where you get to where it's physical and I always break at that part, you've got to break it."

Others of the English participants expressed that they would leave the room, not because they could not contain their emotions but because they were at the receptive end of their parents' anger and therefore felt uncomfortable. Leaving the environment would provide them with some relief because they felt stressed because of their parents' reaction. For example, when Susan's father shouted at her she immediately wanted to leave the house as an initial coping strategy.

"You know I just think I don't stay around it for long if it can't be cleared out I'll make an excuse and leave because I can't cope with all the shouting all the time. I find that very stressful and yeah if it begins to get too stressful that's all, I'll just leave I will go out of the room and you know that's my way of dealing with it I think, just quickly cut off from it and leave the situation."

Similarly for Sally leaving her mother's house was the initial coping strategy when she had an argument with her mother.

"So then mum says oh get out of my house she says you don't listen to me. So I just went. I went oh fine so I walked rather than fuel that argument and I was very strict I walked away from that. And that's part of respect as well because it's parents you learn not to answer back and you learn not to do this

so for that situation I just walked away."

In cases where the participants could not apply distancing themselves from the stressor, then the stress the participants felt increased significantly. George gave an example of how distancing himself from the environment was a crucial coping strategy for him: When he had an argument with his partner in his mother's house none of them could get away. For George, not being able to use his main coping strategy made the whole situation even more stressful.

"Well I think we probably would have part you know we probably would have spent a bit of time apart. Now it might have been half an hour or it might have been a day you know depending on the level of anger and then calm down and then go back together and then talk it through. That's said I think the reason why I thought about that particular situation was because we were you know we were a long way from home stating at somebody else's house so some of the normal ways that we would have used to reduce the stress weren't available. So I think my stress levels were that I recognised that my stress levels were that much higher because the normal ways of deescalating it weren't there."

Sometimes if the stressful situation was ongoing the participants would avoid having contact with the person or avoid being in the same situation again. Paul found his relationship with his mother very stressful and would avoid spending time together with her.

"I just ignore her which is a bit horrible I don't appreciate her emotional needs as well to make myself slightly detached."

Similarly, Jack stopped going to see his daughter because he would get stressed about her living conditions.

"Well I avoid getting in that situation again, just don't go that road, do something else or not go. My daughter lived in an previous property one we bought her where it were horrible and I go down there and see what is what and I'm not saying they're in ideal situations but she could make it a lot better just by doing a few thing but she wouldn't do it. So instead of me getting stressed out and storming off and showing off I didn't go again. I avoided it."

Jack expressed that he tried to avoid situations that he found stressful. He compared those stressful situations to "horrible" pictures. For him, avoiding a potentially stressful situation was an action similar to not looking at 'horrible' pictures of oneself.

"It's like looking at pictures of yourself when it's horrible, you only look at it once and then you throw it away."

Smoking/drinking

Smoking enabled the participants to divert their focus to something else immediately after a stressful event. As George expressed, smoking was used as a

coping strategy to distract the participant at that moment.

> "Well I suppose occasionally I resort to drugs. I mean I still smoke a bit. I think you know having a break and sort of spending a bit of time away from the immediate situation is the appropriate thing to do. I mean sometimes it is just something to do with your hands and something else to occupy it rather than the actually nicotine."

He stressed that smoking was an effective distraction which helped him not to think about the situation.

> "I think the cigarette is actually a distraction and I'm not sort problem solving while I'm smoking. It is actually you know it's almost like end in itself it takes you away."

Although smoking was used as an initial distraction, if the stressful situation persisted the participant would continue to use smoking as a coping strategy during that phase.

> "I'd say the first thing my immediate reaction when something stresses me is to go for a cigarette. I mean I definitely smoke more if I'm stressed. So my sort of 3-4 cigarettes a day habit probably turns into maybe 20 a day for a day or two and then when I can't breathe cause my lungs have collapsed you know I might stop smoking for a while." (Jane, 35)

English participants used drinking as a behavioural avoidance mechanism

78

similar to smoking. As Matt expressed, drinking was also considered to be an immediate distraction.

"Maybe having a drink that would be a response especially if I'm gone to see a friend afterwards and yeah need a pint, let's go let's go for a drink that would help. Yeah I think alcohol is certainly a way of responding to stress and may help immediately but doesn't solve the underlying problems but it seems like it's an immediate reaction. A drink it's sort of an immediate balm, immediate curative but long term I think that's not effective, it's a way of responding straight away."

Most of the English male participants used drinking as a distraction in a social environment when they spent time with their friends. When Paul was going through his divorce he used drinking as a distraction and he would go drinking with his friends. For him getting drunk was the aim;

"I was just trying to get pissed all the time which is a pitiful bloke."

It seems that for the English female participants drinking as a distraction involved having a glass of wine at home after work. In the accounts of female participants the emphasis was on the amount of drinking and the relaxing effects. As Susan expressed, the aim was not to get drunk;

"I suppose I have a glass of wine quite often and that's the only thing I do really but it's not to get drunk or anything like that. It's just you know like

calm down a bit or just I also like the taste of it you know. I don't do it to get drunk or anything you know. I got my son and everything but I do have been known to gulp down a glass of wine if I had a bad day."

Similarly, after a stressful day, Sally has one glass of wine/whiskey only;

"But if I go home and I've had a busy day and it's been a stressful day and I've done a lot of work I do have a drink you know. I might have a glass of wine or I know that I think oh I might need to drink when I get in. I'll just have one glass so or a whiskey or something like that. So I do know when I've had a busy day and it's been stressful I will have a drink when I get in and then I'm all right after that."

Working

Only a few of the English participants used working as a distraction. These participants used work as a way to distance themselves both physically and mentally from the stressful situation. It was an activity that helped the participant to block out the stressful event. For example, for Rose, work was an effective distraction;

"I've been here (in that work) all this time and I think I'm quite good at what I do and I need the work to keep the stress away really."

She expressed that the feeling of being needed in her work helped her. Thus, she could focus her attention on her work, where she was needed, instead of on her divorce to.

"Work made me feel as though I was needed. It's the needing thing that you need that I need. I need to be needed."

John used work as a way of avoiding thinking about his divorce. For him the work environment provided a place of continuous distractions which kept him occupied.

"I worked more. You know if you've ever seen sort of hospital in an emergency area on a Friday or a Saturday night you know or two three four o'clock in the morning. Or if you'd spend your day walking round say a children's ward where there terminally ill kids and families just stood there not knowing what to do. There is always something to do so you do it."

Watching TV

Watching TV was another distraction used by participants which helped them to focus their attention on something else so they would not think about the stressful situation. As Laura expressed:

"There were times when we came back here and tried to watch something light-hearted on TV or a film or whatever to sort of cut off from it I suppose."

The categories presented above depict the variety of coping strategies that the English participants used when they found themselves in a stressful situation with someone close to them. The coping strategy 'self expression' was an outlet for the release of tension and took the form of talking or yelling depending on the participant, intensity of anger or frustration they felt, and the person they had the problem with. For instance, if the participants wanted to express themselves and relieve the stress, they talked to a friend or a family member, not with the person they had the problem issue with. Yet, if the anger or frustration could not be contained the self expression took the form of yelling and was directed at the person the participant experienced the situation with. Nearly all English participants used one form of self expression only, and only a few of the participants used both talking and yelling.

Problem solving, which involves taking direct action to alter and amend a situation to reduce the stress, was another coping mechanism that was used by only some of the English participants. It English participants also used seeking social support as a coping strategy. Two distinct categories of seeking social support emerged as a result of the analysis; getting a new perspective and asking for help. The accounts of the English participants suggest that getting a new perspective involved mostly becoming more rational and objective about the matter through the input of another person. Thus, the response of the person the participant talked to was important as it helped the participant to clarify the situation in more objective terms and to reposition themselves in that situation. For some of the male participants, seeking social support also involved asking their partner for help with interpersonal conflict they experienced with a female member of their family (i.e.

mother or daughter).

Cognitive and behavioural avoidance was one of the coping strategies that the English participants used frequently. All of the English participants used either mental or behavioural avoidance and most participants used both of them to deal with the same situation. Cognitive avoidance consisted of forgetting or blocking the thoughts about the stressful situation as a way of dealing with it. Behavioural avoidance was aimed to reduce the stress by changing the environment and using smoking, drinking or working as a distraction.

4.2.2 The superordinate categories: The Turkish sample

Although there were two Turkish samples (Turkish participants living in Turkey and in the UK) the grounded theory analysis results indicated that the two Turkish groups used the coping strategies similarly. Hence, in this section, the expression 'Turkish participant' refers to both Turkish participants living in Turkey and in the UK. Even though both Turkish groups used the coping strategies similarly the Turkish participants living in the UK applied most coping strategies less intensely in comparison to Turkish participants living in Turkey. Thus for each superordiante category the differences between these two Turkish groups will be discussed.

The Turkish sample has the same superordinate categories as the English sample, namely 'self expression', 'problem solving', 'seeking social support' and 'avoidance'. Although the superodinate categories are same across both the Turkish and English sample there are differences in all of the subcategories.

a) Self expression

Most of the Turkish participants used two different forms of self expression as a coping strategy (i.e. talking-crying or talking-yelling). Although both Turkish women and men employed this coping strategy there were some differences in their choice of self expression and the amount they used it. One main difference was that none of the Turkish male participants said that they would use crying as a coping strategy whereas nearly all Turkish women acknowledged using it. Another gender difference was that Turkish women would sometimes alternate between more than two forms of self expression whereas for the Turkish men the most would be two different forms of self expression (i.e. talking and yelling). For example one of the female participants Yasemin used four different forms of self expression (talking, crying, yelling and writing a letter) as a way of coping.

There were also differences between the two Turkish groups regarding how often self expression was applied as a coping strategy. The Turkish participants living in the UK used self expression less in comparison to Turkish participants living in Turkey. This difference in the usage of this coping strategy was due to two factors. Firstly, Turkish participants living in the UK experienced shrinkage to their network because of living in a foreign country and they had less social resources to tap into when they wanted to express themselves. Secondly Turkish men felt the need to reduce the amount of yelling they used in order to fit in with the English culture which used less self expression in comparison.

Self-expression seems to be an essential coping strategy for all the Turkish participants as it functioned as an outlet for the expression of the stress and emotions they experienced. Self-expression was referred to as a "need" by one of the participants; Hale, because what she experienced was "too much and overflowed". In

cases where the participants could not contain their anger or frustration it took the form of yelling or crying.

Talking

Talking was the most common form of self expression used by nearly all Turkish participants. The "need" to talk was repeatedly expressed by most of the participants. It seems that talking was essential for the participants as it made them feel better afterwards. As Hale explained the urgent need to express herself;

"You feel the need to talk about it. Sometimes it's all too much. So I talk on the days when it's all too much when the event has just happened. For example the situation I experienced with my husband or something to do with my children or parents, I immediately want to talk to someone about it."

For instance, Nazan used a powerful simile where she likened stressful experiences to a "poison" and talking to its "medicine".

"I tell about it, get the poison out of my system and feel much better. People have understanding for that they tell me that it is the best thing to do. I don't care what they think about me afterwards. I think they'll learn how it is if it happens to them so I tell them and then go home. I feel satisfaction when I talk, talking is like a medicine."

By comparing stress to poison and talking to medicine Nazan gave talking healing qualities. For her, talking was a way of effectively dealing with stress

just like a medicine would heal an illness. Similarly, for one of the male participants, Orhan, stress was a malady whose ailment was talking.

"I have a friend, a good friend I talk to him about it. You can keep it in only to a certain extend. You can't really because it eats you up inside and that causes another kind of stress then. If you don't want that kind of stress, if you want to get it off your chest you need to talk to a friend."

It seems that the main function of talking as a form of self expression was to create a means of release for the tension the participants felt. The emphasis was on the voicing of their emotions and thoughts rather than engaging in a dialogue with the other person. Thus, the action of talking itself was essential. This was also expressed by one of the male participants, Alp;

"I talk to people that I feel close to or sometimes I feel relaxed after telling it all to a man that I don't know. Perhaps talking itself is the important thing."

In some cases, the Turkish female participants would not talk to anyone else about a stressful situation because it concerned their husbands and they considered this to be private. In those situations, some participants expressed that they would talk to themselves about it. For example, Hale often regretted talking to her friends about the problems she experienced with her husband and children as she believed it was private. Instead, she would talk to herself as a form of self expression.

"Usually I talk to myself a lot, when I'm alone. I talk to myself aloud saying things like, this happened and that happened, why can't I help them."

Fatma also talked to herself when she was alone; however, her talking involved personifying the stress and arguing with it. Her self-talk was also blended with positive reappraisal and another form of self expression; crying.

"I say to myself: this is not the end of the world, I'm not stressed I'm going to defeat you stress. I mean I cry, cry, and cry; for how long will I keep crying. I say to myself Allah created me and created all these beautiful things around and I will make use of these things. I will kick you stress so you'll piss off. In my mind I give myself a promise on that."

One of the female participants, Nazan, mentioned that she would also talk to Allah when she could not speak to anyone else about her stressful experience. The process of self expression through talking to Allah and to herself helped her to reduce the stress she was feeling.

"I talked to Allah, I talked to myself, it made me relax and I slept."

Yelling

Yelling was used by both Turkish women and men and was mostly directed to the person causing the stress. The participants who used yelling as a self expression also mentioned that they would yell very loudly. In order to express the intensity of it most of the participants even defined it as "exploding". It

seems that yelling was a form of self expression when the participant experienced strong emotions like rage. For instance one of the female participants described how she would yell at her husband during the time they were experiencing some problems;

"I would explode it would be like a tornado. It was a fight with yelling at the top of my voice. I would be fiery and have horrible arguments where I would put all my energy into it without restrains ready to give up everything."

Similarly, one of the male participants, Nazım, explained how yelling would work as an outlet to express his anger;

"When I'm angry I get it out of my system immediately, I get it out 99 percent. My voice might be too loud sometimes."

Although both Turkish women and men were similar in their usage of yelling as a form of self expression, one of the male participants, Orhan, tried to explain his behaviour from the perspective of the different roles of the two genders;

"When we (men) are fed up we explode and end up being physically violent. But women are calmer in these situations."

In some cases where the participant could not yell at the person causing them stress they would shout at somebody else that was nearest to them. In Derya's case,

this happened to be her daughter;

> "You are quarrelsome first and initially you explode with rage to the one
> that is closest to you. And your child happens to be the one nearest to you at
> that time."

Crying

Crying was a form of self expression that the Turkish women used when they felt sad and frustrated about a stressful situation. Crying was applied when the participant felt that she could not do anything to change the situation and this became a release for the intense emotions. For example, when Gülizar's attempts to interfere in her son's marital problems failed and the couple decided to divorce she used crying as one of the ways to cope. Crying had a relaxing effect on her, which made her feel better;

> "I cry, I cry loudly, very loudly and for a long time. I sit and cry for an hour
> or so. Then I feel a bit better."

For some of the participants crying was the form of self expression they used when they could not talk to the person causing them stress. In Suna's case, crying was the immediate form of self expression when she had rows with her husband. When Suna experienced that her husband was aggressive towards her she was not to talk to him or confront him about the situation. Instead, she would express herself through crying.

"After it happened I would always cry. I would think about what happened and the more I thought about it the more upset I would become and then I would end up crying."

Crying was also used when the participants could neither talk to the person causing them stress or to anyone else about it. Then it would be an outlet for self expression. For instance, Fatma felt a need to express herself about the stress she was feeling during her divorce. She could not talk to anyone because she did not trust the people around her and therefore she would cry when she was alone.

"I cried a lot at nights. My children were really young and I never let them see that I cried. I always cried when I was alone. I couldn't tell anyone about my worries. It was always in my bedroom. If the four walls of my bedroom had a voice they would tell you everything, all of my story."

b) Problem solving

For the Turkish participants, problem solving was a way of coping with a stressful situation and it involved taking direct action, analysing and planning, interfering and confronting the person that they had the stressful situation with. Although both Turkish groups used problem solving similarly the Turkish participants living in the UK used it less in comparison to Turkish participants living in Turkey.

Taking direct action

For the Turkish participants, taking active steps to change the situation or remove the stressor was one of the ways of trying to solve the problem. This process involved initiating action and focusing one's attempts to actively deal with the problem. For example; Yasemin's husband suddenly had a heart attack on their holiday in Greece. Her initial coping strategy was to be actively involved in the whole process by finding a doctor who spoke Turkish, arranging her husband to be transferred to a hospital in Athens, finding accommodation for herself and her young daughter, coordinating the other family members' flights to Athens and arranging the insurance company to pay the expenses. Her coping involved executing effective solutions to the problems step by step. Only when everything was settled she would express herself through talking and crying as a secondary coping strategy.

Another example was when Fatma decided to end her marriage when she found out about her husband's infidelity. It is interesting to note that, similar to some other Turkish participants, she compared the problem to a disease and the action she took was to "cut it out of" her life. Her accounts of the situation showed that she saw her decision of divorce as an action that healed her life.

> "The problem I had with my husband was like gangrene wound. I said to myself instead of crying everyday I'll cry one day and made a big decision and I cut it out of my life. Since then there are no problems or discomfort at home. It was him that was the problem, now we're happy and comfortable."

Analysing and planning

Another way to solve the problem involved analysing the situation and

coming up with ways to actively deal with the problem. The accounts of most of the Turkish participants suggest that focusing on and comparing one's options in detail before using any other problem focused coping seemed to be essential. Participants also seemed to prefer not to rush into action immediately but to apply some restraint in order to be able to evaluate the situation first. Some of the participants also seemed to have their own routine in this process. For example, Suna usually created a comfortable environment before she started going over her options.

> "I make myself Turkish coffee and put some music on and then think about it. You go over things in your mind; the things that happened, the things I've done or you know what the solution can be. I mean you'll solve it on your own, so you think how it could be done, will you do it this way or another way. You know that you have to find a solution so I weigh the pros of it in my mind."

Similarly, Metin would focus on all possible outcomes but not act hastily and give himself time to consider the solutions.

> "I constantly think about it, I try to analyse it. I mean you think about all the negative possibilities, the worst case scenarios and sleep on it. Once you've done that the next morning you can go back to it with a fresh mind and you also think about what can be done to overcome those situations."

Most participants talked about how they would think constantly about different ways to solve the problem. It seems that the process of analysing was

continuous and the participants would engage in it for a period of time until they came up with a solution that would satisfy them. This was also the case for Ipek;

"In my head I analyse it. I mean when you are rock bottom then you think; what can I do, what is the best thing to do to get out of this situation. Then you have some options; if I do this that could happen, if I do that this could happen. I try to find the best option and I do find the best option by thinking, whatever is the best one. Then I execute my decision, my plan. I don't keep crying or complaining."

Interfering

Interfering as a problem focused coping strategy was used when the stressful event involved problems of other family members which also caused stress for the participant. The problems could be interpersonal conflict between other family members, financial difficulty experienced by the adult child of the participant or illness and caretaking of a family member. One of the participants; Ipek; explained what interfering meant for her.

"What I mean by interfering is I try to solve their problem just like I solve my own problems so that it is all good again, that it gets better."

Thus, in line with the explanation given by Ipek, the Turkish participants would interfere in close family members' problems. The aim of interfering was to reduce the stress the participant was experiencing through removing the stressor by solving the problem. For example, when a stressful situation between her son and

her husband arose which caused Hale distress, she indirectly interfered in that situation to resolve the conflict.

> "I interfere, of course you interfere. These are stressful situations, very tense situations. I try to calm down both sides. I mean I tell my husband some of the positive things that our son hasn't told him. I tell my son about the good things that his father thinks about him but hasn't told him. That's how I try to ease and deescalate the situation and it works."

The interfering of Turkish women would be either through interpersonal conflict resolution by taking the role of negotiator in a family situation as in Hale's example or through networking and using connections to deal with financial and health issues. If for instance it was a health problem networking would involve talking to acquaintances who knew good doctors.

For Turkish men, on the other hand, interfering usually meant helping the family member through one's connections or resources. Thus, Turkish men would focus on relying on their network and resources to be able to solve stressful financial experiences of close family members. For example, when Hakan's sister experienced financial difficulties, Hakan stepped in;

> "Then to help them I arranged some connections. I had some lawyers talk to them. It was stressful but for example by helping them I changed that stress into a positive feeling and I relaxed after seeing that the help I offered had some good outcomes and through all this the stress vanished."

Most of the participants talked about the relief they felt when they were able to remove a stressor by taking active steps. However, sometimes they were unable to solve the problem because of other factors involved, no matter how much they tried. In those cases, participants tended to blame themselves for failing and felt worse. When Arif's son came back from his military service he could not find a job so Arif interfered to improve the situation.

"I tried very hard to solve the problem and used all my family connections in order to solve it. Unfortunately we couldn't solve it; I couldn't find a job for our son. And this made me stressed, very stressed."

As in Arif's case, most participants would feel even more distress when their active attempts to change the situation failed. Not being able to do anything else or not being able to interfere in certain situations caused them to experience greater stress, as in the example of Hale when her son did not get the position he applied for at the university;

"His professor told him that he was going to get the position but then they gave it to someone else because he had connections. This made me so sad because I couldn't interfere, I couldn't go and talk to the professor, I couldn't go and ask what had happened, that my child got so upset. I mean the other student had connections and we didn't, I feel emotionally crushed and that caused more stress. What stressed me most was that some other kid took the place that was for my kid only because of their connections and that I couldn't do anything about it. I mean the stress was more because of me not

95

being able to do anything about it rather than my son not getting the position."

Similarly, Ipek felt worse when she interfered in her father's health situation and arranged another doctor to operate him. As the situation got worse, she became more stressed;

"Sometimes you can solve it well but sometimes when something negative happens I get very unhappy. I feel very dispirited, I blame myself for interfering."

Confronting the person

When the stressful situation was due to an interpersonal conflict some of the Turkish participants preferred to confront the person that they had the problem with as an active way of dealing with the situation. Although both Turkish women and men used this coping strategy, the manner they approached the other person and the focus of their conversation varied significantly. With Turkish women, the emphasis of their talk was on the negative emotions they were feeling at the time and how the whole situation affected their wellbeing. For example, when Sevgi experienced a stressful situation with her mother or her husband, she asked the person she had the problem with for their help to resolve the problem. In doing so, Sevgi would tell the other person how the situation negatively affected her both emotionally and physically.

"Whoever I have the problem with I ask for their help. I tell them

96

don't treat me like this, I feel bad, it hurts. Or I tell them to stop it, that this all makes me ill that I have stomach pain, headache."

Derya also talked to her husband about the emotional impact a stressful situation had on her.

"I initially don't talk, when I'm angry I don't talk to anyone. I mean I need time to calm down. When my anger has passed I talk to him. I say to him that his behaviour hurt me a lot. How can we change it, what can we do about it."

Similarly, Esin talked about how a stressful situation affected her when she confronted her English boyfriend. For example, she felt uneasy about staying over at her boyfriend's flat as she did not feel comfortable with his living conditions.

"I realised that it can't go on like this that I have to talk to him about it. So I said you've been to my house and take this as my peculiarity that's how I am I can't stand it here. So I won't come to your house, you can come to mine instead."

Contrary to Turkish women, Turkish men did not talk about their emotions at all. Instead, their conversation was aimed at convincing the other party that they needed to change the way they were behaving. Sometimes this sounded more like a business deal than a personal conversation. For example, Hakan called his brother to resolve an issue about furniture the brother had left in Hakan's home when the

brother had come to the UK. Hakan did not like confronting his brother and he tried to keep the conversation as 'businesslike' as possible.

> "You'll call him (his brother) and talk to him but it becomes artificial I mean even when you're dialling you try to reason on how you should approach him, how you should talk about it. What else do you think? You try to construct a convincing argument I mean you say things like we talked about it at this date and it is like this. I mean you think I want to talk to him and get over with it. Or while you're talking you think I wish this talk was over or later you think ok no need to prolong it, the things (furniture) is after all worth a little."

When Orhan and his wife had rows about his working hours, Orhan's way of dealing with it was to try to convince his wife that he had no other option. He also talked about the facts about his work life and how that could not be changed. Thus, his argument was aimed to change her behaviour and the way she interpreted the stressor in order to deescalate the situation.

> "What do I do I try to explain; these are the conditions I live in, this how my life is. I mean I can't change my job after this point, I can't just go and work in an office, I can't become a clerk. You should know these by now and accept it. I wish I could work like that, I wish that I could come home after 4-5 or after 6, to spend time with you on weekends not to go to bed around 1 or 2 but about 11 or 12. You try to explain it to her, and convince her at that moment."

As in Hakan and Orhan's examples, Turkish men focused on the aspects of the issue which they considered as "facts" and reasoned on the basis of these. Thus, they tried to objectify the situation by distancing themselves emotionally. In contrast, the Turkish women mainly based their discourse on their subjective experience. In the cases of both husband and wife using confronting as a coping strategy, the confrontation often turned into an argument.

c) Seeking social support

Most of the Turkish participants sought social support as a coping strategy. Taking advice on how to deal actively with a stressful situation, taking advice on how to reinterpret the situation, using social comparisons to reappraise the situation and asking for help were the ways in which Turkish participants applied this coping strategy.

One difference between the two Turkish groups was the amount of people that was available for them to get social support from. It seems that for the participants living in Turkey there was more social support available from family members, neighbours or friends. Although there is a Turkish community in the UK for the Turkish participants living in the UK this community did not provide the social support that they needed. Most of the Turkish participants living in the UK expressed not trusting the Turkish community (in the UK) and yearning for the social networks they had back in Turkey. As a result of the decrease in the support network seeking social support was used less by the Turkish participants living in the UK in comparison to Turkish participants living in Turkey.

<u>Asking for help</u>

Some of the participants asked for help from friends and family members or professionals when they experienced a stressful situation. When some of the female Turkish participants were not sure about how to approach a stressful situation or what to do next, they sought the help of a psychologist or psychiatrist.

Yasemin called a family friend who was also a psychologist when she wanted help on how to deal with a stressful situation with her teenage daughter. Yasemin would usually yell at her daughter when she experienced a stressful situation with her. However, after she talked to the psychologist she changed her coping strategy and tried to talk calmly with her daughter.

"My eldest sister in law is a dentist in M. University and her office is next to a psychologist. So when I'm at loss about what to do I ask her (the psychologist). When there is a problem with my eldest daughter I sometimes don't react and call her to ask her what to do. Then I act upon what she says and try to communicate with my daughter the way she suggested. In the previous year my daughter had engaged in chats with inappropriate people on the net and her father caught her by coincidence. It was coincidence that he saw it not that we pry on her private chats. So we immediately asked the psychologist about how to deal with it. And she sent me a really good email. I sat down and studied that email so that I could talk with her without hurting her feelings. I told her that she was too young for these kinds of relationships. So we talked with her as the psychologist suggested. She was quiet and did not respond but I think it's better to talk like friends than yelling."

Similarly, Ipek and her sisters went to a psychiatrist when they were not sure about how to deal with their mother who was causing them a great amount of stress. Like Yasemin, she changed her coping style after talking to the doctor and decided to confront her mother on the stressful issue.

> "We went to a doctor, to a psychiatrist and asked him some questions. We asked him questions but she (her mother) wasn't present when we asked. We asked him what to do. We explained to him that she scared us a lot in the past and that we are still wary with her. We said that we are shy about confronting her that it does not seem ok. But he said you should tell her, she should know that you're aware of what she's doing."

Sometimes the participants asked family members to help through interfering in a situation that they could not resolve on their own. The help the participant asked for involved that the family member would talk to the person causing the participant stress. Arif confronted his son many times about his failure to try and find a job. The situation caused great distress to Arif and when his confrontations failed to change his son's behaviour he asked his friends and nephews to convince his son to find a job.

> "I talked with him (his son), I talked with him many times. I asked my friends to talk to him. For example my nephews, I wanted them to talk with him."

Yasemin used her network to get help when her husband had a heart attack on their holiday in Greece. She was very concerned about her husband's situation and the fact that she could not communicate with the hospital personnel made her even more stressed.

"After that we went to the hotel room and I started to make phone calls trying to find out how I can get help, who to contact. I was looking for someone in Athens that could help me by translating things to me."

Taking advice

Turkish participants tended to take advice both on the levels of appraisal and behaviour. Taking advice on the behavioural level involved asking for suggestions on how to solve the problem. The opinions, suggestions and advice of other people that they felt close to (i.e. family members and close friends or neighbours) seemed to be important for the participants in their problem solving phase as a way of encouragement or guidance. For example, Ipek mentioned that most of the time she followed the advice she was given. She also emphasised that she did not do so until she had analysed it thoroughly. So for her the role of advice was to guide her in the analysing and problem solving phase.

"For example someone gives me a piece of advice that is harsh about my mum or someone else I have a problem with. They say it is better for you to do it this way. Then I say to myself how will I do that. I find it hard to do it but I consider it. I say to myself the way they suggest is difficult for me to do but what this person says is also correct. So I weigh the pros and

cons in my mind."

The advice given guided the participant on the next step to take in the problem solving process. As the participants were engaged in trying to solve the problem, they asked others for advice if they struggled to find a solution as in the case of Suna;

"I talk to a couple of people because it's sometimes a situation that I can't find a way out of. Because if it's a situation where you can find a way to deal with it you do it; you find the solution on your own. But like I said if it's a situation where you can't find a solution you ask for help from others because you have to get help to solve it. Once I get that help I apply those advices. I mean if you can deal with it on your own you do it but if you can't find a way out that's what you do."

One criterion that was influential in following the advice was that if it came from someone whose judgement the participant trusted. For instance, Koray listened to the advice that was given to him by his mother and brother because he believed that they wanted his best and were constructive.

"Of course I did what they suggested. I mean sometimes you do what the people you love advise you to do because if you don't have any final decision on that issue and if the advice comes from a person you love where they say it is for your own good then you are inclined to do it."

Similarly, Nazım followed the advice given by his friend because he believed in the judgement of his friend and often found his advice plausible.

> "When you talk to people with common sense they warn you and if you believe in that person and in that nice environment it makes sense to you too."

Most of the participants would follow advice that came from someone they trusted and if they found it to be sound. This involved also changing the current coping strategy they were using. For example, Gülizar was very stressed about her son's divorce. After having failed to solve the problem through interfering in the situation she chose to avoid contact with others. Yet her family and friends were concerned about her so they gave her advice to express her feelings and she did what they suggested.

> "I mean I felt suffocated. I didn't want to talk to anyone I didn't want to get out of the house. I didn't want to see anyone, didn't want to tell it to anyone. But then the people that are the closest to me got upset and told me to talk about it and not to keep it all in. Then I started telling people about it."

Some of the participants used the advice given as an approval mechanism. In those cases, the participant already had an idea about how to deal with the situation but needed someone else to suggest similar reasoning. The fact that someone else would offer a similar solution was enough for the participant to follow the advice as it provided them with the approval they were seeking.

"I follow the advice if it I agree with it. Because sometimes you think of something and when the person you talk to says the same thing you think that's right then, I will do it. For example my daughter tells me do this and that and then I say I thought of the same thing and then do it."

Taking advice on the appraisal level involved reinterpreting the situation in the light of advice given by other people. This took place when the active efforts of the participant did not yield any concrete positive changes in the stressful situation. Therefore the advice was focused on changing the participants' appraisal of the issue from negative to positive. This was mainly done through normalising a stressful situation by using arguments such as these things happen in life or it was not a big deal. This feedback seemed to affect the way the participants thought about a specific situation. For example, Orhan had tried actively to solve the problems he had with his father many times through confronting him but the situation remained unresolved. When he talked to his friend about it the friend's advice was geared toward changing Orhan's appraisal of the situation by emphasising the importance of family ties and providing explanations for the father's actions.

"My friend said these things happen, he doesn't know better, he's your father, your elder, he knows what he put you through was wrong but he realised it late."

Similarly, when Hakan had problems with his brother and could not solve it through confronting him, his mother's advice focused on making Hakan see that it

was not a big issue and that he should not amplify it.

> "Mothers say don't make it bigger than it is, she said don't keep going on about it, that she would give me the money for the things, that I could buy it all new, things like that trying to offer some solutions to the problem."

Hakan's mother interfered in the situation that took place between the two brothers and tried to deescalate it by giving advice to Hakan on the appraisal level. In addition she offered some practical solutions which included some direct action taken by her. Thus this quote shows both Hakan's reappraisal phase through taking advice and his mother's problem solving through interfering in her son's conflict. The conflict was resolved when Hakan followed the advice given to him and reappraised the situation.

One important aspect of taking advice on the level of appraisal was that it helped the participant to feel better through normalising the situation. Through the other person's discourse the participant could reinterpret the situation as less significant or less dire. As Esin explains;

> "They show me a new way to see it. I mean it's important that they say it's not a big problem, you're getting stressed too much."

Similarly, when Fatma felt upset during her divorce she talked to her close friend and her friend's advice helped her to change the negative feelings she was experiencing into positive.

"Her advice and comments makes me stronger. I know what I did but when I look back I feel like I haven't done enough and feel dissatisfied with myself but she changes that through talking to me."

Social comparisons

When Turkish participants failed to solve a stressful problem they tried to relieve the stress through making social comparisons. These comparisons had the function of normalising the experience they were going through by comparing themselves to other people who went through similar or worse situations in life. Since they could not do anything about the situation itself these comparisons tended to change the way they interpreted the situation and in turn offered some relief to the participant. For instance, talking to friends about her problem helped Hale to see that she was not the only person with this problem which made her feel better.

"I rarely talk to my close friends. Sometimes they experience similar problems with their own children. That's why I sometimes talk to them. When I talk to them I see that they experience similar situations with their own kids. So other people have these problems too, so it's not just me experiencing them, this idea comforts me."

Similarly, seeing other people experience divorce led Gülizar to normalise the stressful situation her son was going through.

"I don't feel sad anymore, these things can happen. It's not only my child that has to go through this.   I accept it now. It's not only my child who

divorces, others divorce too. We didn't experience a thing like this before in our family, it's the first time, what can you do. It was supposed to happen.”

Turkish participants also engaged in downward comparison in which comparing themselves to other people in worse situations led them to reappraise the situation as less stressful. As Hakan explains;

“This is how I cope with stress: I have friends who had really bad experiences in life I always think about them when I'm stressed. And I say to myself this problem is a very simple little thing in this short life, better to forget about it. I then think positive because it reminds me that I have a good family and there are so many families with all kinds of problems.”

Metin used downward comparison as well as a means of regulating his stress through changing his appraisal about the situation. He could reinterpret the situation he experienced as less severe after he read about the miseries that others experienced.

“I read a lot and because I read a lot about the stressful situations of others your stress seems smaller in comparison. For example if there are ten different stresses yours is one tenth of those and you can see the stress of other people as well.”

Nearly all of the participants who used social comparisons used downward comparison as a means of changing their appraisal. However, two female participants instead used upward comparisons, which triggered change in their coping strategy.

For instance, Suna's husband was aggressive towards her in their marriage, and talking to other women made her realise that other women's experience of marriage was a more positive one.

"The things you live through change you. I mean your thoughts change because the things you lived become burdensome. As I said before you ask yourself why is it that you have to live this and other women don't. They live a happy life that's the difference. Perhaps it's jealousy and that's why you have to change your thoughts and the situation. And you change it. That's it."

Similarly, Nazan experienced aggression from her husband in her marriage and used upward comparison as a way of reappraising.

"I thought why do I live like this, I'm as good as other women but other women's lives are great in comparison."

d) Avoidance

Both Turkish groups used avoidance similarly as a coping strategy yet there were some differences in the choice of distractions the participants applied. One difference was that Turkish female participants living in the UK used only distractions that they would do in their house. Turkish female participants living in Turkey on the other hand used also distractions such as going out/ going for a walk which involved spending time out of the house. In addition Turkish male participants living in Turkey used drinking alchol as a coping strategy whereas this was not the case for the Turkish male participants living in the UK.

<u>Cognitive avoidance</u>

The Turkish participants tried to reduce the distress they felt through intentionally detaching themselves from the thoughts and memories of the stressful situation. With some of the participants, avoidance took the form of thought suppression where the participant intentionally refrained from certain thoughts, as in the example of Nazan;

"I don't think about it. It's all emptiness. I don't think this or that could happen, I don't think at all."

With Turkish participants, blocking thoughts about the event usually took place through daily distractions. Interactions with other people seem to be an effective way for the participants to block thoughts about the stressful situation they have experienced. Engaging in a conversation with friends about other topics helped the participants to forget the situation. As Serdar explained:

"I visit a friend and then when we talk about his problems or some good things that happened recently the stress is gone. I mean I block it. I block it and after a while when I come back to it, it is different because then the problem is much smaller, it's gone."

Similarly, Nazım chose to socialise and focus his thoughts on other subjects as a way of blocking the stressful event.

"I either go and meet a friend or go to a restaurant. I'll eat a bit and drink some Rakı (Turkish alcoholic drink) that's to change the environment and I might meet a friend there and talk about something else not to think about it."

Sometimes the participant blocked the stressor completely even though he was confronted with cues that would remind him of it. For example, when Mehmet had a fall out with his friend he not only blocked his thoughts about the stressful situation but also avoided to acknowledge his friend's presence in any situation.

"Let's say he is sitting across me. Even if I had eye contact with him I would not see him there, believe me that's how I am. I behave as if he doesn't exist, even if he is my worst enemy I behave as if he doesn't exist. I mean I think that there is a wall, or a metal or another object in the place of that person. Because if I keep thinking about him I don't believe that will bring anything good."

It seems Mehmet associated the stressful situation with his friend and therefore he blocked him out completely. According to Mehmet, thinking about a stressful situation could be hazardous and therefore should be avoided.

"I definitively don't think about the situation. If I thought about it would become unhealthy like a tumour in my brain."

It is interesting to note that Mehmet, similar to other Turkish participants,

111

likened a stressful situation to a fatal disease. In his case, avoiding the situation completely was the remedy.

Behavioural avoidance

One of the ways the Turkish participants avoided the stressor was through distancing themselves by leaving the room, the house or the environment where the stressful event took place. For instance, when Yasemin had had an argument with her daughter, she would distance herself from the experience through going to another room. Her account of the event suggests that she would prefer to distance herself even more through, for example, driving away but she did not feel she had the energy for that anymore.

"In the previous years I used to slam the door and leave. I used to get in the car and drive. Nowadays I'm so tired I don't have the energy to do that. That's also very tiring because when you get stuck in traffic you get even more stressed so I stay at home and withdraw myself."

Arif also felt the need to get away from his office when he had an argument with his son. Since being in the same environment escalated the situation and they continued arguing Arif distanced himself physically from that environment. Working in the local party's headquarters also enabled him to distance himself mentally from the stressor by providing an effective distraction for him.

"Of course I get away, I escape. What can I do, if I stay I will keep arguing and I will get more stressed. He (his son) does what he wants

anyway so I used to go to the local party's headquarters, I would get away. I would go to my other job it was like that."

Sometimes the environment in which the stressful event took place would be associated with the event itself and therefore continued to cause stress for the participant. For example, Suna left her apartment after an argument with her husband as the room reminded her of the fight and made her feel suffocated. She compared being in that environment to suffocation and going out as being able to breathe again. Thus, this form of behavioural avoidance was attributed positive healing qualities by Suna as it reduced the stress she felt.

"I got out of the house because I felt suffocated there. Because everything happens there I mean it reminds you of all the things that happened there. And you think any minute something else could happen. When you get out of there, it is as if you breathe, you relax, that's what happens."

It seems that Suna not only avoided the memories of the fights she had with her husband but also tried to avoid potential new arguments that could take place by leaving their shared environment. Behavioural avoidance was also used proactively by some other Turkish participants, who tried to stay away from an environment in order not to repeat the experience.

When Esin had problems with her partner because she felt very uncomfortable in his flat she would stay away from the environment that stressed her.

113

"In order not to go to Manchester and to make him come to London I would make up excuses, at that time I was trying to avoid it."

Similarly, Koray would go home late in order to avoid contact with his wife so that they would not argue.

"Not as a way of dealing with the situation but as a way of staying away from that situation I used to go home late. That's what I did, it was a different strategy. So that when I went home my wife would be tired or go to bed soon and we wouldn't argue. That's what I did."

Orhan explained how he distanced himself from a stressful situation through "running away" from the problems he had with his father.

"I dealt with it by running away I mean by getting away from that environment, by getting away from that person and by not confronting him again. I didn't want to confront him because I knew what the reality was and didn't want to face it. I mean at least if I leave the environment then I can leave the problems behind me. It is as if I could leave them all behind but actually I know that I can't run away from the reality because I'm connected to him, I'm of the same blood ..my mother, father, sibling, I know I can't run away from that."

For Orhan, distancing himself was cutting all contact with his father and avoiding being in the same environment with him. Yet, at the same time he

acknowledged the family ties that would not let him maintain the distance for long. Similarly, when problems within the family were too stressful, Metin would distance himself from the environment by going away for a long weekend holiday.

"I mean yes you get away from the environment for a while. But the stress is still there, there is no escape from it. That's why if I have the opportunity I have a break from life and clear my head from all of the stress for a while and start new when I come back from the holiday."

It's important to note that although both Orhan and Metin would use distancing themselves from the stressful environment as a coping strategy they were also conscious of not being able to remove the stress from their lives as there was not a resolution to the situation.

The Turkish participants used a variety of distractions as behavioural avoidance. Going for walks and listening to music were distractions used by most of the participants. There were also gender specific coping strategies employed by the participants. Turkish women used housework as a distraction whereas Turkish men would work more as a way of avoiding the stressor. Turkish men additionally used watching films and using the computer as distractions. Drinking alcohol was applied as a coping strategy only by Turkish men living in Turkey.

Going for a walk/run

Most participants talked about going for a walk outdoors when they felt distressed. For some of the participants going for a walk helped them to get away from the environment and allowed them to be alone for a while. Another function of

walking was to release the anger and frustration the participant was feeling through physical exercise. For example, when Ipek was distressed, she went for long walks. For her, this was a way to deal with her emotions. She would also swear to herself while she was walking, expressing her feelings and tiring herself by the exercise. All this made her feel better and more relaxed at the end of the walk. Similarly, Sevgi used walking as a way of being alone and distracting herself;

"I want to immediately go out, walk quickly, to be alone, to be alone to have some time to calm down to do something tiring. So if I can go out I'll go and walk in a fast pace."

For some of the Turkish male participants, walking would be replaced by running when they got stressed. When Serdar was upset he would run to deplete his energy with a physical activity before it was expressed as aggression. He used running as an outlet for the anger and tension he felt at that moment. When he experienced marital problems with his first wife, he used to go for runs every day;

"Around that time I started to run. I believe that as a man I have too much energy. You can get rid of that energy by punching the wall and breaking your hand, or you can break the door or the computer. Some way you need to get rid of that stress and how can you do it; through sports."

Running would distract him so that he would be able to avoid thinking about the stressful situation and relax.

"When I'm running I'm relaxed. When you run you relax, your body and mind relaxes. I mean, in the first 10 minutes I think about it then in the next half an hour or 40 minutes I don't think about it at all. For instance I run for an hour and after that the situation is not a problem anymore."

Another function of running was that it helped the participant to avoid thinking about the stressor. Hakan combined two distractions; listening to music and running in order to block the stressful situation for a while.

"When you run you have earphones you go to a different world in that half an hour run and you benefit physically from it too."

Sometimes the participants would walk in parks in order to relax. For example, for Gülizar walking did not involve fast pace or long duration. Yet, for her too it had a relaxing effect and she chose to go to parks because being surrounded by nature made her feel better.

"Going for a walk relaxes me a lot. Especially going to places where there are a lot of green plants and trees. Also it's nice if there is a pool and you hear the water flowing."

Similarly, for Mehmet, being in the nature helped him distance himself from the stressful situation.

"When I'm really stressed I prefer to go for a walk. I go for a walk where there are not many cars, no engine fumes, where there is not much noise and

the air is not polluted. So I don't go to busy roads but to fields, parks or alleys. I mean I prefer places that are quiet. The reason for that is then I can have clear head and I try to think about positive things while walking to reduce the stress."

Listening to music

Listening to music was used as a form of avoidant coping as it enabled the participants to mentally distract themselves and was considered to be relaxing activity. It seems that participants used listening to music as a way of relaxing when they felt that thinking about a stressful situation would be pointless. As in the case of Orhan:

"You listen to music because when you listen to music you relax a bit more, you loosen up and feel like you're in a different world. Then once you've relaxed you don't want to think about it and you say to yourself even if I thought about it nothing will change."

Similarly, Ipek used listening to music and dancing as a distraction when she felt she could not do anything to change a stressful situation;

"I turn on the radio when I wake up in the morning and when I hear some music I mean music is very relaxing for me, it relaxes me a lot. I love dancing too, belly dancing. When there is no one at home I start to dance. That relaxes me a lot, it relaxes me, I mean when I see that I don't have a solution I do it otherwise I'll feel worse."

It seems that the participants actively choose to use music as a distraction when they started to think about the stressful situation. As Suna expressed:

"I think about the problem. Then I immediately tell myself no I shouldn't think about it otherwise I'll get stressed again so I divert my thoughts. I mean I either think about something else or I turn on some music. Music nourishes me. I turn on some music and that takes away all my stress. I have some music, and turn the volume up and chill out. Then I'm distracted, it disappears from my mind but only for that time."

Although listening to music had the same function for all the participants their choice of music varied. For example, Mehmet preferred to listen to "peaceful folk music" and would sometimes also sing along. One of the reasons Metin gave for listening to a certain type of music was the effect different types of music had on his mood.

"I don't listen to all kinds of music. Some music can be sad or sorrowful and that can make your mood even worse. And if it is dance music it makes you anxious I guess. That's why I listen to more soft slow music like classical music or Julio Iglesias that kind of Spanish music and that makes me feel good."

Work/housework

Work as distraction was divided into the domains of home and office and became gender specific according to the traditional gender roles. Cooking, cleaning

119

the house and doing embroidery for the coffee tables were the distractions used by the female participants. Male participants would work for longer hours at their work place as way of distracting themselves.

For some of the Turkish female participants, doing housework provided them with an outlet for the negative emotions they were feeling. Yasemin explained how cleaning and hovering enabled her to direct the anger she felt into physical activities.

"I usually clean the house, I busy myself with cleaning. I take the cleaning products, wipe the windows, dust the furniture, hover the house with that anger. At least I'll do the cleaning quickly when I'm angry and upset and get it done."

For Sevgi doing something physical to tire herself during that period was essential. Her first option was to go for a walk but if she had to stay at home because of her young children she started cooking.

"If I can't get out of the house I'll chop potatoes or onions; cutting, stirring, things to do with cooking. Physically I deplete my energy. Do I think about it while doing those things, no I don't think about the situation, there is only the action itself no thought. Or I don't realise that I'm thinking."

Sometimes the participants chose to distract themselves with house work because they liked it. Doing housework helped them to shift their focus to something they liked which in return offered them some relief. As Esin explained;

"I clean the house, I cook. When I'm doing stuff that I love I don't think about anything else, I just do it. I cook three or four courses of meal or I start to clean an area in the house that has been bothering me because it's dirty and that relaxes me a lot."

Fatma did embroidery sets for the coffee tables and beds for the entire family during her divorce.

"When I'm stressed I do handwork. I did sets for my kids, actually they don't use it. I did bed covers. I did table cloths, sets for their bedrooms."

It is interesting to note that, apart from one participant, all the female Turkish participants who used housework as a behavioural avoidance technique had jobs. Yet, contrary to Turkish men, they preferred to distract themselves through work at home.

Turkish male participants expressed that they would work more and spend longer hours at work in order to distract themselves mentally from the stressful situation. Similar to some Turkish female participants, Arif liked the work he was doing so it became one of his main distractions.

"What I do is; I like working so I work more, much more. And if that work is not enough I'll do some social work in some organisations. So I do that as well and that helps me to get rid of stress. When I can distract my thoughts from the situation then I can rid myself from that stress."

Similarly, Koray used to work much more during his divorce to avoid thinking about the situation completely.

"I thought if I would focus on my work, really focus on my work, I could wriggle out of this and that's what happened. I totally focused on my work. I spent my entire time at work."

For Koray, working around the clock meant that he would not be able to focus on the problem.

"One of the best ways get away from your problems is to tire yourself with something else."

Although Turkish male participants used working quite often as a coping strategy there would still be times when that distraction could not be applied. For instance, Koray would not be able to distract himself if there were cues in the environment that would remind him of the situation with his wife.

"What would happen at work? For example a customer would come with her child and then I would immediately think of my own son. That was tough because at that time I could not see my son."

When Turkish men experienced a stressful situation with a family member, work would enable them with behavioural avoidance on two levels. On the first level the physical action of going to work helped them to distance themselves from the

122

environment. On the second level, through the work itself they would be able to distance themselves mentally. Yet, as they returned to the environment where the conflict remained the distraction would cease to be effective.

> Arif: "Yes you focus on your work and you don't think about the situation because there is too much work to do. When I have lots to do at work I don't remember it, for example I escape from the situation by going to building sites to do work there. But when I'm back with the children, in that situation again it all starts again."

Watching TV/using the computer

Although a small number of Turkish female participants expressed that they would watch TV or surf the Internet when they were stressed these distractions were mainly used by Turkish male participants in their 30-40s. For instance, Serdar would surf on the internet to redirect his focus onto another activity. Similarly, Orhan played computer games to distract himself.

> "I sit in front of the computer and play computer games just to kill time so that I can focus on something else instead because then you focus on something else and you think about other stuff and focus on other stuff and try to forget the problem."

Watching films was another form of avoidant coping used by some of the participants. These participants were specific about what kind of programmes they would watch. One of the ways Mehmet distracted himself was by watching

documentaries of places he had not been to. For Hakan, it was important that the film would capture his interest so that he would completely block the stressful event during that time.

> "When you go to the cinema it depends on how much the film distracts you. If it's a good film you won't think about it (the problem) but if it's a boring film you drift back to your life and you can think about the problem."

It seems that watching a film or programme helped the participant to divert their focus on something else as a way of avoidance.

> "We started to watch some of the TV series, there were ones that I liked. I started renting movies so that it would keep me occupied. If you don't do anything you will remember those thoughts again."

Drinking

Another distraction most Turkish male participants in Turkey used when they were stressed was to drink alcohol. For example, Arif and Nazım belong to an older generation of Turkish men who like to drink Rakı, a Turkish beverage with high alcohol percentage. They also used this as a coping strategy when they experienced a stressful situation with a family member. For instance, Nazım used two coping strategies; distancing himself from the stressful situation and drinking Rakı concurrently to avoid thinking about the stressful situation. When he got away from the stressful environment he sought the company of his friends with whom he would have a few glasses of Rakı and talk about other things than the stressful event. Arif

also drank Rakı when he experienced a high level of stress. For him, drinking Rakı was a way to relax.

> "For example I will drink at night when I go home so that I can relax. It also makes me sleep; it makes me sleep more easily. I don't take sleeping pills to sleep but alcohol makes me sleep easily."

Arif used drinking as a coping strategy and he compared the effect alcohol had on his body to sleeping pills. Likewise, Koray, who was much younger than Arif and Nazim, felt the need to explain why he drank when he was stressed.

> "Of course it is when there is alcohol in your body your blood has thinned and you relax, that's why I drank a beer. I had to stay up late as well in case our baby woke up so I drank only one not that I would drink three or five bottles of beer successively, it wasn't like that, one was enough."

Another point that was stressed by the male participants was the fact that they drank only in moderation. As Koray explained, he only drank one bottle of beer not more. Arif also commented on the amount he drank.

> "To be honest I like alcohol, I like drinking and have been drinking for years but I always drink in a proper way, always in moderation, one or two glasses of Rakı. It relaxes my body."

The explanations the participants offered about the amount of drink they consumed and the purpose (i.e. relaxing or sleeping better) suggests that they wanted

to clarify that they do not drink excessively or lose control. Although Islam prohibits drinking alcohol, in Turkey, alcohol is not banned and people drink alcohol. Yet, excessive or binge drinking and getting drunk is frowned on.

e) Religion

Only Turkish female participants expressed using religion as a coping strategy. Furthermore Turkish women living in Turkey used religion more often as a coping strategy than Turkish women living in the UK. Religion influenced the coping strategies of the Turkish women on two levels; a) their religious beliefs tended to shape the way they saw the problem and b) they used praying which involved asking Allah for help in a situation where they could not do anything concrete about the problem.

Religious beliefs consist of the belief system that influences the way the participant thinks about the problem. It involves how the participant sees the problem and what meaning she gives to it through the influence of religion. The main belief of Turkish female participants was that a stressful event is a test from Allah. Therefore, there is a reason for the event to happen as everything happens for a reason and because it is Allah's will.

Following this line of thinking, one should be patient, learn from the whole process, and believe that something good will come out of it. This belief is immensely integrated in the Turkish culture and there are idioms in Turkish that are very commonly expressed in stressful situations that support this way of thinking. For example one of the idioms is "Experiencing one problem is much more important than listening to thousands of advice" and another is "There is always something good (or a good outcome) in everything that happens." The

126

Turkish women also stated that they used this way of thinking to deal with stressful experiences. For example Hale tried to accept a stressful event by thinking that it was Allah's will and therefore it was supposed to happen.

"Sometimes it's Allah's will I mean you have to go through that you have to have that experience and then I say to myself perhaps I had to experience this."

Her religious beliefs also had the function of giving her comfort and an explanation of the situation.

"I feel sad because they (her sons) are sad and I comfort myself with religion. I mean I think that it was supposed to be like this, that Allah sees all our efforts, and that Allah will reciprocate them. So I comfort myself with religion."

In similar, Fatma saw problems that happen in life as examples of Allah's will that helped people to become wiser in life.

"I prayed a lot. I believe that there is a reason for everything that happens. I mean just like a table is constructed by a carpenter, just like the carpenter creates it we are also created, have our creator. Nothing happens in vain, it happens because we have to experience it, because without experiencing certain things people don't get wiser. You have to go through difficulties so that you learn from it and correct it."

As the participants believed that the problems were a test from Allah for them endurance and patience were the appropriate ways of dealing with it. Nazan and Fatma coped with a stressful situation by waiting for it to end and comforted themselves with their beliefs, whereas Gülizar found the process of waiting as burdensome and asked Allah to end the test.

"Sometimes I say to Allah I know you are testing us, testing our patience. I know Allah is testing us. But then I tell Allah please don't test us anymore because we won't be able to handle it anymore. I beg Allah that Allah wouldn't give us more than we can carry."

Praying was also used as a coping strategy by most of the women. The women did not mention that they prayed for a specific outcome but they worded it more general, asking things to change for the best of the people involved. In Islam, there is a tendency to pray in general terms for the best outcome possible. And the best outcome is not usually specified since one might not fully see the big picture and Allah knows it all (better than oneself) so one asks Allah to change things for the best. That is what Gülizar did when her efforts of interfering with her son's marital problems were not effective.

"I pray and say whatever the best is for them let that happen. I say Allah you know what's best, if it is better for them to divorce let it be."

Hale also prayed for the best outcome for her son's work situation when she

128

could not help him although she had tried.

> "Not being able to change the situation that made me really upset. I could only escape that by prayer. I mean saying Allah please give us better outcomes, perhaps that wasn't good for us, I hope that something better will come along. I prayed like that and comforted myself in that way didn't do anything else."

Hale's prayers were based on the belief that Allah knows it all and therefore can bring better solutions to that problem. The prayer itself included positive reappraisals of the situation. Yet she still felt guilty for not being able to help her son and praying also had the function of deescalating that distress.

> "Because I can't interfere I blame myself and I try to comfort myself by prayers. I pray, I pray and that relaxes me."

Gülizar also found praying very relaxing and even "therapeutic".

> "Praying saved me I mean it calmed me down. Reading Quran relaxed me a lot. I find a lot in prayers. Praying is my therapy; it's therapeutic for me it really is."

Another aspect of religious beliefs which helped the Turkish women to cope with the situation was the belief that one is not alone in this situation that Allah is there with them and Allah sees all and knows all. Based on this belief some of the women talked to Allah about their worries and problems. Hale always felt guilty

129

after talking to her friends about the stressful situations she had with her family members because it was all private and she did not like to disclose that information. Yet she had the burning desire to express herself too. For her, the solution was to talk to Allah about it, pray and believe that the situation would improve. Nazan, on the other hand, did not have close family members she could talk to and wanted to express her feelings, hopes and frustration.

"I don't have anyone, no siblings, no mother no brother. But I took refuge in Allah. Allah helped me a lot. I prayed day and night."

She continuously talked to Allah through the coping process. Initially she talked about how she would cope with the situation which would be being patient and waiting for it to end.

"I said to Allah I'll be patient and wait and they'll finally leave me."

During that stressful period she would talk to Allah as a form of self expression and that would relax her.

"I talked to Allah, I talked to myself, it made me relax and I slept."

When the stressful event was over, her talking involved gratitude for Allah punishing the people she believed that had wronged her.

"Allah took my revenge. I talked to Allah saying you were so close to me (knowing what I was going through)."

130

f) The summary of the superordinate categories-Turkish sample

The superordinate categories presented denote the various coping strategies used by the Turkish people living in Turkey and the UK. Four superordinate categories; self expression, problem solving, seeking social support and avoidance; emerged as a result of the analysis. Turkish people used a variety of ways to express themselves and the function of this coping strategy was to release the stress. Most of the Turkish people expressed that they felt better after expressing themselves and some of the participants attributed healing characteristics to the coping strategy self expression.

Problem solving was one of the coping strategies that nearly all of the Turkish participants applied. It involved taking direct action to remove the stressor, analysing and planning to alter the situation, interfering in the problems of another family member to resolve the problem and confronting the person they had the stressful event with in order to solve the conflict.

The category seeking social support had both cognitive and behavioural levels. On the cognitive level, the Turkish participants took advice on how to reappraise the situation. Also upward and downward social comparisons enabled the participants to alter their perception about the severity of the situation. The behavioural level consisted of the participants taking advice from other people about what to do next and asking for help to solve the problem.

All of the Turkish participants also used at least one form of avoidance. Detaching oneself, blocking thoughts about the stressful situation and avoiding the person/environment that they had the conflict with were the ways they used cognitive avoidance. There were also a variety of distractions that the Turkish participants used mainly; listening to music, walking/running, smoking/drinking, work/housework and

watching films/using computers.

There were gender specific varieties in each one of the four superordinate categories. For the category self expression the gender difference was that Turkish female participants used crying as a form of self expression whereas the male participants did not. In addition most of the female participants used two different forms of self expression (i.e. talking and yelling or talking and crying) and one of the participants used three different forms of self expression (i.e. talking, yelling, crying) for the same event. Yet most of the male participants used only one form of self expression. A further difference was that when Turkish women used talking as a form of self expression they did not only talk to people they were close to as in the case of Turkish men. Turkish women also talked to themselves or Allah when they could not express themselves to anyone else.

Another gender difference emerged in the two categories of the superordinate category problem solving. In the category interfering Turkish men used their resources and network to solve a financial difficulty of a family member. The Turkish women also took the role of a negotiator in family conflicts thus interfering in both financial/health problems and interpersonal conflicts in the family. Also, there were gender differences in the subcategory confronting the person. When Turkish men confronted the person they had a problem with, in an attempt to resolve the problem situation, they tried to maintain an objective attitude and construct a convincing argument. Yet, for Turkish women confronting the other person was a highly subjective experience and their focus was on the emotional and physical impact the stressful situation had on them.

Also, there was a gender difference in the coping strategy seeking social support. Only Turkish women asked for help from professional people (i.e.

psychiatrist, psychologist) when they felt they needed help to handle a problematic situation. Another difference was that Turkish men only used downward comparisons whereas Turkish women used both downward and upward comparisons about a stressful situation.

In addition, work/housework was used as a distraction by the Turkish participants as a behavioural avoidance, however, this coping strategy was also gendered in the form of work the participants chose to do. Turkish women did housework when they felt stressed whereas Turkish men worked more at their workplace or did extra hours. The category religion was gender specific as it was employed by Turkish women only. The accounts of the Turkish women suggested that they saw the problem as a test from Allah which they needed to endure and prayed for Allah's help.

Although both the Turkish participants living in Turkey and the UK used all of these coping strategies similarly the frequency of applying the coping strategies varied between the two groups. For instance the Turkish participants living in the UK used self expression and seeking social support less frequently than the Turkish participants living in Turkey. The reason for this was the decrease in their support network due to living in the UK. Thus there were less people available for them to seek social support from and express themselves to when they experienced a stressful situation.

Another difference between the two Turkish groups was that Turkish women living in Turkey would engage in distractions both at their house (i.e housework) and outside (i.e going for a walk) whereas Turkish women living in the UK preferred to use distractions in their homes only. Also Turkish men living in Turkey used drinking alcohol as a coping strategy whereas Turkish men living in the UK did not

133

report doing so. Hence although both Turkish groups used behavioural avoidance in the same way the choice of distractions they employed varied. In addition religious coping was used less by the Turkish women living in the UK in comparison to Turkish women living in Turkey.

Finally Turkish participants living in the UK used problem solving similarly to Turkish participants living in Turkey. Yet one difference was that Turkish participants living in the UK used this coping strategy less frequently than the Turkish participants living in Turkey.

4.3 Changes in the coping strategies of the participants

The participants reported some changes in their coping strategies because of a significant event, work experience or age. The change was similar across all three groups with the exception of Turkish male participants living in Turkey as they did not report any change in their coping behaviour. There were two distinct changes in the coping strategies used by the participants. Some of the participants expressed replacing self-expression with avoidance and some others using avoidance instead of self-expression. Thus the change in coping strategies regardless of cause or cultural background seems to be an exchange between the categories self-expression and avoidance.

4.3.1 Change due to a significant event

With some of the participants a significant event became the trigger to change their coping behaviour. As with the cases of Sally and Jack the aggression they demonstrated in the situation caused them to experience fear of their own behaviour

which in turn stopped the recurrence of the behaviour. Sally's account is a good example how she dealt with the situation and her reason for changing her reaction.

"I'll never forget it because it really frightened me because what happened were we were in a supermarket and Anna was they used have the little you know the horses that you put 10 pence in, Anna was sat on that and she were only about 5 and this woman wanted her little son or whoever it were to have a go on this so Anna were just playing on it and I were in the queue so she didn't she not got any money in it but this woman said to Anna get off that my son wants to go on this get off it. Well I just was so stressed I just I were uncontrollably angry you know so I didn't couldn't see anything apart from this women and I just dropped my bag and I went to front and said how dare you speak to my you know this and that and she didn't put any money in it so I says no I know but there were no need I actually fought and the woman had to leave the shop cause I were that angry and I actually followed the woman playing on with her and then when we got to the end of the road she went and that frightened me because in that situation I was that stressed I didn't know what I were doing which worried me and I never forgotten that and I wouldn't let go there were no reason with me. But I don't get like that now you know I changed yeah because I frightened my self with my reactions."

Jack on the other hand became aggressive while driving.

"This bloke in this car pips at me so I ramped his car so he's swearing

blimey. But I carried on and dragged him out of through the window and kicked him everywhere and I'm thinking I shouldn't be doing that and it scares me because I know that I could somebody is gonna get hurt and it's a scary black hole. You don't wanna be within there so I've just changed my outlook on things and I just don't bother going down that road now."

Both Sally and Jack became aware of their own aggressive behaviour and decided to replace it by behavioural avoidance. Thus in very stressful situations they would leave the environment in order not to have a similar experience.

In the case of Ipek the triggering event was her illness. She believed that the illness was due to stress caused by her marital problems. Her coping strategy before the illness was avoiding contact with her husband yet after the illness she chose to use self-expression as a coping strategy and talked to her husband about it.

"He used to be angrier before. I became ill and when I was in the hospital one department sent me to another and they sent me to another. So at the door of the hospital I decided I will go home. I was going from one department to another and had enough. That day I came home and told him it's been so many years since we married. Just as you come together with marriage so can you separate it's as natural. So I told him let's end this. I said it openly. Then he started to act normal."

Similarly two very stressful events; her divorce and illness; caused a change in Suna's coping strategies. Suna believed that both of the situations; divorce and illness; were situations that caused her to feel low and a sign for her to change the

136

way she was dealing with life problems.

"I used to avoid people, everything seemed so negative. After I got divorced from my husband I realised actually that life was good. I mean even when you had problems you could still feel good, I kept saying life is good. Then when I got hospitalised I realised that I need to change because life can be good. I mean you learn, you learn in life from the problems. Whenever a problem appears in your life and you experience it you learn from that lesson. So you learn not to do the same things again and you change."

4.3.2 Change due to age

Some of the participants experienced change in their coping strategy with time and they attributed the change to becoming older. For instance Laura's coping strategy changed from avoidance to self-expression throughout the years:

"I don't know I think I've always put it down to just the fact that when you're older you think I can say whatever I like to anybody whereas when you're younger you're a lot more guarded about it. And I just think it's something that comes with age that I'm not really so worried about what people think of me so I'll speak my mind more whereas when I was younger perhaps I thought a bit more about you know what they're gonna think of me if I say that."

Derya on the other hand used to express herself through yelling but has been

preferring to use avoidance lately. Similarly she sees it as an indication of being older.

> "I used to be very angry very angry. My anger lasted for a long while. I now realise that as I get older I feel angry for shorter periods, it's unbelievable. I'm 42 now and when I look back at when I was 22 I see that I could be angry and full of hatred for months but now I don't hate people for long. Instead I say oh dear and just move on. I guess with time your experiences change and your perspective changes that's why. My anger does not last very long or it does not harm me the way it used to. In the past it was affecting me physically as well, I could not breathe I would wake up at night thinking why is it like this but now I sleep immediately. I guess it's because of age and your life experiences. I don't let the same thing happen again, think about it as déjàvu."

In the case of Jane an aggressive form of self-expression would be her initial coping strategy in her twenties. She no longer used any form of aggression but would distance herself from the environment when she felt frustrated.

> "Because if I don't get out of that stressful situation I do lose my temper and when I lose my temper I do become quite aggressive and have been known to hit and throw things and smash stuff. And I haven't done that for nearly 15 years now and I'm not gonna go but I still have that emotion, still have that desire but I've learned just to walk away a lot sooner."

4.3.3 Change due to work experience

Working environment was mentioned by one of the participants George as the influencing factor for the change in his coping strategies. The skills he gained through his work had an effect on his coping strategy.

> "I suppose you know that I've been doing social work of various descriptions for a long time and I think if I go back a long time you know to when I was a sort of young adult I actually felt that sort of thing quite difficult and I would be far more likely to with draw, keep quiet, bottle it up. I think that's far less now which I think is partly influenced by all the years of work. I think work has been influence on the sort of problem solving and feeling more comfortable talking directly to people."

In some cases the participants expressed being in a process of change where they were working on trying to use the coping strategies that they used with the stressors from work in their relationships as well. For instance Sally used self expression (yelling) as a way of coping with the stressful situation she experienced with her daughter. Yet she did not employ yelling in her professional life as a coping strategy and was trying to lessen the amount of yelling she used in her private life as well.

> "Because I know that it was too upsetting and stressful for me to be acting like I was acting and it was.. I kind of said unprofessional because in me professional role I can't act like that so I know that I manage stress professionally so why can't I manage it in a family setting. So now I'm looking how to cope with that. And like I said because I'm doing it

professionally coping with things and I can't go off like I do, I'm using that method to try and work on the home bit of you know."

4.3.4 Changes in the coping strategies of Turkish people living in the UK

The Turkish participants living in the UK expressed that there were some changes in their coping strategies due to living in the UK for a long time. The main changes were in the coping strategies seeking social support and self expression. The accounts of the Turkish participants living in the UK also depict the way they perceive the host culture they live in and how they compare it to Turkey.

Seeking social support

Seeking social support was one of the coping strategies that nearly all of the Turkish female participants used. The female participants would talk to family members or close friends to take advice, ask for help or for social comparisons. Some of the Turkish female participants living in the UK had their families back in Turkey and for them, seeking social support was constrained or involved contacting their family in Turkey. They did not seek any social support from the Turkish community in the UK. For instance, both Yasemin and her husband's families were living in Turkey and she would call Turkey every time she needed support.

"I guess you could talk about it more in Turkey. I think you would talk about it with your relatives, with friends close to you more in Turkey. Here people keep it more to themselves. Here they talk to themselves about the problems they have and express it to themselves. Here you can't really talk

openly even with the person that is the closest to you. Here it is private for everyone and there is something that everyone hides and you can't openly talk about it with anyone. Perhaps it's not trusting the people here. Because of life experiences people may not trust each other, don't trust each other. For example I'm telling this person this now but would s/he use this information at one point against me or against people close to me that's the reason for not trusting anyone. That's why. I don't know how it is in Turkey now it's been a long time, has it changed, I don't know. But I think in Turkey with relatives you feel close to, you would talk about these things because they would not do anything to harm you. But you can't do it here, not here. Perhaps it's because we don't have relatives here. If we had some relatives here we would talk to them but not with your friends, you don't talk to them. As I said you think would this person hold it against me one day, at one point in the future and then you keep it all to yourself. And all those things that you keep inside build up."

The decrease in one's support network was an issue that caused the female participants to call Turkey for support. Another change that was expressed in some of the participants' accounts was the lack of closeness within the Turkish community. Neighbours and close friends constitute an important part of the social network in Turkey. The failure of establishing such an environment in the UK had an effect on the coping strategies of Turkish women where they needed to contact Turkey each time they wanted to express themselves or seek social support. Suna's account portrays how she sees the change in the relationships between the Turkish people in the UK.

"It's different in this sense; when you're in Turkey you have more people around you, people who speak the same language, neighbours who know your customs and traditions or at least you have your relatives. You can easily tell them what you're going through because they usually are in similar situation themselves. Here for example sometimes you won't have a neighbour you can go to and then you have to call Turkey to tell someone about your problems, that's the problem of being here. Because when you're here you can't just call and pour your heart out for hours because it's not like having the person sitting next to you. So in Turkey you feel that your family, neighbours are with you but here you don't have that. Also here the warmness between people is missing. Here you have distance between people. There is distance. People keep the distance. It's not only because there are less Turkish people here it's also because we are all like programmed computers going to work in the morning coming back home in the evening. I live in this flat for two years and I never went for a coffee to my neighbour across neither has she come over, nor have we greeted each other, do you see what I mean. But if we were in Turkey by now we would be good friends going to each other's houses. That's what's different in Turkey, it's the closeness and warmth."

For one of the participants, Esin, the lack of family support accelerated the change in her coping process. Esin would use cognitive and behavioural avoidance when she had problems in Turkey. However, since she moved to the UK, she has started to use confronting as a way of problem solving. Her accounts suggest that she created a support network form friends in order to compensate for the lack of family

142

support. This involved clearing issues with friends through talking and confronting them.

> "The change has been faster because of living here because you're alone here and you need to work on having a community. You have stressful situations because of being alone and in those situations your friends here need to be your family. That's why you need to have great communication with those people. There shouldn't be a stressful situation between you and them that you haven't resolved. That's the reason the change I went through was accelerated here. And it was through talking. I mean I learned that there is a way to reach everyone and there is a way for everyone to reach me."

It seems that the absence of social support that some of the female participants had experienced in the Turkish community in the UK was replaced by financial support from the British government. For instance, some of the female participants who used behavioural avoidance as their main coping strategy when they were living in Turkey started using problem solving strategies in the UK. These participants divorced their husbands who were aggressive and went on to live with their children in the UK through benefits. For example, Suna's husband was aggressive towards her and for a while she tried to normalise her situation, as, in her experience, most women in Turkey had similar life situations.

> "The women there let's say eighty percent of the women in Turkey experience similar situations to what I went through. Here for example a woman has problems with her husband for a year or two or six months and

then they separate."

Fatma lived in a village in Turkey where the elders of the community decided on every aspect of life. Her coping strategy involved avoiding conflict and withdrawing when a stressful situation emerged. Her coping strategy changed after having lived in the UK for a while. She divorced her husband who had an affair.

"I'd rather live in London than in Turkey and I believe I'll live here for the rest of my life. I don't even think of going back to Turkey because I come from a very crowded family. I grew up in a crowded family and went as a bride to crowded family. I gave birth to three children there and tried to raise them but I was not even allowed to say my children's names in the presence of my father and mother in law. Because I was the bride because there everything was decided by *tore* (a very strict moral code created by the elders of the clan with very threatening consequences if not followed by the members). I lived eight years with my in-laws I would not even want to stay there for another eight hours now. When I divorced I asked my dad for financial help. My dad is one of the elders and he's very rich but he didn't give me a penny. Allah bless the government here, I managed through their help, my children could finish their education."

Another participant, Yasemin, became distressed because when one of her close friends decided to divorce her husband, he did not pay any of her friend's life expenses in the hope that he could force her to change her mind.

144

"As a man the first thing he did try to do was to make her destitute, to have her bereft of any financial security. But the English government support women and children so she immediately got money. They paid the rent. So not much changed in her life and now she says I'll go forward with it, I'm strong."

It is important to note that although that the Turkish participants living in the UK experienced a decrease in their network because most of their family and friends lived in Turkey they did not seek formal social support (i.e counselling, help groups) in the UK. The Turkish participants were reluctant to seek social support from the host culture they lived in as they felt it was different from the Turkish culture. For instance Fatma's account depicts how she perceives the two cultures;

"When I divorced my husband and he was gone I told my kids ok we live here (UK) but we are Turkish, we are Muslims and that does not change when we live in a different country. We have our customs and our beliefs. When we step in this house it's our culture, our tradition and that's what gives us peace and warmth. Outside it is different; there are fewer inhibitions, people are cooler about things."

Self expression

The accounts of the Turkish women living in the UK suggest that the decrease in the available social support network also limited the number of people they could express themselves to when they experienced a stressful situation. Thus as a result Turkish women living in the   UK could less frequently express themselves

to someone else in a stressful situation in comparison to the time when they used to live in Turkey.

There were also changes in the amount of self expression the Turkish men living in the UK used. Most of the Turkish male participants stated that they changed the way they expressed themselves since they had moved to the UK. The change consisted of reducing the amount of self expression through yelling. As Orhan explained:

"Yes there are changes. When somebody told you something in Turkey you would explode immediately. When my dad said something or my mum or my siblings you could go ballistic about it. They would yell at you, you would yell at them. And then we came here and you need to be calmer here because the way you think changes, your ideas change because you are stuck between two countries. So I tried to be calmer in this country because I had to be calmer."

It seems as the Turkish male participants continued to live in England they felt the need to refrain from yelling. For Hakan, the change in his coping strategy started in reaction to stressful situations at work:

"I started to be calmer here because the law forces you to be. For example you can't yell at anyone in the company even if you're the manager. When you're stressed you try to laugh about the situation. So there are some changes when I think about it. You have to be calmer, when you look at the English their greatest peculiarity is remaining calm. But in Turkey you are

less restrained. For example when I was a manager in Turkey, in some situations you yelled at the person or you even fired him. Or when you had stressful situations having to do with payments or debt you called them and spoke as you wished. Here everything is under your control so you repress the problems. But is there a change in your stress level? I mean by repressing your control over things for example by letting the lawyers interfere you lower your stress level."

For Metin, it was easy to change the way he dealt with problems to a strategy that was more in accord to what he saw as the English way of dealing with problems. This again consisted of being calmer in situations and not expressing oneself through yelling:

"In the English culture there is the notion of being cool and being cool-headed. I think that's a good thing and a superior way of dealing in comparison to Turkish. In Turkey I went to Robert College (an American college) and the environment was bit distant from the Turkish culture. But still you live in the culture and you see and learn that in stressful situations one reacts more aggressively. Whereas here even in the most stressful situations one tends to be really cool while trying to solve it. I mean even a person whose child dies reacts differently here although it is a very difficult experience. I think this way; the English way has plus sides. So it was quite agreeable for me and I became cooler and now I'm more cool-headed."

Thus most of the Turkish men used less self expression after they had been

living in the UK for a while as a part of the adaptation process to the host culture.
It seems that the Turkish male participants chose to adhere to what they saw as the
"English way" of dealing with frustrations and anger which involved less expression
of emotions.

4.4. The summary of the coping strategies used by the three groups

All three groups used self expression, seeking social support, avoidance and problem solving as coping strategies. However, there were differences in all three groups in how frequently and intensely these coping strategies were applied. Table 1 displays all the coping strategies used by the Turkish participants living in Turkey, the Turkish participants living in the UK and English participants.

Self expression was used as a coping strategy by all groups. One difference was that the Turkish participants living in Turkey used this coping strategy more frequently than the other two groups. There was also a difference between the English and Turkish participants living in the UK in the amount of self expression applied as a coping strategy with Turkish participants utilizing it more frequently than the English. Thus the Turkish participants living in the UK seem to have reduced the amount of self expression they use in comparison to the Turkish participants living in Turkey. Yet they still tend to use self explesion more frequently than the English participants.

Another difference was that crying as a form of self expression was reported to be used only by Turkish female participants living in Turkey and the UK. Nearly all the Turkish female participants expressed using crying as well as another form of self expression (i.e. talking, yelling) for the stressful situation they encountered. This further supports the suggestion that   Turkish participants applied self expression

more often as a coping strategy in comparison to English.

Seeking social support was also one of the main coping strategies used by all the three groups. There were some cultural differences in what kind of social support was sought. For instance for the English participants the most important aspect of social support was to get an objective and rationalised perspective about the situation by the help of another person. Thus the intent was to distance oneself from the subjective emotions and be able to view it from a neutral and objective angle. For the Turkish participants however seeking social support did not mean becoming objective and rational. The Turkish participants focused on how their situation would be viewed by others and therefore were more interested what the other party thought about the situation. Thus taking advice and making social comparisons enabled the Turkish participant to see themselves in relation to others and the wider community. Taking advice also helped the participants to get some tips about the kinds of direct action they could undertake regarding their situation.

Although both Turkish participants living in Turkey and the UK used seeking social support in the same way the amount of social support available to the Turkish participants decreased when they started living in the UK. This was mainly due to the shrinkage of social network because of living in a different country as the Turkish participants living in the UK had less people to talk to.

Another cultural difference was that Turkish participants living in Turkey and the UK used problem solving coping strategy more frequently than the English participants. Furthermore both of the Turkish groups used more number of problem solving strategies (i.e. analysing/planning, interfering, confronting the person) than the English participants.

All of the groups used both cognitive and mental avoidance similarly. One

difference however was the choice of distractions used by each group. The Turkish participants living in Turkey and UK used more number of distractions (i.e. listening to music, going for a walk) than the English participants. There were also differences between the two Turkish groups with Turkish participants living in the UK using less number of distractions than the Turkish participants living in Turkey. In addition the Turkish participants living in the UK used the distractions less frequently than the Turkish participants living in Turkey. Another significant difference was that drinking alcohol as a coping strategy was reported by English participants and the Turkish male participants living in Turkey but not by Turkish male participants living in the UK and not by any of the female Turkish participants. In addition religious coping was only used by Turkish female participants. Furthermore the Turkish female participants living in the UK used religious coping less frequently than the Turkish participants living in the UK.

Table 1: The coping strategies used by the three groups

	Group 1 (Turkish participants living in Turkey)	Group 2 (Turkish participants living in the UK)	Group 3 (English participants)
Self expression	talking yelling crying*	talking (*less frequently used than group 1*) yelling (*less frequently used than group 1*) crying*	talking yelling (*less frequently used than groups 1 & 2*)
Seeking social support	taking advice asking for help social comparisons	taking advice (*less frequently used than group 1*) asking for help(*less frequently used than group 1*) social comparisons	getting a new perspective asking for help (*less frequently used than groups 1&2*)
Problem solving	taking direct action interfering confronting the person analysing/ planning	taking direct action interfering confronting the person analysing/ planning (*less frequently used than group 1*)	taking direct action (*less frequently used than groups 1&2*)

*Used only by Turkish female participants

Table 1 (continued): The coping strategies used by the three groups

	Group 1 (Turkish participants living in Turkey)	Group 2 (Turkish participants living in the UK)	Group 3 (English participants)
Avoidance	cognitive avoidance	cognitive avoidance	cognitive avoidance
	work/housework watching TV listening to music drinking alcohol going for a walk/run	work/housework watching TV listening to music going for a walk/run (*less frequently used than group 1*)	work (*less frequently used than groups 1&2*) watching TV drinking alcohol (*more frequently used than group 1*)
Religion*	religious coping	religious coping (*less frequently used than group 1*)	

*Used only by Turkish female participants

4.5 Introduction to the model of coping patterns developed from the grounded theory analysis

The results of the grounded theory analysis provided a model of coping which is presented in Figure 1. This figure shows the coping strategies and coping patterns that have emerged from the grounded theory analysis of the accounts of the participants. The analysis suggests that the process of coping involves a linked group of coping strategies that are applied in a certain order, which is in line with the assumption that coping is a process including different stages (Lazarus & Folkman, 1984). The groups of strategies are referred as coping patterns as they denote a common shared sequence of coping behaviours. In figure 1 each box shows a separate coping strategy linked to each other by arrows, where the direction of the arrows indicates the pathways of the coping patterns.

Two different versions of the model have been generated; one showing the coping strategies and patterns of English participants and one showing the coping strategies and patterns of Turkish participants. The same core category and superordinate categories were found for the Turkish and English participants, and the direction of relationships between the superodinate categories were also the same. Important differences between the English and Turkish models were found in the content and number of superordinate and subcategories as well as the transactions between the subcategories and the superordinate categories.

According to this model (figure 1) self expression, seeking social support, problem solving and avoidance are the superordinate categories. There are three distinct coping patterns; the pattern of self expression, the pattern of problem solving and the pattern of avoidance. These coping patterns consist of successive coping strategies employed by the participant. Each coping pattern is named

after the coping strategy that is used initially. In figure 1 each of the boxes in bold represent the starting point of a coping pattern. The direction of the arrows suggests the order in which different coping strategies may be applied.

Although there are two Turkish groups in this study; Turkish people living in the UK and Turkish people living in Turkey, only one model of coping representing the Turkish samples emerged as a result of analysis. Thus, there was no difference between these two groups in their coping patterns.

Figure 1: The model of coping patterns
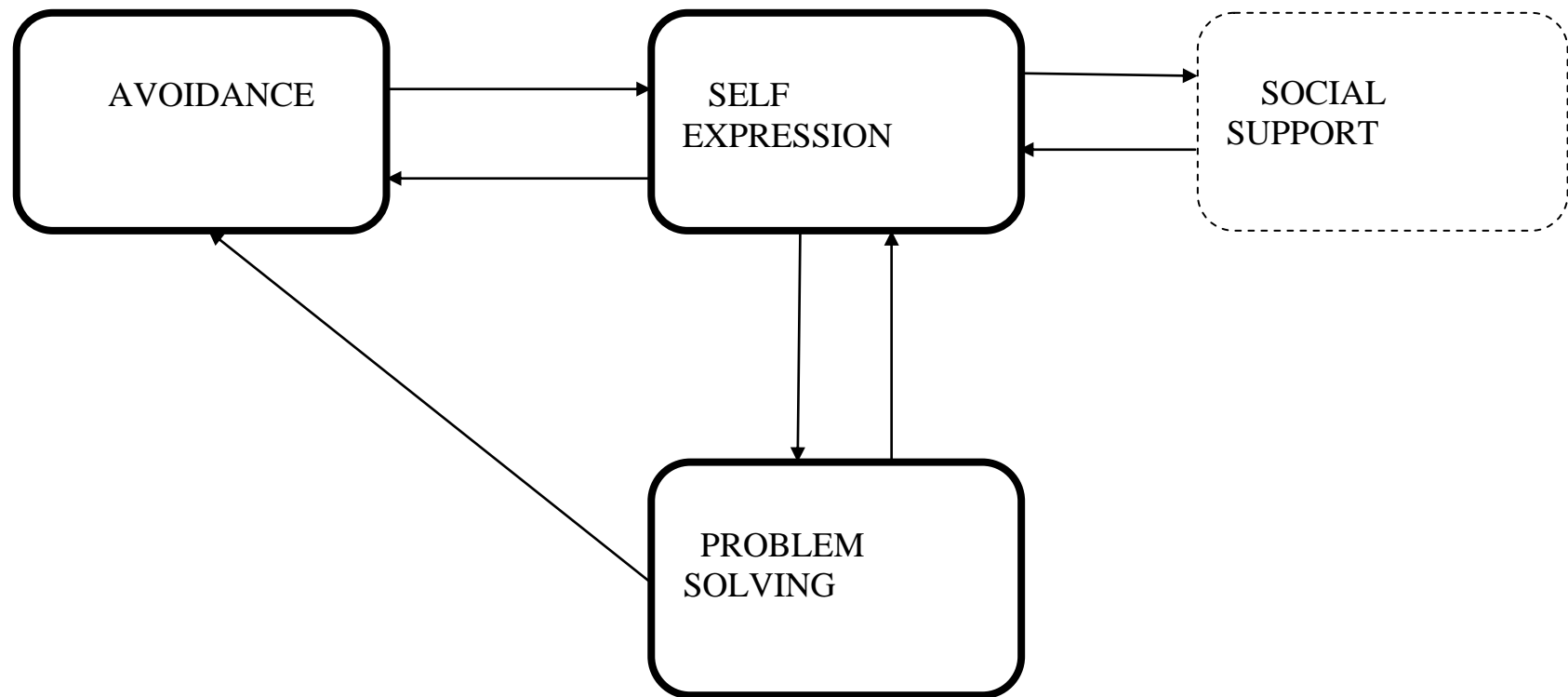
4.4.1 The English model of coping

The results of the grounded theory analysis revealed that all of the participants used more than one coping strategy and that there was a pattern in the preference of the successive coping mechanism applied. The participants' successive coping strategies are referred to as 'coping patterns' and they show the tendential order of coping strategies employed by the participants. The English participants were found to use three main coping patterns with certain variations in each pattern. Each of the coping patterns were labelled after the initial coping strategy the participants chose to use. In addition, there were variations in each of the coping patterns depending on the subcategories.

The English model of coping is presented in figure 2. This model shows the core category coping strategies and the patterns of coping resulting from the interaction of various coping strategies. As a result of the analysis three distinct coping patterns were found to be employed by English participants. These coping patterns were the pattern of self expression, the pattern of problem solving and the patterns of avoidance. Each of the coping patterns consisted of two subsequent coping strategies and the pattern itself was named after the initial coping strategy applied.

In the pattern of self expression the first coping strategy was self expression which was followed by either seeking social support or avoidance as the next coping strategy. The results suggest that when the participants engaged in talking as their initial coping strategy they preferred to seek emotional social support in the form of getting the perspective of the other person next. On the other hand if the initial coping strategy was self expression in the form of yelling the participants tended to

use behavioural avoidance to distance themselves from the stressful situation.

The pattern of problem solving involved the application of taking direct action with the aim of managing the situation. In the cases where the participant did not manage to solve the problem the next coping strategy that was used was either self expression in the form of talking or yelling, or cognitive and/or behavioural avoidance.

The pattern of avoidance consisted of avoidance (the initial coping strategy) and self expression. When the participants were not successful in avoiding the situation or person then either talking or yelling were used as the next coping strategy.

Figure 2: The English model of coping patterns
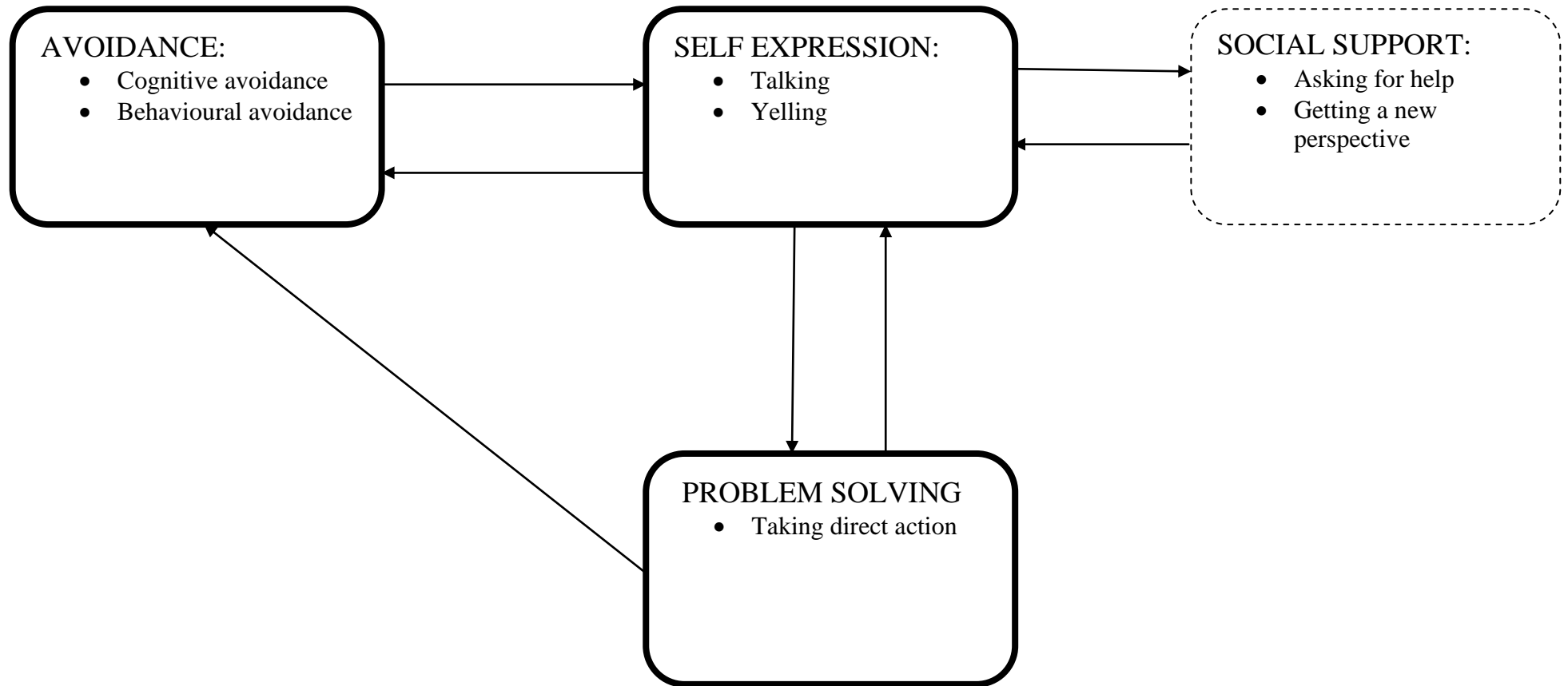
a) The pattern of self expression

When the participants chose self expression as their initial coping strategy it was succeeded by either seeking social support or avoidance as the next coping strategy.

The relationship between the categories *self-expression* and *seeking social support*:
Talking and getting a new perspective:

The English participants used talking and yelling as means of expressing their emotions about the stressful situation. The function of talking and yelling was to release the tension the participant felt through self expression. For most of the English participants, talking to other people about a stressful situation resulted in the process of seeking social support through that dialogue. For instance, Rose talked to her son to express how she was feeling about her divorce. After she had expressed herself, the conversation became centred on her son's perspective about the issue.

> "I'm never going to manage. Have I done the right thing? And he went what, what mum another 27 years of misery, are you mad. And then it felt you know so he must have seen it and was able to say that to me and I accepted it and I thought right ok."

Through talking to her son, Rose could first express herself and then switch to see the situation from her son's perspective. Similarly, Sally would talk to her friend John whenever she had a conflict with her daughter or husband. Sally talked to John because she felt she could express herself easily as he listened and offered his

point of view. Thus, talking consisted of initial self expression leading to seeking social support.

> "I talk to John sometimes because he listens you know. And he's quite intelligent well he's very intelligent and reasonable and comforting as well. Because although he doesn't agree with everything I say he'll suggest things that make me feel better although they might not be what I want to hear every time."

The accounts of participants suggest that there is a link between self expression and seeking social support. Through talking participants could successively release the tension and get a new view on the issue as in the case of Matt;

> "Also wanting to speak to close friends about it to share what I was going through another voice to listen another considerate person to speak to and to have another view on what has happened because sometimes it seems so surreal so odd that as if you're dreaming."

The relationship between the categories *self-expression* and *avoidance*:

Yelling and behavioural avoidance:

In the cases where the participants expressed themselves through yelling, the next coping strategy that was applied was avoidance. Yelling occurred in interpersonal conflicts where the participant could not retain their anger or frustration. This often led to an argument between the parties. The

160

subsequent coping strategy for most of the participants was to use cognitive and behavioural avoidance. For instance, when Jack experienced a stressful situation with his wife, he felt the urge to express himself in that situation which, in turn, resulted in an argument;

> "I wait for reaction if I don't get a reaction I'll do it again and I keep doing that until it causes problems. So then I realise what I'm doing and I'm thinking so I have to be quiet and go out of the way and have my own space."

When Jack had an argument with his wife he would use avoidance by distancing himself physically from that situation and therefore changing the environment.

> "If we had a domestic little row I'll go and do something. If she's at home I'll come to work. If she's at work I'll go up and do something and we could spend 4 or 5 hours apart and then we go back together again it's we just don't mention it."

Distancing oneself from the situation could also be followed by an immediate distraction such as smoking, as in the example of Susan;

> "I suppose I get annoyed with losing my temper and you know I just think I don't stay around it for long if it can't be cleared out I'll make an excuse and leave because I can't cope with all the shouting all the time. I find that

very stressful and yeah if it if it begins to get too stressful that's all, I'll just leave I will go out of the room and you know that's my way of dealing with it I think, just quickly cut off from it and leave the situation and have a cigarette. And when I usually leave and I just I have a cigarette and breathe deeply a couple of times like phew or I escaped you know so relieved very relieved that I've left as well."

b) The pattern of avoidance

The pattern of avoidance consisted of participants using avoidance as their first coping strategy and self expression as their next one. The accounts of the participants suggest that sometimes avoidance as a coping strategy did not alleviate the stress the participants felt. In the cases when the participant was not able to fully avoid the situation or the available avoidance mechanism did not reduce the stress experienced self expression as a coping strategy was implemented as the next attempt to handle the stress. Hence when the participants were successful in avoiding the situation or person and distracting themselves, a need for a secondary coping mechanism did not emerge.

The relationship between the categories *avoidance* and *self expression*:
Behavioural avoidance and talking:

Self expression as a secondary coping strategy was used with the aim of easing the tension through trying to reach a resolution. For example, when Susan had an argument with her dad she left his house immediately and used smoking as an instant distraction. Next she apologised to her dad in order to feel better.

162

"I feel I have to make it smooth over you know make it up. I don't like leaving it kind of messy and not resolved so I'll try and make it up to my dad and apologise and then I feel happier."

Similarly, when George experienced a problem with his mother his initial reaction was to both cognitively and behaviourally avoid his mother;

"It the very immediate one was not to react you know was actually to leave, the very immediate one was actually not to react what my mother was saying and sort of back off and then later then think no I need to talk this through but then that would that would take place a bit later yeah."

George applied the same avoidance pattern in a stressful situation with his partner. Again, avoidant coping was followed by talking about the event.

"She was still very angry so we ended in fact we slept in the room you know there was then this sort of frozen silence for the rest of the night and then into the morning and we didn't really sort of resolve the situation until actually we were on our way back home."

Behavioural avoidance and yelling

In some situations, participants could not express themselves because of a specific reason. Then the application of self expression would be delayed as the participant initially distanced themselves from the environment. For instance, for

163

Sally, yelling was the initial coping strategy she usually applied, however she could not use this strategy with her mother. Instead, behavioural avoidance was her initial coping strategy, followed by self expression. Sally's self expression was in the form of yelling directed to her husband instead.

"I think there has been situations where we've both been very worried about Anna (her daughter) and mum gets quite stressed and then mum will take it out on me like a few months ago she said oh cause the granddaughter's called Julie, she's not looking after Julie I says oh she is she is so then mum says oh get out of my house she says you don't listen to me so I just went I went oh fine so I walked rather than fuel that argument and I was very strict I walked away from that and that's part of respect as well because it's parents you learn not to answer back and you learn not to do this so for that situation I just walked away. Then I came here cause mum was across road, lived across road. Jack were here and I played hell with him about it and I vented me anger towards him you know you know and I said who's she to talk to me like that and then Jack because he thought it was quite funny made a light joke out of it which made me laugh as well so he defused it that way."

c) The pattern of problem solving

Some of the participants preferred to use problem solving as their initial coping strategy. Yet if they failed to manage or alter the situation they used either self-expression or avoidance as their successive coping strategy.

164

<u>The relationship between the categories *problem solving* and *self expression*:</u>

Taking direct action and talking/yelling:

When the participants could not solve the problem and it was still a stressful issue for them, talking to someone else was a coping strategy they used. For instance, Sally could not resolve the conflict she had with her daughter so she talked to her husband about it.

"If you can't solve it there is not much more you can do about it rather than trying to accustom your mind to not be able to do anything about it. I try to change the way I think about the problem I mean usually it's not a big issue but if it's like a relationship problem which sometimes she does have I just talk to I talk to my partner about it you know."

Yelling was also a coping strategy used when the participants felt their attempts of problem solving were in vain. Thus the tension felt by both parties escalated resulting in an argument as in the case of Jane.

"So sometimes Joe (her son) will come and ask me a question or he'll tell me he's doing something or make a rude comment about something that I'm doing, just standard inconsiderate 15 year old nonsense. And I'll go to sort problem out and then Emma (her partner) will kind of join in and then he'll be having a go at her and he'll get more and more disrespectful towards her and that gets her crosser and crosser and it's almost as I've been totally bypassed so then I have to   try to intervene and re-establish what I was

165

trying to say with him by which time he is no mood to talk to anybody and starts yelling at me and then because he's yelling at me I will start yelling at him that could get really stressful."

<u>The relationship between the categories *problem solving* and *avoidance:*</u>

Another coping strategy that was applied when the participants could not manage the problem was cognitive and behavioural avoidance. For instance, Sally expressed that she could not do anything about the problem her daughter was experiencing with her boyfriend. This resulted in her blocking her thoughts about that particular situation.

"The most stressful thing is not being able to remedy the problem. The problem was him and I know that she thinks a lot about him so whatever she tells me about him I can't physically remove him. There is only her can do that. That's the most stressful part for me. I'm not in control of being able to remove him from the situation. There is only her can do that and it's stressful to think that she's upset and unhappy but she's not actually doing anything about it. And I have to just dismiss it. I just dismiss it from my mind and I think well it's her problem. She can do it if she wants so I just try and dismiss it."

Similarly, Jack's primary coping strategy was problem solving. Having failed to have resolved the issue he distanced himself from the situation.

"I will solve stuff. I   just like other people to be working with me

166

not against me. We're all trying to get to a destination and we all if everybody is pushing that car you're gonna get there. But if you got somebody that don't want it, that's not pulling the way that stresses me out, can't do with that so either get off or get behind and push. I either get them to comply if they won't comply get them out of the way. If that doesn't work get myself out of the way."

4.4.2 The Turkish model of coping

The Turkish model of coping is presented in Figure 3. The core category coping strategies in the Turkish sample consisted of the superordinate categories self-expression, avoidance, problem solving and social support. These coping strategies encompass the ways in which the Turkish participants dealt with a stressful situation involving someone they felt close to. The superordinate category self expression had three subcategories; talking, yelling and crying which all served the function to release the tension. The category crying was gender specific; being only used by Turkish women.

The superordinate category problem solving had four distinct subcategories; taking direct action; analysing and planning, interfering; and confronting the person. The function of this coping strategy was to manage or alter the stressful situation.

Seeking social support was another superordinate category with three subcategories; taking advice, asking for help; and social comparisons. Seeking social support had two different functions; asking for support to manage or alter the situation and asking for support to reappraise the situation to reduce the stress. The subcategory asking for help involved seeking instrumental support whereas the subcategory social comparisons focused on getting emotional support. The

subcategory taking advice had two levels; taking advice on the behavioural level and taking advice on the appraisal level and thus involved both seeking instrumental and emotional social support.

The superordinate category avoidance had the function of reducing stress through distancing oneself mentally and/or physically from the stressful situation. The participants used various distractions to divert their attention from the stressful situation. These distractions ranged from going for a walk/run, listening to music, doing work/housework, and watching TV/using the computer to drinking alcohol. Religion emerged as a category from the discourse of the Turkish female participants. Religion had two aspects; 1) the religious beliefs that shaped the way the situation was appraised and 2) praying.

The accounts of the Turkish participants suggest that they used more than one coping strategy in the stressful situations they experienced and that there were specific patterns in the application of these coping strategies. As before, the term coping pattern is used to denote the use of successive coping strategies in a certain order.

Three coping patterns emerged as a result of the analysis; the pattern of self expression, the pattern of problem solving and the pattern of avoidance. Each pattern is named after the initial coping strategy applied by the participant and consists of two successive coping strategies.

In the pattern of self expression the first coping strategy was self expression followed by problem solving, seeking social support or avoidance. The results suggest that, when participants chose to express themselves through talking, they preferred seeking social support in the form of taking advice or social comparisons as their next coping strategy. If they, on the other hand, used crying or yelling as their

initial coping strategy it either led to confronting the person about the situation or to behavioural avoidance where the participants distanced themselves from the source of stress, by leaving the environment or various distractions.

In the pattern of problem solving, the participant first tried to remove the stressor or change the situation by taking direct action, confronting the other person or by interfering in the situation. If this was not successful an alternate coping strategy was applied. If taking direct action was used as the initial coping strategy and it failed to result in the way the participant envisaged it would, then either a form of self expression (Turkish men used yelling and Turkish women crying) or behavioural avoidance were applied as the next coping strategy. Similarly, if confronting the person was not successful in bringing a resolution, behavioural avoidance was adopted sequentially. Turkish women also preferred to use interfering in the situation as a way of managing the situation. In the cases where they failed to amend the situation to their liking, the women used religion as the next coping strategy.

The coping pattern avoidance consisted of two successive coping strategies; avoidance followed by self expression. In this case, behavioural avoidance was followed by either yelling or crying. Crying was gender specific; only Turkish women used it as their successive coping strategy.

Figure 3: The Turkish model of coping patterns
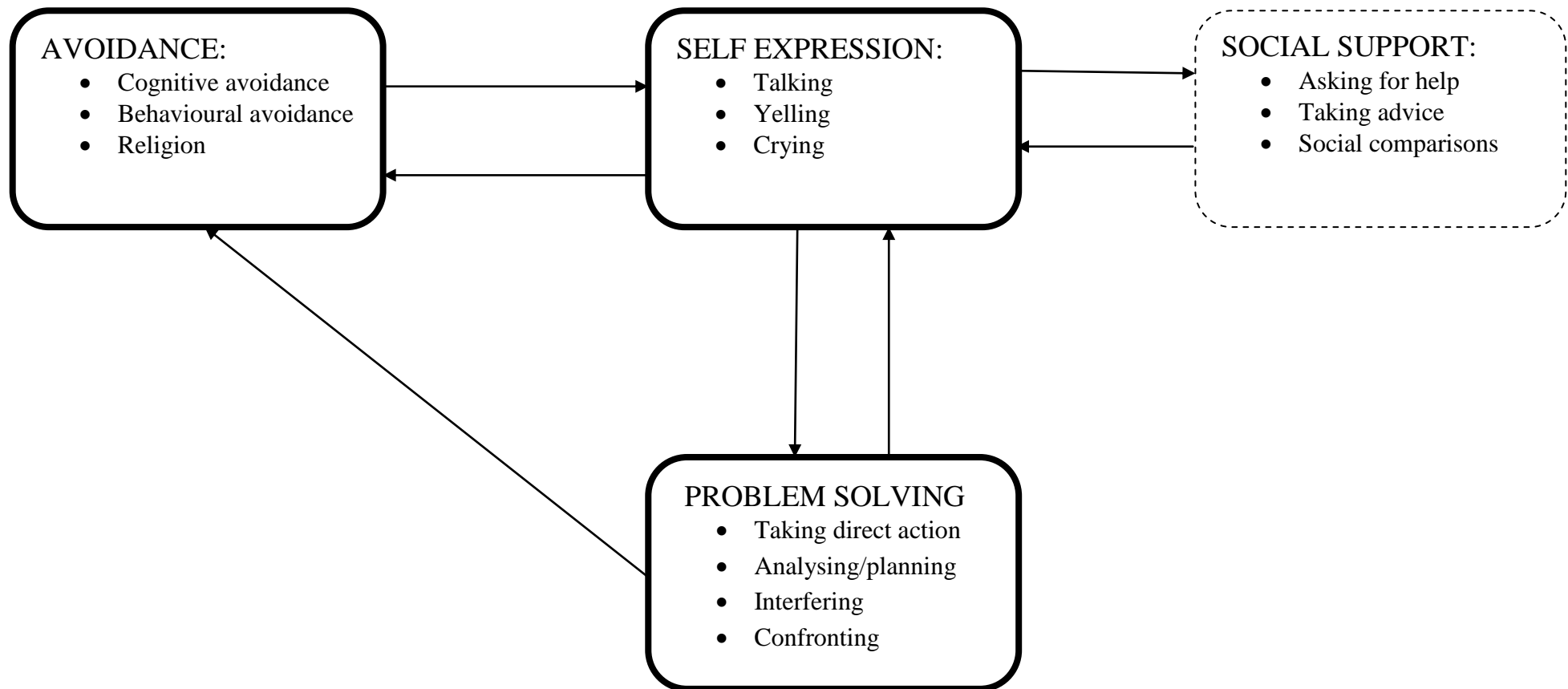
a) The pattern of self expression

The Turkish participants who used self expression as their first coping strategy would use one of the three other coping strategies afterwards. These coping strategies were seeking social support, problem solving and avoidance. The choice of the successive coping strategy was partly influence by the form of self-expression the participant initially used. Talking was mainly followed by seeking social support through taking advice and social comparisons. If the participant applied yelling or crying as their initial coping strategy, avoidance or confronting the other person were the next coping strategies the participants preferred to use.

The relationship between the categories *self-expression* and *seeking social support*:
Talking and taking advice:

The Turkish female and male participants would use both yelling and talking as ways of expressing themselves. In addition, Turkish female participants used crying as a coping strategy. The accounts of the participants suggested that only talking as a form of expression would lead to seeking social support. The coping pattern of self expression consisted of two stages. In the initial stage, the participants voiced their thoughts and feelings about the stressful situation and the function of talking was geared towards a release of tension. The next stage involved a more active participation of the listener where s/he offered some advice or feedback to the participant. For example Suna experienced problems in her second marriage and she explained how she dealt with it:

"You are patient up to a point then it all overflows. Then I tell my daughter what happened, that I can't take it anymore and this and this happened. And

171

then she comforts me telling me to endure. She tells me to be patient, to endure, that it's going to get better."

Similarly, Sevgi went through the same process when she had problems with her husband and talked to a friend about it.

"I definitely talk about what happened, what he said what I said, how bad I felt, why it happened, what I was thinking. I talk to people whose opinions I trust, intelligent people and then they always help me with it. I mean they give advice on what to do or they tell me I'm wrong in that situation. They say he might be thinking different you might have pushed it too far. When they do that it's like having feedback on the whole issue and that helps, then the situation does not go on and on."

When Arif had problems with his son, he would seek the company of his friend to whom he would tell the situation;

"I definitely talk about it, he listens to it and I tell him. If he has an advice, something that will help me to solve it then I apply it too."

Talking and social comparisons:

Sometimes when the participants expressed themselves, the social support would be indirect, for example, in terms of social comparisons. The conversation the participants engaged in would lead them to make social comparisons which would

then help them to normalise the stressful situation. Through talking to her friend, Hale both expressed herself and reappraised the situation.

> "It's only telling her about the problem. I mean you tell her what happened. Not when you tell her but later on when she's left you think to yourself: it's not a problem that only I experience, many people experience it too, so it's natural to have it and it will pass."

The relationship between the categories *self-expression* and *avoidance*:

Yelling and behavioural avoidance:

When the Turkish participants used yelling or crying as a form of self expression they used either avoidance or problem solving as their next coping strategy. In the situations where yelling was used as the initial coping strategy, the tension between the both parties tended to escalate. In such situations most of the participants used behavioural avoidance to distance themselves after self-expression. For instance when Nazım had a conflict with her daughter because he did not agree with her choice of university she wanted to attend he got very angry and his first coping strategy was to yell at her. As he explained:

> "I mean I had it all out and then cut contact. For about half an hour we did not talk at all. Then I said we're going out for a meal. She didn't say anything, neither did my wife because I was very angry and they don't say anything when I'm angry. I know that's not a nice thing but I was very angry."

Then, Nazım chose to distance himself from his daughter, and when they had contact again the situation was not further discussed. Similarly, when Yasemin experienced a problem with her daughter, her initial reaction was to yell at her.

"Initially my voice gets louder and louder. I mean there is no beating or anything. But when I yell she goes quiet. I mean she does not respond so there cannot be any argument and that makes me angrier. I tell her say something, am I right or wrong at least tell me that so we can discuss it but she just sits there all quiet which makes me even more angry"

Yasemin then used behavioural avoidance as her next coping strategy.

"In that situation I start to clean. I focus on cleaning; I wipe the windows, dust the furniture and hover with that anger."

Crying and behavioural avoidance:

Some of the female participants would use crying as a form of self-expression. This coping strategy would usually lead to avoidance of the situation. For example, Esin felt very uncomfortable in her boyfriend's apartment. Her way of expressing herself in that situation was through crying, followed by distancing herself from the environment that caused her distress;

"I can't stop myself. I feel like a pressure cooker ready to explode. I can't help it and I cry. Then I would distance myself from the thing that upset me,

so I would leave the environment. I found excuses to leave the house, I would say something like let's go and do this and that to leave the palace."

The relationship between the categories *self-expression* and *problem solving:*

Yelling and confronting the person:

Problem solving through confrontation was another coping strategy that the Turkish participants chose to use after they had used yelling as a form of self expression. Once having expressed themselves they tried to find a resolution through talking to the person. For instance, when Sevgi's, mother stayed over, they argued how the household should be run.

"I yell very loudly saying don't interfere because she tries to interfere. Then she gets upset doesn't talk to me. I go and talk to her saying that when you interfere I feel upset when you treat me like this I behave like that. That's what I do."

Similarly, Orhan would first yell at his wife and then try to resolve the issue by confronting her.

"Even when it's not a big thing we yell at each other. I mean no beating up or aggression is involved. It's about shouting at each other. Then what do I do, I try to explain; these are the conditions I live in, this how my life is. I mean I can't change my job after this point, I can't just go and work in an office, I can't become a clerk. You should know these by now and accept it. I wish I could work like that, I wish that I could come home after 4-5 or

after 6, to spend time with you on weekends not to go to bed around 1 or 2 but about 11 or 12. You try to explain it to her, and convince her at that moment."

Crying and confronting the person:

In some cases, Turkish women would use confronting the person after they used crying as the initial coping strategy. After having expressed herself through crying, the participant felt the need to improve the situation and used talking as a way of doing so. For instance, Esin felt uncomfortable in her boyfriend's apartment and she expressed herself through crying. Yet afterwards she talked to him to solve the situation.

"I cried when he was there too, I couldn't stop myself. I mean he was happy bringing me breakfast and I was there crying. Then I realised this can't go on like this that I need to talk to him about the problem. I told him that it was how I was, my peculiarity that I couldn't stand it in his flat and suggested that he came over to stay at my flat."

b) The pattern of avoidance

The pattern of avoidance only consisted of the initial coping strategy of avoidance followed by self expression as the next coping strategy. None of the other coping strategies were reported to be used as the second coping.

<u>The relationship between the categories *avoidance* and *self expression:*</u>

Behavioural avoidance and yelling:

Behavioural avoidance was followed by yelling when the participants expected some change in the behaviour of the person causing them stress and it did not happen. Then the self expression would be in the form of yelling leading to an argument. This was also the case for Derya with her husband;

"I avoided him for a week and then it was like an explosion, a torrent, a horrible fight. I would yell very loudly. I would be fiery and have horrible arguments where I would put all my energy into it without restrains ready to give up everything."

When Hakan experienced a problem with his wife, his initial coping strategy was to avoid her. As time passed and the problem remained, he yelled at his wife as a way of expressing his frustration with the situation.

"I think the way I behave is wrong. Sometimes I don't speak to her and block it for a week or two. But then in a different context I get mad at her and that's my mistake. Then I yell at her saying this bed is dirty why is the linen dirty, you also didn't clean the toilet and the meal you cooked was too salty. I bet she swears at me for that."

Behavioural avoidance and crying:

Sometimes the participant's attempts to avoid the person that caused her stress failed and then crying as a successive coping strategy could be applied by Turkish women.

For instance, Suna avoided seeing her son after they had a fall out. When she was at the hospital because of an illness, her son came to visit her which caused her extra distress resulting in her crying.

> "I was not in contact with my son. My daughter came to the hospital for a visit and she brought her brother along. First she came in and said get well soon and then she went out came back again and told me someone wanted to see me so I said invite the person in. I didn't think it would be my son and when he came I started crying. I think it would have been better if he hadn't come."

c) The pattern of problem solving

The coping strategy problem solving was followed by either self expression or avoidance when the Turkish participants failed to change the situation or remove the stressor. Self expression was used in cases where the participants applied taking direct action as their initial coping strategy and it did not yield the desired results. It was also gender specific with male participants using yelling and female participants using crying. Taking direct action or confronting the person as a means of problem solving could also be followed by behavioural avoidance as the next coping strategy if the stressor was not removed. Another problem focused coping strategy,

interfering, led to religious coping when the situation remained unsolved despite the participants' attempts.

<u>The relationship between the categories *problem solving* and *self expression:*</u>
Taking direct action and crying:

Taking direct action in order to manage a problematic situation or remove the stressor was one of the main coping strategies for some of the Turkish women. However in some situations it was not possible for the participants to solve the problem as they wished. Then one of the coping strategies some of the Turkish women applied was to cry as a form of self expression. Crying had the function of releasing the tension the participant felt in the cases where her attempts of altering the situation had failed. For instance, when Gülizar's son went bankrupt her problem solving focused on finding him money and establishing some contacts that would help him. When all those actions failed she cried.

> "I keep trying to find a solution to it. I constantly try to do something, keep thinking what else I could do. But then nothing comes out of it and I get so disappointed. I cry then. That helps, crying. I cry loudly for a while for about an hour or so. Then I feel a bit better. Then I either go out or stay in and pray."

Her account suggests that her initial coping strategy was taking direct action to solve the problem. As she failed in finding a helpful solution she tried to ease the stress by releasing the tension through crying. After self-expression, avoidance through a distraction or praying was used as the next coping strategy.

Similarly Yasemin used taking direct action followed by crying as a coping pattern. Yasemin's husband had a heart attack during their holiday in Greece. He had to be operated and Yasemin took direct action during that stressful time arranging everything and dealing with problems that arose.

> "There was so much paperwork that needed to be sorted for the insurance. They kept ringing and I had to inform them about the whole procedure. I mean in such situations I don't cry, I can't talk to the insurance guy in tears can I because these things have to be sorted first. But afterwards I cry for an hour and then regain my composure."

Taking direct action and yelling:

Taking direct action was also a coping strategy used by Turkish men. In the cases where Turkish men could not solve the problem they felt the need to express their frustration which they did through yelling at the person causing them stress. For instance when Arif's son could not find a job Arif tried to solve this problem by finding a job for his son. However when he was not successful in finding the kind of job his son wanted he got more and more stressed which resulted in him yelling at his son and having arguments.

> "I tried really hard to solve this problem and did a lot of networking where everyone was trying to help. But unfortunately I couldn't solve it, I mean we couldn't find a job for our son. Then obviously this created more stress for me I mean a lot of stress. My son's morale and attitude was not good as well

so that was additional stress for me. So then I had arguments with him. As a result of all this stress we shouted at each other and had fights."

The relationship between the categories *problem solving* and *avoidance:*

Taking direct action and behavioural avoidance:

When the Turkish participants could not solve a problem through taking direct action, another coping strategy that they used was behavioural avoidance. Behavioural avoidance consisted of various distractions they undertook to direct their focus on something else. For instance Ipek used an initial coping strategy of problem focused coping followed by behavioural avoidance. She had problems with her mother who needed caretaking and was difficult to manage. When she could not change the situation for better she used distractions to avoid thinking about it.

"I try to get rid of it, but it's not something you can get rid of. I mean she's someone very close so you can't get rid of her. Neither can you change her. So I don't know what else to do, I keep myself busy. I try to read the newspaper or do the laundry and tidy up the place because if I don't do anything I'll go mad."

Similarly, Arif used work as a distraction when his problem solving attempts failed;

"It's more stress every day, I mean if it was solvable the stress would end. It was the same thing over and over again every three to five days, and it could not be solved. So I became totally immersed in work, extremely actually. I

181

love working and if my job was not enough I would go and help in the social project I'm working at. That's what I did to deal with stress it was a way of distancing myself from it. When you don't dwell on it you get rid of the stress."

Confronting the person and behavioural avoidance:

Confronting the other person about the stressful situation was another way of trying to problem solve for some of the Turkish participants. In the cases where the situation could not be amended through confrontation, behavioural avoidance would be used as the next coping strategy. When Alp had marital problems he confronted his wife about the situation but they were not able to reach a resolution on the subject. Alp then chose to distance himself from the environment.

"I try to talk first but if it doesn't work I don't get bothered much. I mean I distance myself from it and then it's ok."

Another participant, Orhan, tried to confront his father about the problems they were experiencing in the family but got more stressed from the dismissive behaviour of his father. He then used listening to music as a form of behavioural avoidance to relax.

"You listen to music because when you do you relax and it's as if you step into a different world. Then when you relax you don't want to think about it because when you think about it nothing changes because I tried to change it. I went and talked to him face to face. I tried to talk to him to tried to

understand why he was behaving like that but no avail. Nothing will change."

Similarly, Hakan tried to resolve the conflict he had with his brother through confronting him, but when that failed he avoided contact with his brother for a certain period of time.

"You try to construct a convincing argument I mean you say things like we talked about it at this date and it is like this. I mean you think I want to talk to him and get over with it. Or while you're talking you think I wish this talk was over or later you think ok no need to prolong it, the things are after all worth a little. Then we avoided each other for a while but that did not last long."

The relationship between the categories *problem solving* and *religion:*

Interference and religion:

Some of the Turkish female participants used interfering as a way of managing a problem. They used interfering in stressful situations where other family members were involved and which they themselves found very distressing. However, since these situations involved problems of others, the participants were mainly unsuccessful in their attempts at solving the problem. Some of them then used religion as the next coping strategy to deal with the situation. For instance, when Gülizar's son decided to get divorced she tried to change that decision by talking to her son and her daughter in law. When these attempts failed she used praying as a coping strategy.

"I usually try to do something about it and I manage to solve it but this one the divorce I can't because they don't let me do anything. I mean my son doesn't want it. Then I pray. I pray to Allah saying whatever is best for my child let that happen. I say if separation is better for him then they'll separate."

Similarly Hale tried to interfere in the work situation of her son but she was unable to alter it. Her next coping strategy was to pray.

"I feel like why can't I solve it, why can't I do anything about it. If I could speak to those people would that help. I feel guilty for not being able to anything. Then I comfort myself with praying. I pray, praying calms me down. I think sometimes it comes from Allah because we have to have those experiences. And I think it means we had to experience this and this thought comforts me."

4.4.3 Summary of the models of coping

The models of coping depict the ways in which coping strategies are applied successively. Table 2 presents the sequence of the coping strategies applied by the three groups. The models suggest that there are three coping patterns namely the pattern of self expression, the pattern of avoidance and the pattern of problem solving for both the Turkish and English participants. Although Turkish and English participants use the same three patterns the differences exist in the way the coping strategies are applied. For example in the self expression pattern both English and Turkish participants use talking as their initial coping strategy. According to the

model the seeking social support can be the next coping strategy applied. Thus there are cultural differences in what kind of social support is preferred. For instance the English participants apply getting a new perspective as their next coping strategy whereas Turkish participants use taking advice or social comparisons as their second coping strategy.

Another difference between the Turkish and English models is that Turkish participants use additional ways of self expression, avoidance, and problem solving in comparison to English participants. For instance the English participants mainly use taking direct action in order to solve the problem whereas the Turkish participants also use analysing and planning, interfering and confronting the person. Thus in the Turkish model of coping more coping sequences exist as there are more subgroups for each of the main coping strategies.

Although there is one model of coping for both the Turkish participants living in Turkey and the UK one aspect to consider is the effect of the environment on Turkish participants living in the UK. It seems that Turkish participants use some of the coping strategies less (i.e self expression, seeking social support) in comparison to the Turkish participants living in Turkey. As a result they might use some of the patterns less. For instance due to the decrease in the social network of the Turkish participants living in the UK the application of the coping strategies self expression followed by seeking social support might be less frequent compared to Turkish participants living in Turkey.

Table 2: The sequence of the coping strategies for the three groups

	First coping strategy applied	Second coping strategy applied
Group 1 (Turkish participants living in Turkey)	talking	taking advice
	talking	social comparisons
	yelling	behavioural avoidance
	yelling	confronting the person
	crying	behavioural avoidance
	crying	confronting the person
	behavioural avoidance	yelling
	behavioural avoidance	crying
	taking direct action	yelling
	taking direct action	crying
	taking direct action	behavioural avoidance
	confronting the person	behavioural avoidance
	interfering	religious coping
Group 2 (Turkish participants living in the UK)	talking	taking advice
	talking	social comparisons
	yelling	behavioural avoidance
	yelling	confronting the person
	crying	behavioural avoidance
	crying	confronting the person
	behavioural avoidance	yelling
	behavioural avoidance	crying
	taking direct action	yelling

Table 2 (continued): The sequence of the coping strategies for the three groups

	First Coping Strategy	Second Coping strategy
Group 2 (continued)	taking direct action	crying
(Turkish participants	taking direct action	behavioural avoidance
living in the UK)	confronting the person interfering	behavioural avoidance religious coping
Group 3	talking	getting a new perspective
(English participants)	yelling	behavioural avoidance
	behavioural avoidance	talking
	behavioural avoidance	yelling
	taking direct action	talking
	taking direct action	yelling
	taking direct action	behavioural avoidanc

CHAPTER FIVE: QUANTITATIVE STUDY METHOD

The results of the qualitiative study suggest differences between the coping strategies of Turkish participants living in Turkey, Turkish participants living in the UK and the English participants. The differences were further investigated in the quantitative study through hypothesis testing.

5.1 The Hypotheses

Eight hypotheses were formed based on the results from the grounded theory analysis and the literature review. These hypotheses were tested with ANOVAs and multiple regressions.

5.1.1 Hypothesis 1:

Turkish women and men are more likely to use problem solving as a coping strategy compared to English women and men.

Research indicates that both Turkish and English adults employ problem solving as a coping strategy (O'Connor & Shimizu, 2002; Filazoğlu & Griva, 2008; Büyükşahin, 2009). To the researcher's knowledge, no previous study has compared the problem focused coping strategies of these groups.

Findings from the grounded theory analysis suggest that the function of problem solving for both groups was to alter the situation. Yet there was a difference between Turkish and English participants in the ways they employed the coping strategy. Although both groups used taking direct action as a means of problem

solving, Turkish participants used a larger variation of problem solving than English participants. Nearly all Turkish participants expressed that they would use at least one of the following problem solving strategies; taking direct action, analysing and planning, interfering, confronting the person; whereas only some of the English participants used problem solving as a coping strategy. Hence it was hypothesised that Turkish adults were more likely to use more problem solving as a coping strategy than English adults.

5.1.2 Hypothesis 2:

Turkish women and men are more likely to use self expression as a coping mechanism than English women and men.

Findings from the grounded theory analysis indicate that the use of self expression had a similar function for all groups; it enabled them to release stress. However, there seemed to be a difference between Turkish and English women and men in the amount of self expression they used as a coping strategy. Two findings suggested that Turkish women and men used more self expression than English women and men.

Firstly, Turkish women and men mainly used (and in some cases more) two forms of self expression as a way of coping (i.e. talking and yelling, yelling and talking, crying and talking; yelling and crying) with the stressful situation they experienced. English participants on the other hand expressed using only one form of self-expression (either talking or yelling) for the stressful situation they described. In addition Turkish participants used any form of self expression more frequently than the English participants.

Secondly, the Turkish participants living in the UK stated a decrease in their self expression through yelling since they had moved to the UK. The reason they gave for this was the cultural influence they had experienced through living in the UK. The reflections of Turkish men showed that they attributed the decrease in their self expression due to living in the UK and being influenced by the English culture. Thus the findings of the grounded theory analysis suggest that there may be differences between the Turkish and English group in terms of the amount of self expression they use.

Findings from the grounded theory analysis also indicated a gender difference in the usage of self expression as a coping strategy. Crying was found to be used only by Turkish women. Hence it is hypothesised that there will be a difference between Turkish and English adults as well as women and men in the amount of self expression they employ.

5.1.3 Hypothesis 3:

English women and men and Turkish men living in Turkey are more likely to drink alcohol as a coping mechanism compared to Turkish men living in the UK and Turkish women in Turkey as well as in the UK.

During the interviews, nearly all Turkish men in Turkey and nearly all English men reported using alcohol as a coping strategy. Some of the English female participants also reported that they drank alcohol to cope with a stressful situation or event. In contrast, alcohol was not used as a coping strategy by Turkish participants living in the UK and Turkish women living in Turkey.

These findings support previous research which has shown that drinking alcohol is a coping strategy used by English people (Grant & Whittell, 2000; Park & Levenson, 2002). Also the study by Büyükşahin (2009) undertaken in Turkey suggests that drinking alcohol is only used by Turkish men as a coping strategy.

Based on the grounded theory findings and previous research it was hypothesised that English men and women and Turkish men living in Turkey are more likely to use alcohol as a coping strategy.

5.1.4 Hypothesis 4:

Turkish women are more likely to use religion as a coping mechanism compared to English women and men and Turkish men in Turkey as well as the UK.

The grounded theory findings suggest that Turkish women both in Turkey and in the UK use religion as a coping strategy. In contrast, none of the English participants expressed using religion as a coping strategy. These findings are in line with previous research which suggests that Turkish women use religion as a coping strategy (Filazoğlu & Griva, 2008; Büyükşahin, 2009, Akyüz et al, 2008). Hence it was hypothesised that Turkish women are more likely to use religion as a coping mechanism than English women and men and Turkish men living in Turkey and in the UK.

5.1.5 Hypothesis 5:

Both Turkish and English women are more likely to seek social support than Turkish and English men.

191

As a result of the grounded theory analysis most of the participants in all three groups were found to use seeking social support as a coping mechanism. There were differences between Turkish and English people in what kind of social support they were seeking. For English participants seeking social support involved getting a new perspective on the stressful situation and asking for help. Turkish participants both those living in Turkey and in the UK also asked others for help as a form of seeking social support and they also took advice on how to deal with the situation as well as constructing social comparisons. In both groups social support was sought by most participants and usually only one form of social support was used.

Research suggests that women tend to seek social support more than men (Jordan & Revenson, 1999; Tamres et al, 2002; Clarke et al, 2009). This was also the case in a study with a Turkish sample (Büyükşahin, 2009). Hence based on the literature review it was hypothesised that both Turkish and English women would seek more social support than Turkish and English men.

5.1.6 Hypothesis 6:

Both Turkish women and men are more likely to use distractions as a coping strategy than English women and men.

The findings of the grounded theory analysis suggest that Turkish participants use more number of distractions than the English participants. Furthermore Turkish participants reported using distractions more frequently than the English participants. Hence based on the grounded theory findings it was hypothesised that Turkish participants would use distractions more as a coping strategy.

5.1.7 Hypothesis 7:

Both Turkish and English women use more threat and loss appraisal and less challenge appraisal than Turkish and English men.

Up until now there is limited research on the appraisal process. The results of the studies undertaken suggest that women tend to appraise stressful situations more as threat and/or loss and men are more likely to appraise them as challenge (Ptacek et al, 1992; Levy-Shiff, 1999; Anshel et al, 2001). Based on this information it was hypothesised that women will use more threat or loss appraisals whereas men will use more challenge appraisals.

5.1.8 Hypothesis 8:

For both Turkish and English people threat and loss appraisals will lead to the use of emotion focused coping and challenge appraisal will lead to the use of problem focused coping.

The transactional theory suggests that when people appraise a stressful event as threat or loss, emotion focused coping is a preferred way of dealing with the stressor (Lazarus & Folkman, 1984). The results of previous studies that have looked into the relationship between primary appraisal and coping support this finding (Bjork et al, 2001; Rao et al, 2000). Furthermore, Bjork et al (2001) and Rao et al (2000) reported that challenge appraisals predicted problem focused coping strategies. Hence based on transactional theory and the findings of previous research it is hypothesised that threat/loss appraisals will predict emotion focused coping whereas challenge appraisal will predict problem focused coping.

5.2 Research Instruments

5.2.1 Demographic questionnaire:

The participants completed a demographic questionnaire that gathered information about their age, gender, occupation and level of education (i.e. school, university). There were two extra questions in the demographic questionnaire completed by Turkish people living in the UK. The additional questions were their length of stay in the UK and their knowledge of the English language.

5.2.2 Coping Orientations to Problems Experiences (COPE) (Carver, Scheier and Weintraub, 1989b):

COPE is a multidimensional 60-item questionnaire that has 15 distinct subscales, each measuring a different coping strategy. The 15 subscales are: active coping (taking action to remove the stressor); planning (making a plan to deal with the situation); seeking instrumental social support (getting assistance and/or advice from someone); seeking emotional social support (getting emotional support from someone); suppression of competing activities (trying not to get distracted by other activities to focus on the problem); turning to religion (religious activities such as praying); positive reinterpretation and growth (seeing the situation as an opportunity to learn from and grow as a person); restraint coping (waiting for the right time to act); acceptance (accepting the situation); focus on venting of emotions (being aware of one's emotions and expressing them); denial (rejecting that the event took place); mental disengagement (mental disengagement from the situation by self distraction); behavioural disengagement (giving up to reach the goal); alcohol and drug use (using alcohol or drugs to alleviate the stress); and humour (making fun of the situation). The participants indicate how they respond to stress by rating on a four point scale

(1= I usually don't do this at all, 2=I usually do this a little bit, 3= I usually do this a medium amount, 4= I usually do this a lot).

The questionnaire has been reported to have satisfactory internal consistency (all subscales exceeding α= 0.60) and the test-retest correlations (range from 0.42 to 0.89 for different subscales) suggest that the items measured by the questionnaire are relatively stable (Carver, Scheier & Weintraub, 1989a). COPE was also found to have convergent (ranged .68 to .89, p<.01) and discriminant validity (ranged from .01 to .44) (Clark et al, 1995).

5.2.3 The Appraisal of life events scale, ALE (Ferguson, Matthews and Cox, 1999a):

This scale is a 16 item adjective check list that assesses appraisals of stressful events. It focuses on assessing the primary appraisal dimensions of Lazarus and Folkman's theory of coping. It has three subscales; threat (6 items), challenge (6 items) and loss (4 items). When completing the ALE, participants are instructed to begin by writing about a stressful event that they had experienced and then they rate each of the 16 adjectives on a 6 point scale (0= not at all 5=very much so) to indicate the adjectives that best describe their perception of the event.

This scale has been reported to have three stable factors (threat, challenge and loss), excellent internal (α range= .74 to .86) and test-retest reliabilities (ranging from .77 to .90, p< .01) and no confounding with social desirability (Ferguson, Matthews & Cox, 1999b).

5.2.4 Rationale for selecting the questionnaires COPE and ALE

The research questions focus on two aspects of coping with stressful situations: 1) the appraisal of the situation and 2) the choice of coping strategy applied in that situation. The qualitative analysis revealed that there were differences between the groups in terms of what coping strategies they used however this analysis did not provide information on the appraisal process of the participants. Therefore, in order to examine how the participants appraised the stressful situation the ALE was used. In order to investigate what coping strategies participants used in the chosen situation the COPE inventory was employed.

The ALE is based on the theoretical model of Lazarus and Folkman (1984) and measures the three basic dimensions of primary appraisal; threat, challenge and loss. One of the advantages of using the ALE is that the retrospective recall version requires the participant to briefly describe a stressful event they have experienced. This helps the participant to focus on one event and answer the questions in relation to that particular situation. The format of the questionnaire also enables the researcher to specify what kind of stressful situation the participants is required to think about. As this study focused on stressful situations experienced in a close relationship, the participants were asked to focus on a stressful situation they had experienced with someone they feel close to. Other advantages of the ALE are that the directions are clear and easy to follow and the inventory can be completed within a short time. As a result of all these points the ALE scale was chosen for this study.

For this research the COPE inventory was selected for the following reasons. One of the findings of the qualitative study suggested that religion is a coping strategy used by Turkish people. Therefore it was significant that religion as a coping strategy was measured by the inventory selected. There are scales that measure

religious coping yet most of the religious coping scales are designed mainly for the Christian faith and some items may not be applicable to the Turkish sample. For example, the widely used Religious Coping Scale (RCOPE) by Pargament and Koenig (2000) has items such as "looked for love and concern from members of my church". Even if the word mosque were to be substituted instead of church this type of items would not be relevant for Islam people, for example, because Islam women rarely go to mosque and instead they rely more on their community, family and neighbours.

Another point to consider was the time it would take to fill in all the questionnaires. If a religious coping measure was selected, another scale measuring the other coping strategies would need to be used as well. The addition of another questionnaire with many items would require longer time to fill in and might have caused a lower response rate, perhaps especially with the Turkish population.

An advantage of the COPE is that as well as having a subscale of religion it also includes several other coping strategies (such as venting of emotions, humour, alcohol/drug use) and therefore it has a potential to capture some of the differences that the qualitative analysis found between the three groups examined. In addition, the COPE was used in a previous study which involved a Turkish sample (Ağargün et al, 2005) and the scale was reported to be easily understood by the participants.

5.2.5 Translation of the questionnaires into Turkish

It is important to maintain both cultural and linguistic equivalence when translating a scale into a different language (Chang et al, 1999). A widely used method for scale validation is Brislin's (1976) back translation method (Cha et al, 2007). When using the back translation method a bilingual translator translates the

scale into the target language. Next, the scale is translated back to the original language by another bilingual translator. Then the original scale and the back translated version are examined for equivalence (Brislin, 1976).

In this study, Brislin's (1976) back translation method was used. The ALE and COPE were translated into Turkish by a bilingual person whose native language is Turkish. Then the Turkish version was back translated into English by another bilingual person who had not seen the original instrument. Next the original scale and the back translated version were compared by a translation committee (the researcher, the translator and two other bilinguals) who found a high degree of equivalence between the scales. Three of the items in the Turkish version of ALE and two items in the Turkish version of the COPE were modified following the back translation process. The new Turkish version of the ALE and COPE scales and the original ALE and COPE scales were then sent to another bilingual researcher in Turkey who specialises in the Turkish language and culture who found that the Turkish version of the scales were equivalent with the English versions of the two scales.

5.2.6 Validation study: Testing the validity of the Turkish copy of COPE and ALE

A validation study was conducted to test the equivalence of the Turkish version of the ALE and COPE. This study involved asking bilingual participants to complete both the original English versions of the ALE and COPE and the Turkish translations of them. In order to control for the effect the order of questionnaires might have, half of the participants first completed the Turkish version of both scales and the remaining half s first completed the English version of both scales.

In total 30 participants completed both the original scales and the Turkish translations of the questionnaires. The participants were all bilinguals of English and Turkish; 28 were Turkish and two were English. 20 of the participants were recruited from Izmir, Turkey. 18 of them are lecturers and PhD students in the English department in Ege University, Turkey and two are English women who have been living in Turkey more than 20 years. The remaining 10 participants were recruited from London UK and they are all bilingual Turkish people living in the UK for more than 5 years.

The relationship between the original COPE and ALE scales and the Turkish translated versions was investigated using Pearson correlation. There was a strong correlation between the original and translated versions of COPE ($r= .985$, $n=30$, $p< .001$) and ALE ($r=. 982$, $n=30$, $p< .001$). The correlation between the original and translated versions for each of the subscales of COPE (range from $r= .922$ to $r= .994$, $n=30$, $p< .001$) and ALE ($r= .934$. $r=9.56$ and $r=. 991$, $n=30$, $p< .001$) were also very high.

According to Swartz and Rohleder (2008) the translation of a scale into another language should involve; a) having a translation committee to discuss aspects of the translated texts b) back translation method c) bilingual use of questionnaires (bilingual people are asked to complete the original and translated versions and their responses are compared to check the accuracy of the translated version). Hence the translation of the scales COPE and ALE into Turkish involved applying the three aspects suggested by Swartz and Rohleder (2008).

5.3 Sampling and recruiting participants

All participants were recruited using the snowballing technique. The participants from Turkey were recruited from Izmir through the researcher's contacts, as she is from that city. Similarly, the English participants were recruited through contacts in Nottingham and London. The majority of Turkish population in the UK lives in North London and therefore all the Turkish participants in the UK were recruited from London. The Turkish contacts that the researcher has in London helped in the recruitment of the Turkish participants living in the UK.

5.4 Fieldwork

5.4.1 Data collection

All the participants who accepted to take part in the research were handed the questionnaire pack which consisted of the demographic questionnaire, the ALE inventory and the COPE scale. All Turkish participants were given the Turkish version of the questionnaires. Participants either completed the pack while the researcher was there or they returned it to the researcher later when they had completed it.

5.5 Participant demographics

Table 1 presents the demographics of the participants recruited for the study. In total there were 450 participants (150 English, 150 Turkish living in the UK and 150 Turkish living in Turkey). The mean age for all groups was 40 (ranging from 18 to 73). There were 150 women and 150 men. The data consisted of 222 participants

with a university degree, 149 participants that had finished high school or college and 79 participants that went to elementary or secondary school.

Table 1: Participant demographics for all groups

	Group 1 (Turkish participants living in Turkey)	Group 2 (Turkish participants living in the UK)	Group3 (English participants)
Age (Mean)	39	37	42
Sex (N)			
Female	75	78	75
Male	75	72	75
Education (N)			
School	18	37	24
High school/college	64	45	40
University	68	68	86
Length of stay in the UK (Mean)*		12	

*The number of years the participants in Group 2 have been living in the UK

5.6 Analysis

All the data was analysed using the software package PASW statistics 18. The hypotheses generated from the results of the qualitative study and literature review were tested using Analysis of Variance (ANOVA) and Regression Analysis. In Analysis of Variance the observed variance in a particular variable is portioned in to components to different sources of variation (Tabachnick and Fidell, 2001). It is a useful analysis when the research situation involves the comparison of mean scores of more than two groups. Hence one way and two way ANOVAs were used to test the hypotheses generated by the researcher.

Regression analysis is a powerful set of statistical techniques that enables the researcher to assess the relationship between one dependent variable and several independent variables (Tabachnick & Fidell, 2001). Although it is based on correlation it produces a more complex exploration of the relationships between the variables. In this study multiple regression analysis was used to explore the relationship between the primary appraisals and the coping strategies.

CHAPTER SIX: QUANTITATIVE ANALYSIS

6.1 The stressors

Each participant described an event or a situation s/he experienced with a person she or he felt close to (i.e., family member, partner, friend or neighbour) and that was stressful for the participant. These events/situations can be grouped into two broad categories of interpersonal conflict (n=340; 76%) and health problems (n= 110; 24%). The interpersonal conflict included marital problems/conflict with a partner (n= 80; 17.8%), divorce/relationship break up (n= 23; 5.1%), parental stress (n= 35; 7.8%), conflict with an adult child (n= 17; 3.8%), conflict with a parent (n= 39; 8.7%), conflict with a sibling (n=38; 8.4%), conflict with a friend/neighbour (n= 66; 14,7%), conflict with the in-laws (n= 12; 2.7%), conflict with other family members (n=14; 3.1%) and conflict between other family members (n= 17; 3.8%). Health related stressors included mental (i.e.; depression, Alzheimer's, bipolar disorder) and physical illness of another family member/friend (n= 24; 5.3% and n=86; 19.1%, respectively).

Table 1: The type of stressful situations/events the participants experienced with a person that they feel close to.

	Group 1 (Turkish participants living in Turkey)	Group 2 (Turkish participants living in the UK)	Group3 (English participants)
HEALTH PROBLEMS (N)			
Psychological	7	8	9
Physical	32	23	31
INTERPERSONAL CONFLICT (N)			
Divorce/relationship break up	4	3	16
Marital problems/conflict with a partner	29	29	2
Parental stress	11	17	7
Conflict with			
adult child	4	2	11
parent	12	13	14
sibling	15	10	13
friend/neighbour	24	25	17
in-laws	4	6	2
other family members	5	6	3
Conflict between family members	4	8	5

6.2 Testing the hypotheses

The Cronbach's Alphas for the COPE subscales were .73 for active coping , .79 for planning, .79 for seeking instrumental social support, .77 for seeking emotional social support, .71 for suppressing of competing activities, .95 for turning to religion, .63 for positive reinterpretation and growth, .72 for restraint coping, .70 for acceptance, .77 for focus on and venting of emotions, .63 for denial, .72 for mental disengagement, .62 for behavioural disengagement, .94 for alcohol and drug use and .83 for humour. The Cronbach's Alphas for the ALE subscales were .83 for threat, .71 for challenge and .72 for loss. Nunnally (1978) states that .7 and above Cronbach's Alpha values show good reliability. All the subscales of ALE and COPE that were used in the hypotheses testing met this criterion. The three subscales of COPE that had lower Cronbach Alphas than .7 (positive reinterpretation and growth, denial and behavioural disengagement) were not included in the hypothesis testing as they were not relevant to the hypotheses formulated.

Table 2 displays the means and standard deviations for the subscales of COPE for Turkish participants living in Turkey, Turkish participants living in the UK and the English participants. Table 3 displays the means and standart deviations for the subscales of ALE for all the groups.

Hypotheses 1-7 were tested using one way and two way ANOVAs. The data from the subscales planning, restraint, alcohol/drug use, turning to religion and seeking emotional social support did not met the assumption of homogeneity of variance and therefore Games-Howell was used for the post hoc comparisons. For all the other subscales tested Tukey post hoc comparisons were used. Hypothesis 8 was tested using multiple regression.

Table 2: Means and Standard Deviations of the COPE subscales for the three groups

	Group 1 (Turkish participants living in Turkey) Mean (SD)	Group 2 (Turkish participants living in the UK) Mean (SD)	Group 3 (English participants) Mean (SD)
Active coping	12.35 (2.75)	11.85 (2.97)	10.54 (2.76)
Planning	12.59 (2.72)	11.70 (3.06)	10.81 (3.28)
Restraint coping	10.35 (2.45)	9.97 (2.69)	9.22 (2.80)
Suppression of competing activities	8.93 (2.79)	8.53 (2.78)	9.23 (2.46)
Mental disengagement	8.95 (2.76)	8.63 (2.38)	8.09 (2.27)
Seeking instrumental social support	10.79 (3.34)	10.30 (3.34)	9.81 (3.21)
Seeking emotional social support	11.19 (2.38)	10.38 (2.86)	9.78 (2.94)
Focus on and venting of emotions	11.77 (3.08)	10.74 (3.18)	9.43 (3.54)
Alcohol/drug use	5.42 (3.11)	4.83 (2.19)	5.91 (2.82)
Turning to religion	11.03 (4.38)	9.78 (4.47)	5.29 (2.78)

Table 3: Means and Standard Deviations of the ALE subscales for all groups

	Threat Mean (SD)	Challenge Mean (SD)	Loss Mean (SD)
Group 1	3.77 (1.18)	2.24 (1.11)	3.55 (.82)
(Turkish participants living in Turkey)			
Female	3.85 (1.04)	2.10 (1.22)	3.63 (.80)
Male	3.70 (1.32)	2.39 (1.01)	3.47 (.90)
Group 2	3.56 (1.30)	2.24 (1.24)	2.52 (.97)
(Turkish participants living in the UK)			
Female	3.63 (1.24)	2.10 (1.24)	3.53(.90)
Male	3.49 (1.36)	2.43 (1.21)	3.32 (.96)
Group 3	3.82 (1.03)	2.52 (.97)	3.08 (.93)
(English participants)			
Female	3.92 (1.06)	2.44 (.98)	3.23 (.91)
Male	3.73 (1.01)	2.60 (.95)	2.94 (.93)

6.2.1 Hypothesis 1

Turkish women and men are more likely to use problem solving as a coping strategy compared to English women and men.

One way ANOVA was used to test the hypothesis that Turkish men and women are more likely to use problem solving coping strategy than English men and women. Four separate one way ANOVA were performed for each of the problem solving subscales of the COPE; namely active coping, planning, suppression of competing activities and restraint coping. The means and standard deviations for all groups are presented in table 2. There was a significant effect of culture (English and Turkish ethnicity) on active coping, $F(2, 447) = 16.418$, $p < .001$, on planning, $F(2, 447) = 12.962$, $p < .001$, and on restraint coping, $F(2, 447) = 7.010$, $p < .001$. Post Hoc Tukey comparison of three groups indicate that Turkish participants living in Turkey (M=12.35, SD =2.75) and in the UK (M= 11.85, 2.97) used significantly more active coping than English participants (M= 10.54, SD=2.76, $p < .001$). The data from the subscales planning and restraint coping did not meet the assumption of homogeneity of variance and therefore Games-Howell was used for post hoc comparison. The results of the post hoc tests revealed that Turkish participants living in Turkey (M=12.59, SD= 2.72) and in the UK (M=11.70,SD= 3.06) used planning more than English participants (M=10.81, SD= 3.28 $p < .05$) Similarly, Turkish participants living in Turkey (M= 10.35, SD= 2.45) and in the UK(M=9.97, SD=2.69) were more likely to use restraint coping in comparison to English participants (M=9.22, SD= 2.80, $p < .05$). Also Turkish participants living in Turkey (M=12.59, SD= 2.72) used significantly more planning than the Turkish participants living in the UK (M=11.70, SD= 3.06 $p < .05$). There were no statistically significant difference

between the two Turkish groups (Turkish participants living in the UK and Turkey) in their restraint coping. The effect of culture on suppression of competing activities was not significant, $F(2, 447) = 2.575$, ns.

The results show that Turkish participants living in Turkey and in the UK used significantly more active coping, planning and restraint coping than English participants. There were no significant differences between the Turkish and English participants in the amount of suppression of competing activities they used. The hypothesis that Turkish women and men are more likely to used problem focused coping was mostly supported for Turkish participants living in Turkey and the UK.

6.2.2 Hypothesis 2:

Turkish women and men are more likely to use self expression as a coping mechanism than English women and men.

The COPE subscale 'focus on and venting of emotions' consists of items concerning self-expression. In order to test the hypothesis a two way ANOVA was conducted. The means and standard deviations for all groups are presented in table 2. The results revealed a significant main effect for culture on focus on and venting of emotions $F(5,444)= 20.830$, $p< .001$. The Tukey post hoc test showed that the Turkish participants living in Turkey (M= 11.77, SD= 3.08) and in the UK (M=10.74, SD= 3.18) used focus on and venting emotions significantly more than the English participants (M= 9.43, SD=3.54, $p< .001$). In addition, the Turkish participants living in Turkey (M= 11.77, SD= 3.08) used significantly more focus on and venting of emotions than Turkish participants living in the UK (M=10.74, SD= 3.18, $p< .05$).

There was a main effect for sex on focus on and venting of emotions F(5,444)=35.456, p<.001 indicating that female participants applied more focus on and venting of emotions than the male participants. The two way ANOVA showed no significant interaction effect for culture and sex F(5,444)=2.280, ns.

Hypothesis two, which stated that Turkish women and men use more self expression as a coping mechanism, was fully supported.

6.2.3 Hypothesis 3:

English women and men and Turkish men living in Turkey are more likely to use drinking alcohol as a coping mechanism compared to Turkish men living in the UK and Turkish women in Turkey as well as in the UK.

The COPE subscale alcohol/drug use was used as the dependent variable and culture and sex were used as independent variables in a two way ANOVA to test the hypothesis above. The means and standard deviations for all groups are presented in table 2. The two way ANOVA revealed a significant main effect for culture on alcohol/drug use, F(5,444)= 5.754, p< .01. The post hoc Games-Howell test showed that English participants (M= 5.91, SD= 2.82) used alcohol/drug use as a coping strategy significantly more than the Turkish participants living in UK (M=4.83, 2.19, p< .01). There was no significant difference between the Turkish participants living in Turkey and English participants on their use of alcohol/drug use as a coping technique.

Also there was a significant main effect for sex on alcohol/drug use, F(5,444)=8.615, p<.01, which indicated that the male participants used alcohol/drug

more as a coping strategy than female participants. There was no significant interaction effect for culture and sex, $F_{(5,444)}=1.106$, ns.

Hypothesis three predicted that English women and men and Turkish men living in Turkey used drinking alcohol as a coping mechanism and was fully supported.

6.2.4 Hypothesis 4:

Turkish women are more likely to use religion as a coping mechanism compared to English women, English men and Turkish men.

The hypothesis was tested using a two way ANOVA with the COPE subscale turning to religion as the dependent variable and culture and sex as independent variables. The means and standard deviations for all groups are presented in table 2. The results of the analysis showed that there was a significant main effect for culture on religion as a coping mechanism, $F_{(5,444)}= 91.057$ $p< .001$. The post hoc analysis Games-Howell revealed that both the Turkish participants living in Turkey (M= 11.03, SD= 4.48) and the Turkish participants living in the UK (M= 9.78, SD=4.47) used religion as a coping strategy more than the English participants (M=5.29, SD= 2.78, p<.001). In addition Turkish participants living in Turkey (M= 11.03, SD= 4.48) reported using religion more as a coping strategy than the Turkish participants living in the UK (M= 9.78, SD=4.47, p< .05).

There was also a significant main effect for sex on religion as a coping strategy, $F_{(5,444)}=20.777$, $p< .001$, which indicated that female participants used religion more as a coping strategy than the male participants. There was no significant interaction effect of culture and sex, $F_{(5,444)}=2.915$, ns.

The hypothesis that Turkish women use more religious coping than English women and men and Turkish men was partially confirmed. The hypothesis supported the prediction that Turkish women used religion more as a coping strategy than English women and men. Yet the results showed that Turkish men also used religious coping more than English women and men and there were no significant differences in the amount of religious coping practiced by Turkish women and men.

6.2.5 Hypothesis 5:

Both Turkish and English women are more likely to seek social support than Turkish and English men.

The COPE has two subscales for social support; seeking emotional social support and seeking instrumental social support. Two separate two way ANOVAs were conducted to test the hypothesis above.

A two way ANOVA was conducted to test the hypothesis that women in all groups are likely to use seeking instrumental social support more as a coping mechanism than men. The means and standard deviations for all groups are presented in table 2. The analysis found a significant main effect of sex on seeking instrumental support, $F(5,444)= 9.330$, $p< .001$, which indicated that female participants across all groups used seeking instrumental social support more than the male participants.

Also the analysis showed significant main effect for culture, $F(5,444)= 3.397$, $p< .05$, on seeking instrumental social support. The Tukey post hoc analysis showed that the Turkish participants living in Turkey (M= 10.79, SD= 3.34) used seeking social support more than the English participants (M=9.81, SD= 3.21, $p< .05$). There

were no significant differences between the two Turkish groups or between the Turkish and English participants living in the UK in seeking social support as a coping strategy. In addition there was no significant interaction effect for culture and sex, $F_{(5,444)} = .705$, ns.

In order to test if women in all groups used seeking emotional social support more as a coping mechanism than men a two way ANOVA was conducted. The means and standard deviations for all groups are presented in table 2. This analysis showed a significant main effect for sex on seeking emotional social support as a coping strategy, $F_{(5,444)} = 30.788$, $p < .001$, which indicated that female participants applied this coping strategy more than the male participants.

There was also a main effect for culture on seeking emotional social support, $F_{(5,444)} = 10.651$, $p < .001$. The Games-Howell post hoc comparison showed that Turkish participants living in Turkey (M=11.19, SD= 2.38) used seeking emotional social support significantly more than the English participants (M= 9.78, 2.94, $p < .001$). Also Turkish participants living in Turkey (M=11.19, SD= 2.38) reported using seeking emotional social support significantly more than the Turkish participants living in the UK (M=10.38, SD= 2.86, $p < .05$). The two way ANOVA revealed no significant interaction effect between culture and sex, $F_{(5,444)} = .611$, ns.

The hypothesis that both Turkish and English women are more likely to seek social support than Turkish and English men was fully supported. The analysis also revealed that Turkish participants living in Turkey used significantly more seeking emotional social support than the English and Turkish participants living in the UK.

6.2.6 Hypothesis 6:

Both Turkish women and men are more likely to use distractions as a coping strategy than English women and men.

In order to test hypothesis 6, a one way ANOVA was performed on the subscale "mental disengagement" of COPE. As the Carver et al (1989b, p 269) state "Mental disengagement occurs via a wide variety of activities that serve to distract the person from thinking about the behavioural dimension or goal with which the stressor is interfering. Tactics that reflect mental disengagement include using alternative activities to take one's mind off a problem (a tendency opposite to the suppression of competing activities), daydreaming, escaping through sleep, or escape by immersion in TV."

This description of the subscale by Carver et al (1989b) is in line with the findings of the grounded theory analysis of the qualitative study which indicated that various distractions served as a form of avoidance.

As expected one way ANOVA yielded significant main effect of culture on mental disengagement $F(5,444)= 4.62$, $p< .05$. The Tukey post hoc comparison revealed that Turkish participants living in Turkey (M=8.95, SD= 2.76) used seeking mental disengagement significantly more than the English participants (M= 8.09, SD= 2.27, p<.05). There were no significant differences between the two Turkish groups or between the Turkish and English participants living in the UK in using mental disengagement as a coping strategy. The means and standard deviations for all groups are presented in table 2.

There was also a significant main effect for sex on mental disengagement as a coping strategy, $F(5,444)= 4.31$, $p< .05$, which indicated that female participants

used mental disengagement more as a coping strategy than the male participants. Furthermore there was a significant interaction effect of culture and sex, $F_{(5,444)}= 3.49$, $p< .05$. The results indicate that the Turkish male participants living in the UK used mental disengagement more than the other male participants (Turkish men living in Turkey and English men) and also more than Turkish and English female participants living in the UK.

Hypothesis 6 was fully supported for Turkish people living in Turkey but only partially supported for Turkish people living in the UK.

6.2.7 Hypothesis 7:

Both Turkish and English women use more threat and loss appraisal and less challenge appraisal than Turkish and English men.

Three separate two way ANOVAs were run on the data to test hypothesis 7. Firstly, a two way ANOVA was run with culture and sex as independent variables and threat as the dependent variable. The analysis showed no significant main effect for sex, $F_{(5,444)}= 2.080$ or culture, $F_{(5,444)}= 2.170$, and no significant interaction effect for culture and sex, $F_{(5,444)}= .021$.

Secondly, a two way ANOVA was conducted with sex and culture as the independent variables and loss as the dependent variable. It found a significant main effect for culture on loss, $F_{(5,444)}= 11.077$, $p< .001$. The means and standard deviations for all groups are presented in table 3. The Tukey post hoc comparison showed that Turkish participants living in Turkey (M=3.55, SD= .82) and living in the UK (M=3.43, SD= .93) used loss appraisal more than the English participants

(M= 3.08, .93, p<.001). There was no significant difference between the Turkish participants living in Turkey and those who lived in the UK on loss appraisal.

There was a main effect for sex on loss appraisal, $F_{(5,444)}= 6.757$, $p<.01$, which indicated that female participants used the appraisal more than the male participants. The two way ANOVA revealed no significant interaction effect between culture and sex $F_{(5,444)}=.215$, ns. The means and standard deviations for both groups are presented in table 4.

A final two way ANOVA was conducted with sex and culture as the independent variables and challenge as the dependent variable. The analysis found a significant main effect of sex on challenge, $F_{(5,444)}= 7.122$, $p< .01$, which indicated that male participants across all groups used challenge appraisal more than the female participants. The analysis showed no significant main effect for culture, $F_{(5,444)}= 3.151$, and no significant interaction effect for culture and sex, $F_{(5,444)}=.374$.

Hypothesis 7 was partially supported. As hypothesised the female participants across all groups appraised the stressful situation more as loss and less as challenge than the male participants. However there was no difference between female and male participants regarding threat appraisal.

6.2.8 Hypothesis 8:

For both Turkish and English people threat and loss appraisals will lead to the use of emotion focused coping and challenge appraisal will lead to the use of problem focused coping.

For the purpose of investigating if the three appraisal variables (threat, challenge and loss) contribute to the prediction of the coping strategies, two multiple regression analyses were performed for each group.

The COPE inventory (1989a) has 15 subscales each measuring a distinct coping strategy. Carver et al. (1989b) provide a description of each of the subscales of COPE which allows them to be grouped into either problem focused coping or emotion focused coping strategies. Based on the descriptions and categorization of Carver et al (1989b), the coping strategies active coping, planning, suppression of competing activities, restraint coping, seeking of instrumental social support were grouped as problem focused coping and the coping strategies seeking of emotional social support, positive reinterpretation, acceptance, denial, turning to religion, focus on and venting of emotions, behavioral disengagement and mental disengagement were grouped into emotion focused coping.

For each of the three groups (English participants, Turkish participants living in Turkey and the Turkish participants living in the UK) two separate multiple regression analyses were conducted. For each group the appraisals threat, challenge and loss were the independent variables and emotion focused and problem focused coping were the dependent variables.

The assumptions of normality, linearity and multicollinearity were met. In order to improve the homogeneity of variance a square root transformation was used on the appraisal scale ALE.

Table 4 presents the results of the two multiple regression analyses for the Turkish participants living in Turkey. Betas, standardised betas and R^2 are reported. In the first multiple regression analysis threat, challenge and loss were the independent variables and emotionfocused coping the dependent variable. The model

was not significant (R²= .023, F(3,146)= 1.16, ns) The second analysis had the same independent variables and problem focused coping as the dependent variable. The model was significant (R² =.053, F(3,146)= 2.75, p<.05), and the appraisals accounted for 5,3 % of the variance in problem focused coping. The independent variable threat predicted problem focused coping.

Table 5 presents the results of the two multiple regression analyses for the Turkish participants living in the UK. In the first multiple regression analysis threat, challenge and loss were the independent variables and emotionfocused coping was the dependent variable. The model was significant (R²= .100, F(3,146)= 5.40, p<.01) and the appraisals accounted for 10% of the variance in emotion focused coping. The second analysis had the same independent variables and had problem focused coping as the dependent variable. The model was significant (R² =.072, F(3,146)= 3.76, p<.05), and the appraisals accounted for 7,2% of the variance in problem focused coping. The independent variable loss predicted emotion focused coping and the independent variable challenge predicted both emotion and problem focused coping.

Table 6 presents the results of the two multiple regression analyses for the English participants. In the first multiple regression analysis threat, challenge and loss were the independent variables and emotionfocused coping was the dependent variable. The model was significant (R²= .056, F(3,146)= 2.89, p<.05) and the appraisals accounted for 5.6% of the variance in emotion focused coping. The independent variable loss predicted emotion focused coping. The second analysis had the same independent variables and problem focused coping as the dependent variable. The model was not significant (R² =.022, F(3,146)= 1.10, ns).

Table 4: The multiple regression analyses for variables threat, challenge and loss predicting emotion and problem focused coping for Turkish participants living in Turkey

Variable	Emotion focused coping			Problem focused coping		
	R^2	B	β	R^2	B	β
	.023			.053		
Threat		.019	.073		.077	.198*
Challenge		.034	.121		.054	.129
Loss		.017	.044		-.004	-.007

*p<.05

Table 5: The multiple regression analyses for variables threat, challenge and loss predicting emotion and problem focused coping for Turkish participants living in the UK

	Emotion focused coping			Problem focused coping		
Variable	R²	B	β	R²	B	β
	.100			.072		
Threat		-.009	-.036		.060	.149
Challenge		.063	.231**		.072	.172*
Loss		.090	.249**		.033	.059

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

Table 6: The multiple regression analyses for variables threat, challenge and loss predicting emotion and problem focused coping for English participants

Variable	Emotion focused coping			Problem focused coping		
	R²	B	β	R²	B	β
	.056			.022		
Threat		.010	.034		.006	.011
Challenge		.040	.126		.078	.135
Loss		.060	.187*		-.029	-.049

* p<.05

The results show that all the hypotheses regarding coping (H1-H6) were supported by the findings of analyses: Turkish male and female participants living in Turkey and in the UK used more problem solving coping strategies (active coping, planning and restraint coping: H1), focus on and venting of emotions (H2) and religious coping (H4) than the English participants. Additionally Turkish participants living in Turkey used more mental disengagement than the English participants (H6). Across all groups women were found to use more venting of emotions and social support as coping strategies more than men (H5). The Turkish participants living in the UK used drinking alcohol significantly less as a coping strategy than Turkish participants living in Turkey or English participants (H3). There was also an effect of sex on drinking alcohol as male participants were found to use it more than female participants across all groups.

In addition the results of ANOVAs conducted for the H1-H6 suggest that there were differences between the two Turkish groups for all the coping strategies. The Turkish participants living in the UK used significantly less planning, venting of emotions, seeking emotional social support, religious coping and drinking alcohol than the Turkish participants living in Turkey. Furthermore although not significant the Turkish participants living in the UK also used less active coping, restraint coping, seeking instrumental social support and mental disengagement than the Turkish participants living in Turkey.

Even though the Turkish participants living in the UK used nearly all of the coping strategies less than the Turkish participants living in Turkey they were also found to apply these coping strategies more than the English participants. For instance Turkish participants living in the UK used active coping, planning, restraint coping, venting of emotions and religious coping significantly more than the English

participants. Similarly although not significant the Turkish participants living in the UK also used seeking instrumental and social support as well as using mental distractions more than the English participants. The only exceptance to this was alcohol/drugs use with Turkish participants living in the UK using it significantly less than the English participants. These results suggest that the Turkish participants living in the UK apply all the coping strategies less than the Turkish participants living in Turkey but still more frequently than the English participants.

The hypothesis regarding primary appraisals (H7) were partially supported. As it was hypothesised male participants appraised the situations more as challenge than female participants and female participants appraised the situations more as loss than male participants. Yet the hypothesis that female participants would appraise the stressful situation more as threat than the male participants was not supported. In additionally culture was found to have an effect on the loss appraisal as Turkish participants appraised the situations more as loss than the English participants.

The hypothesis about the relationship between appraisals and coping (H8) was partially met. It was hypothesised that challenge appraisal would lead to the use of problem focused coping. This was only supported for the Turkish participants living in the UK. Furthmore the analysis revealed that emotion focused coping was also used when the situation was appraised as a challenge by the Turkish participants living in the UK.

The hypothesis that loss appraisal would lead to the use of emotion focused coping was supported for both groups living in the UK (English participants and Turkish participants living in the UK) but not for Turkish participants living in Turkey.

It was also hypothesised that threat appraisal would facilitate the use of emotion focused coping. However this was not the case for any of the groups. On the contrary threat appraisal was found to lead to problem focused coping for Turkish participants living in Turkey.

The results of the multiple regression analyses show that in general the primary appraisals accounted for 10% of the variance for the Turkish participants living in the UK and 5, 6% of the variance for the English participants in emotion focused coping. In addition the primary appraisals accounted for 5, 3% of the variance for the Turkish participants living in Turkey and 7, 2% for the Turkish participants living in the UK for problem focused coping.

There were also cultural differences in the type of coping strategy that appraisals accounted for. For the Turkish participants living in Turkey the primary appraisals accounted for the variation in problem focused coping (with threat appraisal predicting problem focused coping) whereas for the English participants the appraisals accounted for the variation in emotion focused coping (with loss appraisal predicting emotion focused coping). It is interesting to note that for the Turkish participants living in the UK the primary appraisals accounted for both emotion and problem focused coping (with challenge and loss appraisals predicting emotion focused coping and challenge appraisal predicting problem focused coping).

Although the results are significant primary appraisals threat, challenge and loss seem to account for a small amount of variance in emotion focused and problem focused coping. According to transactional theory the choice of coping strategies are influenced by both the primary and secondary appraisal. Thus as this study only focused on the relationship between primary appraisal and coping the results depict

the contribution of threat, challenge and loss appraisal to the whole appraisal process and therefore account for a smaller percentage of variation.

CHAPTER SEVEN: DISCUSSION AND CONCLUSIONS

7.1 Summary of the findings

7.1.1 Findings of the qualitative study

a) Coping strategies

The coping strategies self expression, problem solving, seeking social support and avoidance were used by both Turkish and English participants. The grounded theory analysis results indicated that the two Turkish groups (Turkish participants living in Turkey and UK) used the coping strategies similarly therefore the coping strategies of the Turkish groups were not discussed separately. Hence, in this section, the expression 'Turkish participant' refers to both Turkish participants living in Turkey and the UK. It is important to note that although the Turkish participants living in the UK and Turkey used self expression, seeking social support, avoidance, and problem solving similarly there were differences in how often both groups utilised the same coping strategies. The Turkish participants living in the UK used all of these coping strategies less frequently in comparison to Turkish participants living in Turkey.

The coping strategy expressing oneself had the function of releasing the tension the participants felt in the stressful situation through mainly talking or yelling. Although talking and yelling had the same function the person the participant talked to or yelled at varied. For instance the participants preferred to talk to somebody else (i.e. friend, parent, sales assistant) rather than the person they experienced the stressful situation with as a form of self expression but mostly chose to yell at the person they had the conflict with. For most of the participants self

227

expression, especially in the form of talking, resulted in feeling calmer and better afterwards. Some of the Turkish participants in their discourse attributed healing qualities to self expression where stress was likened to an illness/poison and talking to its malady.

There were some differences between the Turkish and English participants in the forms of self expression talking and crying. In the cases when Turkish participants could not talk to other people about the situation they talked to themselves or Allah as the need for expressing themselves was intense. Crying was reported to be only used by Turkish female participants and especially when they could not do anything about the situation or they could not talk to anyone about it. One important finding was that Turkish participants used self expression more than the English participants. Turkish participants not only used more number of ways to express themselves but also used self expression more frequently than the English participants.

Problem solving as a coping strategy aims to manage or alter the stressful situation. For both Turkish and English participants taking direct action to change the situation was one of the main ways of trying to solve the problem. Turkish participants used some additional ways of problem solving which were analysing and planning, interfering and confronting the person that they had the stressful situation with. Analysing and planning involved using restraint coping and not rushing into action quickly and comparing alternative options before using any other problem focused coping.

Interfering referred to trying to solve the problem of someone else which usually was another family member. Turkish women used interfering as a way of problem solving when there was an interpersonal conflict within the other family

members (i.e. husband and son) or financial difficulties experienced by other members' of family. Turkish men on the other hand used interfering only to resolve financial/health difficulties experienced by other family members through their network or resources.

Another way of problem solving used by Turkish participants was confronting the person that the participant experienced the stressful situation with. Turkish women preferred to talk about their feelings and how the situation affected them psychologically and physically when they confronted the person whereas Turkish men focused on the facts of the situation trying to alter the way the other person was interpreting the situation.

Seeking social support was used by both the English and Turkish participants. Both groups used asking for help as a way of coping. Yet there were some differences in how Turkish and English participants used social support as a coping strategy. For the English participants seeking social support involved talking to other people to get a new and objective perspective about the stressful situation. Turkish participants on the other hand used asking for advice and social comparisons as a way of coping. Turkish participants took advice on how to actively deal with the problem and how to reinterpret/reappraise the situation from a more positive or accepting angle. Turkish participants used social comparisons when they felt they could not do anything to change the situation. Comparing themselves to people in similar or worse situations had the function of providing relief to the participants.

Avoidance as a coping strategy involved the efforts to detach oneself from the stressful experience either mentally (cognitive avoidance) or through distractions (behavioural avoidance). Both English and Turkish participants used cognitive and

behavioural avoidance similarly however Turkish participants reported using additional distractions to cope with the stress.

Both groups used blocking out memories, dismissing the thought or intentional forgetting as a form of cognitive avoidance. Distancing oneself from the person/environment, avoiding the person/situation were the forms of behavioural avoidance applied by both Turkish and English participants. Working and watching TV were the distractions used by both groups. One difference however was that work as a distraction was gender specific in the Turkish sample being divided between to the domains of home and workplace. Turkish women did housework to distract themselves whereas Turkish men spent more time at their work place and worked longer hours as a way of coping. In addition Turkish participants used going for a walk/run, and listening to music as distractions. Drinking alcohol was also used as a coping strategy by the English participants as well as Turkish male participants living in Turkey. Religion was found to be used as a coping strategy by Turkish women only. Turkish women prayed or reappraised the stressful situation through their religious beliefs such as interpreting the situation to be a test of God.

b) The model of coping developed from the grounded theory analysis

Based on the findings of the grounded theory analysis, a model of coping with two culture specific variations was generated. According to this model self expression, seeking social support, problem solving and avoidance are the main coping strategies used by all participants. The accounts of the participants showed that coping is a process and consists of successive coping strategies employed by the participant. These successive coping strategies were named as coping patterns and three distinct coping patterns; the pattern of self expression, the pattern of problem

solving and the pattern of avoidance emerged as a result of the grounded theory analysis. Each coping pattern is named after the coping strategy that is used initially and consists of two or more coping strategies used successively.

<u>The pattern of self expression</u>

The analysis suggests that when the participants used self expression as their initial coping strategy one of the other three coping strategies (seeking social support, avoidance and problem solving) could be used as the next coping strategy. There were some cultural differences in how the pattern of self expression was applied.

When the participants expressed themselves through talking it was usually followed by seeking social support. Yet the form of social support sought depended on the cultural background of the participant. Turkish participants used taking advice and social comparisons and English participants employed getting a new perspective.

For both the Turkish and English participants in the cases where they expressed themselves through yelling, behavioural avoidance was one of the coping strategies that followed. Participants used yelling in stressful situations caused by interpersonal conflicts where they could not contain their anger and frustration. Thus distancing themselves through the environment and/or using distractions was the next coping strategy employed. For the Turkish participants yelling could also lead to problem solving. For example after having expressed themselves the Turkish participants sometimes wanted to find a resolution through confronting the person about the situation.

Crying was only used by Turkish women as a form of self expression and could lead to either behavioural avoidance or problem solving (through confronting

the person on the subject). Although crying was used in a similar way to yelling it was culture and gender specific.

The pattern of avoidance

The pattern of avoidance consisted of avoidance as the initial coping strategy followed only by self expression. No other coping strategy was employed after avoidance. When the participants were not successful in alleviating the stress they felt through avoidance or when they could not fully avoid the person/ the situation self expression was used as the successive coping strategy to release the tension. All three forms of self expression, namely; talking, yelling and crying were found to be used as the second coping strategy after behavioural avoidance.

There were some cultural differences in the preference of the form of self expression that was used in succession to avoidant coping. Talking was only used by English participants whereas crying was employed only by Turkish female participants. Yelling was found to be used by both groups and genders.

The pattern of problem solving

The coping strategy problem solving was followed by either self expression or avoidance when the stressful situation remained unsolved despite the participants' attempts. When the participants took direct action to resolve the situation but failed one of the three forms of self expression or behavioural avoidance was used as the next coping strategy by both the English and Turkish participants. Similar to the pattern of avoidant coping in the pattern of problem solving the form of self expression that was used as the successive coping strategy varied depending on the cultural background of the participant. English participants used talking as a form of

232

self expression whereas Turkish women employed crying. Both groups also reported using yelling as a form of self expression.

In addition Turkish participants reported using behavioural avoidance as the second coping strategy when their attempts of resolving the issue through confrontation failed. Thus when the Turkish participants were not successful in problem solving through confrontation they used various forms of distraction as the next coping strategy.

Religion was also found to be used as a coping strategy when problem solving through interference did not resolve the conflict. Turkish participants used interference as a form of problem solving in stressful situations between family members. When the situation did not improve despite the attempts of the participant, religious coping was applied by the Turkish women.

c) Change in the coping strategies of the participants

The coping strategies of some of the participants changed due to a significant event, work experience or with age. All groups reported change in their coping behaviour apart from the Turkish male participants living in Turkey. The change in the coping strategies of the participants either involved replacing self expression with avoidance or using self expression instead of avoidance. Hence the change in the coping patterns seems to be between the categories of self expression and avoidance regardless of cause or cultural background.

The Turkish participants living in the UK reported a change in their coping strategies as a result of living in the UK. For the Turkish female participants the change occurred in the coping strategy seeking social support. The amount of social support sought by the Turkish female participants decreased as their social network

reduced due to living in the UK. Hence for the female Turkish participants seeking social support was constrained or involved phoning Turkey as they did not seek any formal or informal social support in the UK.

For the Turkish men the change consisted of reducing the amount of yelling they used. Turkish men reported using yelling more as a coping strategy when they used to live in Turkey. They stated they felt the need to contain their emotions more since living in the UK.

7.1.2 Findings of the quantitative study

a) Coping strategies

Self expression: focus on and venting of emotions

Both Turkish participants living in Turkey and in the UK were found to use focus on and venting of emotions significantly more than the English participants. There were also differences between the two Turkish samples. Turkish participants in Turkey used focus on and venting of emotions more than the Turkish participants living in the UK. Furthermore the female participants across all groups used focus on and venting of emotions significantly more than the male participants in all three groups.

Problem solving: active coping, planning, suppression of competing activities and restraint coping

Turkish participants living in Turkey and in the UK used significantly more active coping, planning and restraint coping than English participants. In addition the Turkish participants living in Turkey reported using significantly more planning than the Turkish participants living in the UK. There were no significant differences

between the two Turkish groups in the amount of restraint or active coping they employed. Also there were no significant differences between the three groups in the coping strategy suppression of competing activities.

Seeking social support: seeking instrumental social support, seeking emotional social support

The Turkish participants living in Turkey were found to use more instrumental social support than the English participants. There was no significant difference between the Turkish participants living in the UK and the other two groups, respectively.

In addition Turkish participants living in Turkey used seeking emotional support significantly more than the English and the Turkish participants living in the UK. Yet there was no significant difference between the English and the Turkish participants living in the UK in seeking emotional support.

Furthermore female participants across all groups sought significantly more both instrumental and emotional social support that the Turkish and English male participants.

Avoidance: Mental disengagement, alcohol/drug use

Turkish participants living in Turkey used significantly more mental disengagement than the English participants. Yet there were no differences between the two Turkish groups and between Turkish and English participants living in the UK in their use of mental disengagement.

However gender and culture together was a significant factor in the amount of mental disengagement used by the participants. Turkish female participants living

in Turkey and English female participants used more mental disengagement than the male participants in these two samples. On the other hand Turkish male participants living in the UK reported using more mental disengagement than the Turkish female participants living in the UK.

English participants used alcohol/drug use as a coping strategy significantly more than the Turkish participants living in the UK. There was no significant difference between the Turkish participants living in Turkey and English participants on their use of alcohol/drug use as a coping strategy. In addition the male participants in all groups used alcohol/drug more as a coping strategy than female participants.

Religion: Turning to religion

The Turkish participants living in Turkey and in the UK used religion as a coping strategy more than the English participants. Also Turkish participants living in Turkey were found to use more religious coping than the Turkish participants living in the UK. In addition female participants in all groups used religion more as a coping strategy than the male participants.

b) Primary appraisals

Threat

There were no significant differences between the Turkish and English participants in their threat appraisal. Also there were no significant differences between the female and male participants in regards to their threat appraisal.

<u>Loss</u>

English participants in comparison to Turkish participants (in Turkey and in the UK) used less loss appraisal. There was no significant difference between the two Turkish groups on loss appraisal. Also female participants across all groups used the loss appraisal more than the male participants.

<u>Challenge</u>

There were no significant differences between the Turkish and English participants on challenge appraisal. Male participants across all groups used challenge appraisal more than the female participants.

c) The relationship between the primary appraisals and coping

There were differences between the three groups in the variances of primary appraisals accounting for the coping strategies. The appraisals threat, loss and challenge accounted for 5, 6% of the variance for the English participants and 10% of the variance for the Turkish participants in the UK in emotion focused coping. In addition the appraisals threat, loss and challenge accounted for 7, 2% of variance for the Turkish participants in the UK and 5, 3% of the variance for Turkish participants living in Turkey in problem focused coping.

Also the threat appraisal predicted problem focused coping for the Turkish participants living in Turkey, loss appraisal predicted emotion focused coping for the participants living in the UK (English and Turkish) and challenge appraisal predicted both emotion and problem focused coping for Turkish participants living in the UK.

7.2 Discussion of the findings

7.2.1 Coping strategies

The findings of both the qualitative and quantitative study indicate similarities and differences in the coping strategies of Turkish and English people. Self expression, trying to solve the problem, seeking social support and avoidant coping were found to be used by both Turkish and English people. This suggests that emotion focused and problem focused coping is prevalent in both of these cultures.

a) Self expression

The findings of both qualitative and quantitative study indicate that Turkish adults tend to use self expression as a coping strategy more than English adults. The findings of the qualitative study suggest that expressing of emotions help to release the tension and therefore regulate the emotions. The difference between the two cultures was that a) Turkish people used more self expression b) Turkish women used additional form of self expression (crying) c) the amount of self expression used decreased if the participant had been living in the UK for at least five years.

Turkish people not only used more number of ways of expressing themselves (i.e. crying, talking to themselves, talking to Allah, writing a letter) but also used self expression significantly more than the English people. It seems that for Turkish people the need to express their emotions in or after a stressful situation is overwhelming and therefore results in a form of self expression. In Turkish culture expressing anger, frustration, complains, irritation, dissatisfaction or hopelessness can be seen in various social interactions (i.e. bureaucracy, sales, politics, work, relationships) frequently. Turkish people like expressing their views and emotions in

all contexts in daily life and the results of this study suggest that self expression is also a coping strategy used to reduce the stress.

Crying was a coping strategy used by Turkish women only. A previous study on a Turkish sample (Küçük, 2008) suggested that crying was used as a coping strategy by the Turkish women living in Germany. Similarly women from various cultures such as US, UK, Thailand, and South Asia reported using crying as a coping strategy (Meleis & Stevens, 1992; Sequeira & Halstead, 2004; Hussain & Cochrane, 2003; Pongruengphant & Tyson, 2000) with stressors from both the domains of work and home.

One important finding is that although the research by Sequeira and Halstead (2004) suggests that English women might use crying as a coping strategy, in this study crying was not reported to be used by the female English participants. It has been suggested that the nature of the stressor may influence the choice of the coping strategy employed (Marco et al, 1999). One explanation for the difference in findings in this study may be the difference in the stressful situations the participants experienced. The research by Sequeira and Halstead (2004) focused on the experiences of nursing staff in a secure mental health service and the work of domain as a stressor whereas this study examined the coping strategies when one experienced a stressful situation with someone the person felt close to.

Another important finding of Sequeira and Halstead (2004) was that the English participants were reluctant to disclose their feelings to others because of the stigma attached to expressing emotions. This might be another reason why crying was not mentioned as a coping strategy by the English participants in the current study as there seems to be differences in how expressing emotions are regarded in Turkish and English cultures.

Hendriks et al (2004) argue that crying can be a form of either problem focused or emotion focused coping since it can have two separate functions; to reduce tension (emotion focused) or to manipulate the situation to alter it (problem focused). The findings of this study indicate that Turkish women used crying only as a form of emotion focused coping. Nearly all of the Turkish women that were interviewed used crying as a coping strategy with the function of reducing the tension they felt because of the stressful situation they experienced.

Another finding of the grounded theory analysis was the change in the coping strategies of Turkish people living in the UK. Especially the accounts of the Turkish men living in the UK suggest that Turkish men felt the need to reduce the amount of self expression they used after they had lived in the UK for a while. The Turkish men's discourse revealed that they used yelling regularly as a form of self expression when they used to live in Turkey. Yet they had to restrain their self expression while living in the UK due to the influence of English culture. It seems that yelling was used more by the Turkish participants when they used to live in Turkey as it appears to be more acceptable and regular in Turkish culture. For instance the Turkish men living in the UK stated in the interviews they became more "cool" like the English. The results of the quantitative analysis supports the findings that Turkish people living in UK express themselves less than the Turkish people living in Turkey.

One limitation of the study concerning the coping strategy self expression is that in COPE self expression is worded in general terms (i.e. "I get upset and let my emotions out." "I feel a lot of emotional distress and I find myself expressing those feelings a lot") and therefore does not reveal information about the form of self expression that is used. Thus it was not possible to compare the different forms of

self expression such as crying or yelling in regards to culture or gender using COPE inventory.

b) Social Support

Previous studies with Turkish people living in Turkey and Netherlands (Akyüz et al, 2008; Van Rooij et al, 2009) showed that Turkish people used social support as a coping strategy. Yet these studies do not supply information how social support was used by Turkish people in comparison to any other cultural groups.

According to the results of the qualitative and quantitative studies gender and culture were both found to influence seeking social support. Previous studies with different populations suggest that women use social support more than men (Jordan & Revenson, 1999; Tamres et al, 2002; Clarke et al, 2009). This was further supported in this study which revealed that both English and Turkish women used more instrumental and emotional support than English and Turkish men.

There were differences between English and Turkish participants concerning the coping strategy social support on a) how social support was sought b) how frequently it was used. The main difference on how social support was sought was the role of the person that the participant talked to. For instance when Turkish people talked to others as way of seeking social support it was with the expectation to get advice on what to do and how to interpret the situation. On the other hand for English participants it involved the expectation to become more objective and to get a new perspective about the situation.

Applying 'social comparisons' was another way Turkish people used social support. Turkish participants mostly made downward comparisons either against people they personally knew or against hypothetical individuals/groups. According to Taylor et al (1990) people make social comparisons against hypothetical groups

when a person who is in worse condition than the participant is not readily available and therefore a worse of person/group is manufactured for the purpose of comparison. For the Turkish participants the social comparisons also served to function as a way of normalising the situation they experienced. Social comparisons provided the Turkish participants with the conclusion that so many others were experiencing similar situations or worse and therefore what they were experiencing was normal and ok.

These results indicate that what other people experience and think is of great importance for Turkish people. In Turkish culture the family and community still have a vast influence on the life of the individuals. In the case of situations regarding the family the influence of the family on the individual becomes even stronger since a situation within the family affects how the family is regarded within the wider community as well. Thus it can be suggested that taking advice shows the individual what others expect him/her to do in that situation and/or how to interpret it on a personal level (as it involves one to one interaction). And social comparison helps him/her to be still a part of the group despite the undesired situation on a community level (as it involves regarding oneself in comparison to others).

The second main difference concerned the amount of social support that was used by the Turkish and English people. The findings of the quantitative study showed that Turkish people living in Turkey used significantly more instrumental and emotional coping than English people. Seeking instrumental social support as a subscale in COPE has been categorised by Carver et al (1989b) as problem focused coping as it involves aiming to change the situation. The results of both qualitative and quantitative studies show that Turkish participants used more problem focused coping than English participants. Thus the results regarding instrumental social

support further support the previous findings of problem focused coping and provide information on the nature of social support Turkish people use.

Seeking emotional support was also found to be used more frequently by the Turkish participants living in Turkey in comparison to the English participants. Seeking social support as a coping strategy involves talking to other people with the expectation of getting moral support, sympathy or understanding (Carver et al, 1989b). The items in the subscale seeking social support in COPE (i.e. "I discuss my feelings with someone", "I talk to someone about how I feel") focus on the expression of emotions as a way of getting support. The findings regarding the coping strategy self expression revealed that the Turkish participants expressed their feelings more than English people in a stressful situation they experienced with someone close to them. Hence in the light of these findings it is possible that the coping strategy self expression leads also to seeking emotional support as both of these coping strategies involve the expression of emotions. In addition in the model of coping proposed as a result of the grounded theory analysis the coping pattern self expression showed that when the participants used self expression as their initial coping strategy it could be followed as seeking social support as the next coping strategy.

Another important finding was the difference between the two Turkish groups (Turkey and UK) in seeking emotional and instrumental social support. The results showed that Turkish people living in the UK used significantly less emotional social support than the Turkish participants living in Turkey. Although the difference between the two Turkish groups in seeking instrumental social support was not statistically significant a decrease in the amount of instrumental support used by the Turkish participants living in the UK is notable. Furthermore there was not any

difference in the usage of emotional and instrumental social support between Turkish participants living in the UK and the English participants.

The decrease in the usage of emotional and instrumental social support can be explained through the acculturation process of the Turkish people living in the UK. Although there are Turkish communities in the UK (i.e. London, Manchester) the results of the interviews revealed that the Turkish people living in the UK feel that their social network is much smaller to as it was when they lived in Turkey. Furthermore most of the Turkish participants living in the UK stated that they do not trust other the Turkish people living in the Turkish communities in UK enough to talk to them about their personal problems. This indicates a serious shrinkage to the available support network in the lives of Turkish participants living in the UK. As it was difficult to contact family and friends in Turkey every time they experienced a stressful situation this reduction in the social network resulted in less social support available for the participants.

It is important to note that although the Turkish participants living in the UK felt they had less informal social support due to living in the UK they did not seek any form of formal social support through the institutions in the UK. Previous studies undertaken with minority groups in US report the reluctance of the members of the minority groups to be involved in formal support systems (i.e. counselling, help groups) (McMiller & Weisz, 1996; Yeh & Wang, 2000; Henderson et al, 2003; Ramos, 2004). This was also found to be true for Turkish immigrants living in Germany (Küçük, 2008). The results of this study confirm the findings of Küçük (2008) suggesting that the Turkish immigrants living in the UK do not favour seeking formal social support in a stressful situation.

c) Avoidance

As a result of the grounded theory analysis both English and Turkish participants were found to use cognitive and behavioural avoidance. This finding supports previous research which suggests that avoidant coping is used by Turkish and English people as a coping strategy (Grant & Whittell, 2000; Soares & Grossi, 1999; Kukullu & Buldukoğlu, 2006; Küçük, 2008).

One difference was that Turkish participants stated using additional distractions such as listening to music or going for a walk/run in comparison to English participants. Moreover most of the Turkish participants reported using more number of distractions in comparison to English participants for each stressful situation they experienced. This finding was further supported by the results from the quantitative study. The subscale mental disengagement in COPE inventory consists of items such as "I turn to work or other substitute activities to take my mind off things" and "I go to the cinema or watch television to think about it less" which describe activities that are undertaken in order to distract oneself. Thus the results of the subscale mental disengagement confirm the findings of the qualitative study suggesting Turkish people tend to use distractions as a coping strategy more than English participants.

Another difference between the Turkish and English participants was found in alcohol use as a coping strategy. According to the grounded theory analysis English female and male participants and Turkish male participants living in Turkey use alcohol as coping strategy more than Turkish women in Turkey and in the UK and Turkish men living in the UK. This finding was also supported by the results of quantitative analysis. It is important to note however that alcohol use was reported to

be used as a coping strategy less frequently than most of the other coping strategies by all groups.

This may be due to the subscale alcohol/drug use of COPE inventory that was used to measure the use of alcohol as a coping strategy. The items in the subscale alcohol/drug use are constructed to test both alcohol and drug use as coping strategies. The fact that alcohol is grouped together with drugs might have caused the participants not to report using this coping strategy. In fact some of the Turkish male participants crossed out the word drugs when they reported using alcohol in the questionnaire or told the researcher that their answer to those items did not include drugs.

Another significant finding is the difference between the responses of Turkish men living in the UK and Turkey about alcohol/drug use as a coping strategy. In Turkey most of the population is Muslim. Yet Turkey is a secular country and drinking alcohol is not prohibited. The reason why Turkish men living in the UK reported using alcohol less may be due to the negative connotations they attribute to drinking alcohol. The majority of the Turkish community living in the UK have immigrated to the UK from small cities, towns or villages in Anatolia or North Turkey such as Gumushane-Kelkit, Nigde-Akhisar (Atay, 2006). The participants that were recruited in Turkey however were from Izmir the third biggest city in Turkey which is also known as one of the most western and modern cities in Turkey. In comparison the participants that live in the UK are from more conservative cities and communities in Turkey where drinking alcohol is considered as an indication of not being a proper Muslim. Hence because of the stigma attached to drinking the participants may not have reported drinking alcohol. The only other study that reported alcohol use as a coping strategy in Turkey is the study by Büyükşahin

(2009). The results of this study showed that Turkish male university students in Ankara used alcohol as a coping strategy. Similarly this may be due to less stigma is attached to university students drinking alcohol in the capital city of Turkey.

The grounded theory analysis provided detailed information about both cognitive and behavioural avoidance as coping strategies for English and Turkish people. The behavioural avoidance was tested through the subscales of mental disengagement and alcohol/drug use. Yet one limitation of the study is that it was not possible to test the differences in cognitive avoidance with the available subscales of COPE inventory. Therefore the results regarding cognitive avoidance represent only the findings of grounded theory analysis.

d) Religion

Religion as a coping strategy was only used by the Turkish participants. The findings of grounded theory analysis indicated that only Turkish women used religious coping. Yet the results of quantitative study suggest that religious coping is used by both genders in Turkish culture. One explanation of this finding may be that Turkish men were reluctant to disclose the information that they used religious coping in the interviews. This may be due to various reasons. For instance the fact that the interviewer was female might have affected their representations of themselves and therefore their accounts in the study. Another reason for this might be that in Turkish culture religious practices are considered to be private and therefore Turkish men did not want to talk about it. For example when one of the female participants was talking about her son's divorce she mentioned her son praying to himself quietly when he got too angry with his wife and wanted to contain

his rage. Later when the son was interviewed he talked about his divorce and he expressed using a variety of coping strategies with the exception of praying.

Religion has been reported to be used by Turkish people coping with a health related stressor such as cancer or involuntary childlessness (Filazoğlu & Griva, 2008; Akyüz et al, 2008; Küçük, 2008; VanRooij et al (2009); Büyükşahin, 2009). The findings of this study suggest that Turkish people also use religious coping when the stressful situation is about someone they feel close to.

The findings of the grounded theory analysis provided some information on how religion was used as a coping strategy by Turkish people. As the model of coping depicts religion was only used as a secondary coping strategy when either the attempts of the participant to problem solve failed or after the participant expressed themselves. Religious coping was applied on both behavioural level (praying) and mental level (reappraising the situation). For most of the Turkish participants religious coping was a form of emotion focused coping where they either reappraised the situation as more positive or acceptable or distracted themselves with prayer in order not to think about it.

Thus the way religious coping is used by Turkish people seems to differ from other cultural groups that use religious coping. For instance research with Hispanic and Afro Americans showed that religious coping involved seeing God as a source of guidance and healing and to find meaning for the situation (Morgan et al; 2005). On the other hand Taiwanese and Chinese participants used the Buddhist concept karma as a way of finding meaning to the situation (Huang et al, 2008). For the Turkish participants however religious coping involved believing that any problem that exists is God's will and a test of God.

Another difference was that according to research Hispanic and Afro Americans use religion as their primary coping strategy (Culver et al, 2004). Yet the findings of grounded theory analysis suggest that Turkish people tend to use religious coping as a secondary coping strategy. This might suggest some differences between the coping patterns of these different cultures.

e) Problem solving

Both qualitative and quantitative studies showed that both Turkish and English people use problem solving as coping strategy frequently. Problem focused coping has been established to be used frequently with Euro-American populations. Research that was undertaken with Turkish samples in Turkey, Netherlands and Sweden suggest that Turkish people also use problem focused coping (Filazoğlu & Griva, 2008; Öztürk & Knipscheer, 2003; Soares & Grossi, 1999). Thus the results of this study support the findings from previous studies that reported English and Turkish people using problem focused coping.

One important finding is that Turkish people were found to use more problem focused coping than the English participants. Similarly in the study by Soares and Grossi (1999) Turkish patients with musculoskeletal pain were reported to use more active coping than the Swedish patients. These findings together might suggest that Turkish people use more problem focused coping than English and Swedish people. Yet one must be cautious about making hasty conclusions as the research so far with Turkish samples in comparison to any other culture is very limited.

The difference in the use of problem focused coping between these two groups can be explained through cultural differences in regards to daily life. It is helpful to consider the historical and social context in which culture is nested to gain

insight about the behaviour of a group. Turkey is situated between the Middle East and Europe and historically it has experienced economic hardships, political instabilities and polarization of values. Although systems regarding daily life are present the application of rules are mostly delayed or disrupted due to various factors such as bureaucracy. It is very common for a Turkish person to take the initiative and try to find a way through the system in order to solve the problem. Since otherwise mostly nothing is done. Taken in this context it can be suggested that Turkish people are accustomed to looking for practical solutions to problems and conflict in order to resolve them. Thus this problem solving style that is present in everyday life seems to be also used as a dominant coping strategy.

7.2.2 Coping and acculturation

In this study two different Turkish samples (UK and Turkey) were included to investigate the effect of acculturation on coping. The findings suggest that the coping strategies of Turkish people changed as they lived in the UK for a while (at least five years). There were significant differences in the coping strategies focus on and venting of emotions, seeking emotional support, planning and religion where Turkish people living in UK used these coping strategies less than Turkish people living in Turkey. Furthermore although not significant the scores of Turkish participants living in the UK on the subscales active coping, restraint coping, suppression of competing activities, seeking instrumental support and mental disengagement were less than the Turkish participants living in Turkey.

The results show that all the coping strategies (with the exception of alcohol/drug use) were utilised most frequently by the Turkish participants living in Turkey and least frequently by the English participants. Turkish participants living in

the UK showed intermediate scores suggesting the influence of acculturation on coping. This suggests that Turkish participants' coping strategies became more in accord with the host culture they had been living in for a while.

It is important to note that all the Turkish participants came to the UK as adults. Therefore this finding suggests that change of coping strategies took place with the first generation Turkish immigrants in the UK. One aspect that might have influenced the acculturation process might have been language. Two thirds of all of the Turkish participants living in the UK knew English. Being able to speak the language might have accelerated the process of acculturation enabling the participants to have more contact with the host culture.

7.2.3 Coping and gender

There were some differences in the coping strategies of female and male participants in all groups. For instance although both male and female participants employed focus on and venting of emotions and seeking instrumental and emotional social support female participants reported to do so with greater frequency. This finding supports the hypothesis based on literature review that women tend to use more social support (Jordan & Revenson, 1999; Tamres et al, 2002; Clarke et al, 2009).

This difference can be explained through the socialisation process of the person. Stokes and Wilson (1984) suggest that women are socialised in ways that encourage seeking social support but men are socialised in ways that discourage it. This argument can be also used to suggest that expressing emotions are socially more acceptable for women than men.

Another finding was that the male participants reporting using alcohol/drugs more than the female participants. It is important to note however that for all groups alcohol/drug use was one of the least used coping strategies. Yet the finding suggests some gender differences in the frequency of alcohol use as a coping strategy. Men have been reported to use alcohol as a coping strategy in other studies (Sigmon, et al, 1995; Park & Levenson, 2002). The findings of this study support previous findings suggesting that alcohol as distraction is used more frequently by men than women.

In addition the Turkish and English female participants were found to use more mental disengagement than the Turkish and English male participants. Hence these results might indicate that women tend to use distractions other than alcohol more than men. However the exception to this is the case of Turkish men living in the UK. Turkish men living in the UK reported using alcohol less as a coping strategy than Turkish men living in Turkey and English men. Furthermore they reported using more mental disengagement than the Turkish men living in Turkey, English men and Turkish women living in the UK. It seems that Turkish men living in the UK prefer to use distractions other than alcohol.

7.2.4 Coping patterns

The grounded theory findings suggest that multiple coping strategies are used in a sequence as a part of the coping process. The model suggests that the initial coping strategy the person chooses among other factors (i.e. reappraisals, the effectiveness of the initial coping strategy, the response of people involved) leads to the application of a second coping strategy which in turn might lead to a third one.

For instance one of the Turkish female participants, Gülizar, initially tried to solve the problem by interfering in the stressful situation (her son's divorce). Yet as

she failed to resolve the conflict she expressed herself through crying and talking to her neighbours about it. Talking to neighbours helped her to normalise the situation through the use of social comparisons. When I interviewed her she expressed that she was not stressed anymore about it as in her words "divorce happened to everyone these days".

Thus as the model of coping suggests coping occurs as phases and most of the time involves a number of coping strategies. It also suggests that people do not randomly apply coping strategies and that there is a pattern to the sequence of the coping strategies. One important finding is that these patterns in essence were the same for both Turkish and English participants. The differences existed in how the subcategories of coping were linked to each other.

For instance Sally used the same sequence of coping strategies that Gülizar used but there were some cultural difference in the subcategories of the coping strategies applied. When Sally experienced a problem with her daughter she took direct action to resolve the situation. Yet when the situation did not improve she used self expression by talking to her friend John about it. Talking to John lead to John providing a more objective angle to the situation. When I interviewed Sally she expressed not being stressed about the situation anymore as talking to John had helped her to be more objective about the situation.

7.2.5 Primary appraisals

The primary appraisals threat, loss and challenge were all found to be used by both English and Turkish participants when they experienced a stressful situation with someone they felt close to. As Lazarus and Folkman (1984) state primary

appraisals can co-occur as a stressful event can be appraised for instance both as challenging and threatening at the same time.

It is important to note that both the English and Turkish participants appraised the situation as threatening the most and challenging the least. Also contrary to the hypothesis that women would use threat appraisal more than men no difference in the threat appraisal between the genders was found. This might suggest that when the stressor involves a situation with someone close to the person, regardless of cultural background or gender threat appraisal is used the most.

One difference between groups was that both of the Turkish groups (Turkish people living in the UK and Turkey) appraised the stressful situation more as loss than the English participants. In a study by Bjork et al (2001) loss appraisal was also found to be used more by Korean Americans in comparison to Caucasian Americans. According to Bjork et al (2001) this difference stemmed from the belief of accepting fate in the Eastern culture that caused the Korean Americans to be more ready to appraise the situations as losses that they should accept. In Turkish culture fatalistic beliefs can also be found especially as a part of religious thinking. Thus the reason for the Turkish people to appraise the situation more as loss can be due to the religiously influenced cultural beliefs about fate which lead to loss appraisal in a stressful situation.

There were also gender differences in how the event was appraised. Based on previous research (Ptacek et al, 1992; Levy-Shiff, 1999; Anshel et al, 2001) it was hypothesised that female participants in all groups would appraise the situation more as loss and less challenging than the male participants. This was indeed the case with both the English and Turkish participants. Lazarus and Folkman (1984) suggest that the emotions we experience during the stressful situation influence the appraisal

process. More positive emotions such as eagerness or excitement lead to challenge appraisal and more negative emotions such as fear or anxiety invoke threat/loss appraisal. Furthermore they argue that in order to change the emotion felt (i.e. from negative to positive) during the stressful situation distortion of initial appraisal can occur.

Since both the English and Turkish participants seem to use more than one appraisal for the incident that caused them stress various emotions might have been felt during the stressful moment. Hence one explanation for the gender difference in the challenge and loss appraisals can be that women and men tend to focus on different group of emotions when the stressor involves interpersonal conflict. Thus women might find it more difficult to change their emotions to positive during or after the stressful situation experienced with someone they feel close to and therefore appraise the situation as less challenging.

The results of the regression analysis suggest a relationship between the primary appraisals and the coping strategy employed. Furthermore culture seems to affect the relationship between threat, challenge and loss appraisals and the coping strategies applied. For both the English and Turkish participants living in the UK loss appraisal predicted emotion focused coping. Yet for the Turkish participants living in Turkey such a relationship did not emerge. There were also cultural differences regarding challenge appraisal. Only for Turkish participants living in the UK challenge appraisal led to both emotion focused and problem focused coping. For the other two groups no relationship between challenge appraisal and coping strategies were established. Furthermore threat appraisal led to the use of problem focused coping for the Turkish participants living in Turkey but not for the other two groups.

Thus it seems that for both groups living in the UK (Turkish and English) loss appraisal is likely to predict emotion focused coping. This finding supports the results of previous studies where loss appraisal led to emotion focused coping (Bjork et, 2001 and Rao et al, 2000).

There were differences between the two Turkish groups regarding the type of appraisal prediciting problem focused coping. For Turkish participants living in the UK challenge appraisal led to problem focused coping whereas for the Turkish participants living in Turkey threat appraisal did.

Taken together these results indicate that Turkish participants living in the UK differ significantly than Turkish participants living in Turkey in regards to the primary appraisals leading to coping strategies. It can be further suggested that the acculturation process not only affects the choice of coping strategies but also the primary appraisals.

Another point to consider is that according to transactional theory and previous research threat appraisal leads to emotion focused coping (Bjork et al, 2001; Rao et al, 2000; Lazarus & Folkman, 1984). Yet the results of this project contradict the findings of other studies and the transactional theory in that threat appraisal failed to predict emotion focused coping in Turkish participants living in Turkey. This further supports the suggestion that cultural differences exist also on the appraisal level.

However there are limitations to these findings. The primary appraisals threat, loss and challenge account for only a little variance in coping strategies. Hence this finding suggests that other factors such as control, attribution, importance of the event might have a greater influence in determining the choice of coping strategy. Coping process involves a number of phases and as this study only focused

on the relationship between primary appraisal and coping strategies, it therefore depicts the effect primary appraisal has on coping.

7.3 Implications

These results generate a number of implications. Firstly the findings of the current study highlight the differences that exist between Turkish and English cultures in coping. Therefore clinicians and doctors when dealing with Turkish patients in the UK should consider cultural differences when designing interventions or treatments.

Secondly the results suggest that Turkish immigrants do not seek informal social support. This might be due to language barriers as well as Turkish people not feeling comfortable with others that do not share a similar cultural background to them. Hence for group interventions or sessions it would be helpful if the group initially consisted of Turkish people.

Thirdly the results show that the first generation Turkish immigrants have changed their coping strategies after living in the UK. The findings indicate that the change is in the direction of adapting to the host culture. One important factor that accelerates this process seems to be the knowledge of English language. Thus providing services that encourage learning English within the Turkish community would help the adaptation process.

7.4 Limitations

While these findings contribute substantively to the literature of coping, there are some important limitations to the current study.

7.4.1 The measures

The grounded theory analysis revealed detailed information on the coping strategies of the participants yet all the findings could not be tested. This was due to the formulation of some of the items in some of the subscales in the COPE inventory. For example although focus of and venting of emotions involved measuring the expression of emotions it did not differentiate between various forms of self expression (i.e. crying, yelling, talking). In addition it was not possible to test some of the coping strategies that were reported in the interviews (i.e. distancing oneself from the environment) because these coping strategies were not included in the COPE inventory.

Another limitation was the measurement of avoidant coping. The subscale denial was not included in the analysis as denial did not emerge as a result of the grounded theory analysis. Therefore only behavioural avoidance through the subscales mental disengagement and alcohol/drug use could be measured. In addition the grouping of alcohol and drugs together in the subscale alcohol/drug use in COPE inventory might have influenced the way participants responded to the items. For instance some of the Turkish participants told the investigator that they did use alcohol but not drugs.

An important result of the grounded theory analysis was that a model of coping was developed which summarises the coping patterns of the participants. In future research, this model could be tested with a bigger sample.

7.4.2 The sample

The sample was a convenience sample, which was recruited through the contacts of the researcher in Turkey and the UK. One important aspect of the Turkish community in the UK is that most of the Turkish people that immigrate to the UK come from small towns or villages in Anatolia or North Turkey. Yet the sample in Turkey was from one of the biggest and most modern cities of Turkey. Therefore this might be an additional factor influencing some of the coping strategies of the participants such as using alcohol as a coping strategy.

Also the Turkish sample in the UK consisted of Turkish people who all had immigrated to the UK when they were adults. Therefore the difference in the coping strategies of the Turkish immigrants in comparison to Turkish people living in Turkey does not include the experiences of other Turkish immigrants who came to the UK as children or were born in the UK.

Another factor to consider is the dynamics of relationship between the interviewer and the participant during the interview. The fact that the interviewer was Turkish was an advantage with the Turkish participants because of the shared culture. Most Turkish people do not like talking to a stranger about their personal problems and even less so if the person is a foreigner. Thus being Turkish and knowing the culturally appropriate ways of approaching and responding to other Turkish people was helpful for the interviewer. Yet being Turkish might have been a limitation with the English sample as the interviewer was a foreigner in the UK.

Also being a female interviewer had both advantages and disadvantages with the Turkish sample as in the Turkish culture the gender roles can be more apparent or emphasised than in Western countries. For instance being woman might have been an advantage in the interviews with Turkish women making it easier for them to talk

about their relationships to other women. Yet this might have been a limitation with the Turkish men, especially with the older generation.

7.4.3 The design

The grounded theory findings suggested that coping strategies did not only change with acculturation but also changed with time. Yet as the design of the study was not longitudinal it was not possible to confirm that the differences obtained between Turkish people living in Turkey and Turkish people who had moved to the UK represented a change; it is impossible to rule out that the differences represented the different coping styles of these participants.

7.5 Further studies

This study focused on the relationship between the primary appraisal and the coping strategies in Turkish and English populations. Future research could explore the role of control or attribution style to get more detailed information about the coping process. Also it would be important to compare the coping strategies of Turkish people living in other countries and also examining the coping strategies of different generations of Turkish immigrants. So far there has not been any research looking into the coping strategies of English adults living in an Eastern culture. Thus it could be investigated if the coping strategies of people from Western culture change if they lived in an Eastern culture for a period of time. Also longitudinal studies could provide more information about what factors influence the change in coping strategies of an individual and how it takes place.

7.6 Conclusions

The present study provides insight into cultural differences in primary appraisal, coping strategies and coping patterns. Cultural differences in the coping styles of self expression, seeking social support, problem solving and avoidance between Turkish and English adults have been identified. Emotion and problem focused coping have been found to be used by both Turkish and English participants. Moreover problem focused coping was used with greater frequency by the Turkish participants. These findings challenge the dominant view in cross cultural coping literature that problem focused coping is used by individualistic cultures. This clearly indicates the need to approach cultural differences in coping from a different perspective than the collectivism-individualism dichotomy.

Acculturation was also found to have an influence on the coping strategies of the Turkish participants living in the UK. The results of both the qualitative and quantitative studies indicate that the change in the coping strategies of the Turkish participants living in the UK is towards adapting to the host culture. This is especially the case with the emotion focused coping strategies. For instance the difference in regards to the expressivity of emotions in the Turkish and English cultures seems to have an effect on the coping strategies of the Turkish participants living in the UK. The tendency to express one self in stressful situations is reduced significantly by the Turkish participants in order to fit in with what they regard as the "English culture".

Another important result was that, based on the findings of the grounded theory analysis a model of coping has been generated. The model of coping suggests that multiple coping strategies are employed in specific sequences constituting coping patterns. This finding supports the transactional theory of coping which

argues that coping is a dynamic process. So far, relatively little attention has been given to coping patterns and further research should explore these patterns as it would give more insight about the whole coping process.

In addition the findings of the present study suggest that primary appraisals threat, challenge and loss do affect the selection of coping strategies. Furthermore culture seems to influence the relationship between the appraisals and the coping strategies. The results suggest that different primary appraisals tend to predict emotion or problem focused coping for the three groups. One interesting finding is that Turkish participants living in the UK are more similar to the English participants in the choice of appraisals predicting the coping strategy than to Turkish participants living in Turkey. Hence this suggests that for the Turkish participants living in the UK the acculturation process did not only affect the coping strategies but also the relationship between the appraisals and the coping strategies. However as the primary appraisals in this project account for only a little variance in emotion or problem focused coping it raises the possibility that other factors are more influential predicting emotion or problem focused coping.

The findings of this project suggest that there differences in how Turkish and English adults cope with stressful situations. Also it is interesting to note that as Turkish people lived in the UK for a period of time their coping process changed in a way that was more in accord with the English culture. Thus overall these findings suggest that culture is a significant factor influencing the appraisals, the coping strategies and the coping patterns.

REFERENCES

Ağargün, M. Y., Beşiroğlu, L., Kıran, U. K., Özer, O. A. & Kara, H. (2005). The

Psychometric properties of the COPE inventory in Turkish sample: A preliminary

research. *Anadolu Psikiyatri Dergisi*, 6, 221-226.

Akyüz, A., Güvenç, G., Üstünsöz, A. & Kaya, T. (2008). Living with gynaecologic

cancer: Experiences of women and their partners. *Journal of Nursing Scholarship*,

40, 241-247.

Albuquerque, Z. M., Rao, K., Rao, S., Subbakrishna, D.K. & Prabhu, G. G. (1990).

Coping behaviour among college students. *Indian Journal of Clinical Psychology*,

17, 17-20.

Aldwin, C. M. (2007). *Stress, Coping and Development: an Integrative Perspective.*

New York: The Guilford Press.

Anshel, M. H., Raviv, S. & Jamieson, J. (2001). Cognitive appraisals and coping

strategies following acute stress among skilled competitive male and female

athletes. *Journal of Sport Behaviour*, *24*, 128-144.

Atay, T. (2006). *Ingiltere'de Türkçe yaşamak.* Ankara: Dipnot Yayınları.

Averill, J. R. & Rosenn, M. (1972). Vigiliant and nonvigiliant coping strategies and

psychophysiological stress reactions during anticipation of electric shock. *Journal

of Personality and Social Psychology*, *23*, 128-141.

Bailey, F.J. & Dua, J. (1999). Individualism-collectivism, coping styles, and stress

in international and Anglo-Australian students: A comparative study. *Australian

Psychologist, 34*, 177-182.

Bell, P.A. & Byrne, D. (1978). Repression-sentization. In H. London and J. E. Exner

(Eds.), *Dimensions of Personality* (pp. 449-485). New York: Wiley.

Berry, J.W. (1989). Imposed etics-emics-derived etics: the operationazation of a

compelling idea. *International Journal of Psychology, 24*, 721-735.

Berry, J. W. (1999). Intercultural relations in plural societies. *Canadian Psychology*, *40*, 12-21.

Bhui, K., King, M., Dein, S. & O'Connor, W. (2008). Ethnicity and religious coping with mental distress. *Journal of Mental Health*, *17*, 141-151.

Bjorck, J.P., Cuthbertson, W., Thurman, J.W. & Yung, S.L. (2001). Ethnicity, coping and distress among Korean Americans, Filipino Americans, and Caucasian Americans. *Journal of Social Psychology*, *141*, 421-442.

Bodenmann, G. (1997). Can divorce be prevented by enhancing the coping skills of couples? *Journal of Divorce and Remarriage*, *27*, 177-194.

Bourjolly, J. N. (1998). Differences in religiousness among Black and White women with breast cancer. *Social Work in Health Care*, *28*, 21-39.

Brannen, J. (1992). Combining qualitative and quantative approaches: An overview. In J. Brannen. *Mixing Methods: qualitative and quantitative research* (pp. 3-39). Hants: Avebury.

Breakwell, G. M. (2000). Interviewing. In G. M. Breakwell, S. Hammond & Fife-Schaw (Eds.) *Research Methods in Psychology* (pp. 239-250). Thousand Oaks, CA: Sage.

Brislin, R.W. (1976). Comparative Research Methodology: Cross-Cultural Studies. *International Journal of Psychology*, *3*, 215-229.

Büyükşahin, A. (2009). Impact of self monitoring and gender on coping strategies in intimate relationships among Turkish university students. *Sex Roles*, *60*, 708-720.

Cannon, W.B. (1914). The interrelations of emotions suggested by recent physiological researchers. *American Journal of Psychology*, *25*, 256-82.

Cannon, W.B. (1939). *The Wisdom of the Body*. New York: W.W Norton and Co Inc.

Carver, C.S., Scheier, M.F. & Weintraub, J.K. (1989a). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, *56*, 267-283.

Carver, C.S., Scheier, M.F. & Weintraub, J.K. (1989b). Coping Orientations to Problems Experiences (COPE). In J. Weinman, S. Wright and M. Johnston (Eds), Measures in Health Psychology: A User's Portfolio (pp. 6-18). Berkshire: Nfer-Nelson Publishing Company.

Casey, D.& Murphy, K. (2009). Issues in using methodological triangulation in research. *Nurse Researcher*, *16*, 40-55.

Cassidy, T. (1999). *Stress, Cognition and Health*. London: Routledge.

Cha, E., Kim, K. H. & Erlen, J. A. (2007). Translation of scales in cross-cultural research: Issues and techniques. *Journal of Advanced Nursing*, *58*, 386-395.

Chang, A.M., Chau, J.P.C. & Holroyd, E. (1999) Translation of Questionnaires and Issues of Equivalence. *Journal of Advanced Nursing*, *29*, 316-322.

Chang, M. & McConkey, R. (2008). The perceptions and experiences of Taiwanese parents who have children with an intellectual disability. *International Journal of Disability, Development and Education*, *55*, 27-41.

Charmaz, K. (2006). *Constructing Grounded Theory*. California: Sage.

Charmaz, K. & Henwood, K. (2008). Grounded theory. In C. Willig & W. Stainton-Rogers. *The SAGE handbook of qualitative research* (pp. 240-261) London: Sage.

Chatters, L. M., Taylor, R. J., Jackson, J. S. & Lincoln, K. D. (2008). Religious coping among Africans, Caribbean Blacks and non-Hispanic Whites. *Journal of Community Psychology*, *36*, 371-386.

Chiang, L., Hunter, C. D. & Yeh, C. J. (2004). Coping attitudes, sources and practices among Black and Latino college students. *Adolescence, 39*, 793-815.

Ching, S. S. Y., Martinson, I. M. & Wong, T. K. S. (2009). Reframing: psychological adjustment of Chinese women at the beginning of the breast cancer experience. *Qualitative Health Research*, *19*, 339-351.

Choumanova, I., Wanat, S., Barret, R. & Koopman, C. (2006). Religion and spirituality in coping with breast cancer: Perspectives of Chilean women. *The Breast Journal, 12*, 349-352.

Christensen, A. & Heavey, C. L. (1999). Interventions for couples. *Annual Review of Psychology, 50*, 165-191.

Chun, C., Moos, R.H. & Cronkite, R.C. (2006). Culture: A fundamental context for the stress and coping paradigm. In P. T.P. Wong, & L. C. J. Wong, (Eds), *Handbook of Multicultural Perspectives on Stress and Coping* (pp. 29-54). Canada: Springer.

Clark, K. K; Bormann, C. A.; Cropanzano, R. S. & James, K. (1995). Validation evidence for three coping measures. *Journal of Personality Assessment*, *65*, 434-455.

Clarke, N. E.; McCarty, M. C.; Downie, P.; Ashley, D. M. & Anderson, V. A. (2009). Gender differences in the psychosocial experiences of parents of children with cancer: A review of the literature. *Psycho-Oncology*, *18*, 907-915.

Cohen, L. Manion, L. & Morrison, K. (2007). *Research Methods in Education*. Oxford: Routledge.

Comer, R. (2001). *Abnormal psychology*. 4th ed. New York: Worth.

Connell, C. M., & Gibson, G. D. (1997). Racial, ethnic, and cultural differences on dementia caregiving: Review and analysis. *Gerontologist, 37*, 355-364.

Cooper, C. L. & Dewe, P. (2004). *Stress: a Brief History*. Oxford: Blackwell Publishing.

Corbin, J. & Strauss, A. (1990). Grounded theory research: Procedures, canons and evaluative criteria. *Qualitative Sociology*, *13*, 3-21.

Corbin, J. & Strauss, A. (2008). *Basics of Qualitative Research*. California: Sage.

Cortes, D.E. (2005). Idioms of distress, acculturation and depression: The Puerto Rican experience. In K.M. Chun, P.B. Organista & G. Marin (Eds), *Acculturation: Advances in theory, measurement and applied research* (pp. 207-222). Washington D.C: American Psychological Association.

Creswell, J.W. (2009). *Research Design; Qualitative, Quantitative and Mixed method approaches* (3rd Ed.). London: Sage.

Creswell, J.W. and Clark, V. L.P. (2007). *Designing and Conducting Mixed Methods Research*. London: Sage.

Culver, J. L., Arena, P.L., Wimberly, S. R., Antoni, M. H. & Carver, C. S. (2004). Coping among African-American, Hispanic, and non-Hispanic white women recently treated for early stage breast cancer. *Psychology and Health*, *19*, 157-166.

Cummings, E. M., Faircloth, W. B., Mitchell, P. M., Cummings, J. S. & Schermerhorn, A.C. (2008). Evaluating a brief prevention program for improving marital conflict in community families. *Journal of Family Psychology*, *22*, 193-202.

Cwikel, J. & Segal-Engelchin, D. (2010). Mothers' coping styles during times of chronic security stress: Effect on health status. *Health Care for Women International*, *31*, 131-152.

De Leon-Arabit, L. (2008). Coping strategies of Latino women caring for a spouse recovering from a stroke: A grounded theory. *The Journal of Theory Construction and Testing*, *12*, 42-49.

Essau, C.A. & Trommsdorff, G. (1996). Coping with university related problems: A

cross-cultural comparison. *Journal of Cross-Cultural Psychology*, *27*, 315-328.

Everett, J., Hall, J. C. & Hamilton-Mason, J. (2010). Everyday conflict and daily stressors: Coping responses of Black women. *Journal of Women and Social Work*, *25*, 30-42.

Farley, T., Galves, A., Dickinson, L. M. & Perez, M. J. D. (2005). Stress, coping and health: A comparison of Mexican immigrants, Mexican-Americans and Non-Hispanic Whites. *Journal of Immigrant Health*, *7*, 213-219.

Ferguson, E. Matthews, G. & Cox, T. (1999a). The Appraisal of Life Events Scale Accessed at www.psychology.nottingham.ac.uk/research/rasph/downloads.htlm.

Ferguson, E. Matthews, G. & Cox, T. (1999b). The Appraisal of Life Events Scale: Reliability and validity. *British Journal of Health Psychology*, *4*, 97-116.

Fielding, N. (1994). Varieties of research interviews. *Nurse Researcher*, *1*, 4-13.

Filazoğlu, G. & Griva, K. (2008). Coping and social support and health related quality of life in women with breast cancer in Turkey. *Psychology, Health and Medicine*, *13*, 559-573.

Finch, B.K., Hummer, R.A., Kolody, B. & Vega, W.A. (2001). The role of discrimination and acculturative stress in the physical health of Mexican origin adults. *Hispanic Journal of Behavioural Sciences*, *23*, 399-430.

Folkman, S. (1984). Personal control and stress and coping process: a theoretical analysis. *Journal of Personality and Social Psychology*, *46*, 839-852.

Folkman, S., Lazarus, R.S., Dunkel-Schetter, C., DeLongis, A. & Gruen, R.J. (1986). Dynamics of a stressful encounter: Cognitive appraisal, coping and encounter outcomes. *Journal of Personality and Social Psychology*, *50*, 992-1003.

Freud, A. (1966). *The Ego and the Mechanisms of Defence*. New York: International

Universities Press.

Funk, L., Stajduhar, K. T., Toye, C., Aoun, S., Grande, G. E. & Todd, C. J. (2010). Part 2: Home based family caregiving at the end of life: A comprehensive review of published qualitative research (1998-2008). *Palliative Medicine*, *24*, 594-607.

Gelo, O., Braakmann, D. & Benetka, G. (2008). Quantitative and qualitative research: Beyond the debate. *Integrative Psychological and Behavioural Science*, *42*, 266-290.

Gerdes, E. P. & Ping, G. (1994). Coping differences between college women and men in China and the United States. *Genetic, Social and General Psychology Monographs, 120*, 169-196.

Glaser, B. (1992). *Basics of Grounded Theory Analysis: Emergence versus Forcing*. California: Sociology Press.

Glaser, B. G. & Strauss, A.L. (1967). *The Discovery of Grounded Theory*. Chicago: Aldane.

Gottlieb, B. H. & Wolfe, J. (2002). Coping with family caregiving to persons with dementia: A critical review. *Aging and Mental Health*, *6*, 325-342.

Göka, E. (2008). *Türklerin Psikolojisi*. Istanbul: Timas.

Grant, G. & Whittell, B. (2000). Differentiated coping strategies in families with children or adults with intellectual disabilities: The relevance of gender, family composition and the life span. *Journal of Applied Research in Intellectual Disabilities*, *13*, 256-275.

Gray, D. E. (2003). Gender and coping: The parents of children with high functioning autism. *Social Science and Medicine*, *56*, 631-642.

Greene, J. Caracelli, V. & Graham, W. (1989).Toward a conceptual framework for

mixed method evaluation designs. *Educational Evaluation and Policy Analysis*, *11*,

255-274.

Haan, N. (Ed). (1977). *Coping and Defending*. New York: Academic Press.

Hanson, W. E., Clark, V. L.P., Petska, K. S., Creswell, J. W. & Creswell, J. D.

(2005). Mixed Methods Research Design in Counselling Psychology. *Journal of*

Counselling Psychology, *52*, 224-235.

Hattar-Pollara, M., Meleis, A. I. & Nagib, H. (2003). Multiple Role Stress and

patterns of coping of Egyptian women in clerical jobs. *Journal of Transcultural*

Nursing, *14*, 125-133.

Henderson, P. D., Gore, S. V., Davis, B. L. & Esther, H. C. (2003). African

American women coping with breast cancer: A qualitative analysis. *Oncology*

Nursing Forum, *30*, 641-647.

Hendriks, M. C. P., Vingerhoets, A. J. J. M., van Heck, G. L. & Cornelius, R. R.,

(2004). Crying: To cope or not to cope? *Gedrag and Gezondheid: Tijdschrift voor*

Psychologie en Gezondheid, 32, 86-96.

Herrera, A. P., Lee, J. W., Nanyonjo, R. D., Laufman, L. E. & Torres-Vigil, I.

(2009). Religious coping and caregiver well-being in Mexican-American families.

Aging and Mental Health, *13*, 84-91.

Hinkle, L.E. (1973).The concept of stress in the biological and social sciences. In Z.

J. Lipowski, D. R. Lipsitt & P.C. Whybrow (eds), *Psychosomatic Medicine:*

Current Trents and Clinical applications (pp. 27-49). New York: Oxford

University Press.

 Hofstede, G. (1983). Culture's Consequences: International Differences in Work-

Related Values. *Administrative Science Quarterly*, *28*, 625–629.

Holmes, T. H. & Rahe, R. (1967). The Social Readjustment Rating Scale. *Journal of*

Psychomatic Research, *14*, 213-218.

Hovey, J. D. (2000a). Psychsocial predictors of depression among Central American immigrants. *Psychological Reports*, *86*, 490-503.

Hovey, J. D. (2000b). Psychsocial predictors of acculturative stress in Mexican immigrants. *Journal of Psychology*, *134*, 134-151.

Hovey, J. K. (2005). Fathers parenting chronically ill children: Concerns and coping strategies. *Issues in Comprehensive Pediatric Nursing*, *28*, 83-95.

Huang, X.Y., Sun, F.K., Yen, W.J. & Fu, C.M. (2008). The coping experiences of carers who live with someone who has schizophrenia. *Journal of Clinical Nursing*, *17*, 817-826.

Huang, X. Y., Hung, B.J., Sun, F. K., Lin, J. D. & Chen, C. C. (2009). The experiences of carers in Taiwanese culture who have long-term schizophrenia in their families: a phenomenological study. *Journal of Psychiatric and Mental Nursing*, *16*, 874-883.

Hussain, F. A.& Cochrane, R. (2003). Living with depression: Coping strategies used by South Asian women, living in the UK, suffering from depression. *Mental Health, Religion and Culture, 6*, 21-44.

Iwasaki, Y., Mannell, R. C., Smale, B. J. A. & Butcher, J. (2002). A short-term longitudinal analysis of leisure coping used by police emergency response service workers. *Journal of Leisure research*, *34*, 311-340.

Iwasaki, Y. & Barlett, J. G. (2006). Culturally meaningful leisure as a way of coping with stress among Aboriginal individuals with diabetes. *Journal of Leisure Research*, *38*, 321-338.

Johnson, B. & Turner, L. (2003). Data collection strategies in mixed methods

research. In A. Tashakkori & C. Teddlie (Eds), *Handbook of Mixed Methods in Social and Behavioral Research* (pp. 297-321). California: Sage.

Johnson, B.R. & Onwuegbuzie, A. J. (2004). Mixed Methods Research: A Research paradigm whose time has come. *Educational Researcher*, *33*, 14-26.

Jordan, C. & Revenson, T. A. (1999). Gender differences in coping with infertility: A meta-analysis. *Journal of Behavioural Medicine*, *22*, 341-358.

Katz, S. (2002). When the child's illness is life threatening: Impact on parents. *Pediatric Nursing*, *28*, 453-463.

Khan, Z. H. & Watson, P. J. (2006). Construction of the Pakistani religious coping practices scale: Correlations with religious coping, religious orientation and reactions to stress among Muslim university students. *International Journal for the Psychology of Religion*, *16*, 101-112.

Khawaja, N. G. (2007). An investigation of the psychological distress of Muslim migrants in Australia. *Journal of Muslim Mental Health*, *2*, 39-56.

Knight, B. G., Silverstein, M., McCallum, T. J. & Fox, L.S. (2000). A sociocultural stress and coping model for mental health outcomes among African American caregivers in Southern California. *The journals of Gerontology*, *55*, 142-150.

Kortantamer, I. (2006). A Comparative study of stress coping strategies of Turkish and English women living in UK. Unpublished master's thesis, Nottingham Trent University, Nottingham.

Kukulu, K. & Buldukoğlu, K. (2006). Correlates and consequences of anger at their children in immigrant Turkish women. *Social Behaviour and Personality*, *34*, 257-270.

Küçük, F. (2008). Subjective distress and coping strategies of the caretaker relatives

of Turkish migrants suffering from dementia. *Zeitschrift für Gerontopsychologie und psychiatrie, 21*, 105-116.

Lawson, E. J. & Thompson, A. (1996). Black men's perceptions of divorce related stressors and strategies for coping with divorce. *Journal of Family Issues*, *17*, 249-273.

Lazarus, R. S. (1966). *Psychological Stress and the Coping Process*. New York: McGraw-Hill.

Lazarus, R.S. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology*, *44*, 1-21.

Lazarus, R. S. (1999). *Stress and emotion: A new synthesis*. New York: Springer.

Lazarus, R. S., Averill, J. R. & Opton, E.M. (1974). The psychology of coping: Issues of research and assessment. In G.V. Coelho, D. A. Hamburg & J. E. Adams (Eds.), *Coping and Adaptation* (pp. 249-315). New York: Basic Books.

Lazarus, R. S., DeLongis, A., Folkman, S. & Gruen, R. (1985). Stress and adaptational outcomes: The problem of confounded measures. *American Psychologist*, *40*, 730-777.

Lazarus, R.S. & Folkman, S. (1984). *Stress, Appraisal and Coping*. New York: Springer Publishing Company.

Lazarus, R.S. & Folkman, S. (1987). Transactional theory and research on emotions and coping. *European Journal of Personality*, *1*, 141-169.

Levy-Shiff, R. (1999). Father's cognitive appraisals, coping strategies, and support resources as correlates of adjustment to parenthood. *Journal of Family Psychology*, *13*, 554-567.

Lin, C., Tsai, Y. & Chang, H. (2008). Coping mechanisms of parents of children

recently diagnosed with autism in Taiwan: A qualitative study. *Journal of Clinical Nursing*, *17*, 2733-2740.

Marco, C. A., Neale, J.M. & Schwartz, J. E. (1999). Coping with daily events and short-term mood changes: An unexpected failure to observe effects of coping. *Journal of Consulting and Clinical Psychology, 67*, 755-764.

Mason, J. W. (1971). Are-evaluation of the concept of "non-specificity'" in stress theory. *Journal of Psychiatric Reseach*, *8*, 323-333.

Mason, J. W. (1975). A historical view of the field of stress Part II. *Journal of Human Stress*, *1*, 22-36.

Mattis, J. S. (2002). Religion and spirituality in the meaning making and coping experiences of African American women: A qualitative analysis. *Psychology of Women Quarterly*, *26*, 309-321.

Mausbach, B.T., Coon, D.W. & Cardenas, V. (2003). Religious coping among Caucasian and Latina dementia caregivers. *Journal of Mental Health and Aging*, *9,* 97-110.

Meleis, A. I & Stevens, P. E. (1992). Women in clerical jobs: Spousal role satisfaction, stress, and coping. *Women and Health*, *18*, 23-40.

McCrae, R. R. (1982). Age differences in the use of coping mechanisms. *Journal of Gerontology*, *37*, 454-460.

McKelvey, M.W. & McKenry, P.C. (2000). The psychosocial well-being of Black and White mothers following marital dissolution. *Psychology of Women Quarterly*, *24*, 4-15.

McMiller, W. P. & Weisz, J. R. (1996). Help-seeking preceding mental health clinic intake among African American, Latino, and Caucasian youths. *Journal of the American Academy of Adolescents and Psychiatry*, *35*, 1086-1094.

Miller, S. (1980). When is a little information a dangerous thing? Coping with stressful events by monitoring vs. blunting. In S. Levine & H. Ursin (Eds.), *Coping and Health* (pp. 145-170). New York: Plenum Press.

Montoro-Rodriguez, J. & Gallagher-Thompson, D. (2009). The role of resources and appraisals in predicting burden among Latina and non-Hispanic white female caregivers: A test of an expanded socio-cultural model of stress and coping. *Aging and Mental Health*, *13*, 648-658.

Morgan, P. D., Fogel, J., Rose L., Barnett, K., Mock, V., Davis, B. L., Gaskins, M., & Brown-Davis, C. (2005). African American couples merging strengths to successfully cope with breast cancer. *Oncology Nursing Forum*, *32*, 979-987.

Morse, J.M. (2003). Principles of mixed methods and multimethod research design. In A. Tashakkori & C. Teddlie (Eds), *Handbook of Mixed Methods in Social and Behavioral Research* (pp. 189-208). Thousand Oaks, CA: Sage.

Motoaki, H., Noguchi, K. & Shigehisa, T. (1990). Ways of coping with stress in Americans and Japanese. *The Japanese Journal of Health Psychology*, *3*, 22-31.

Mullen, B. & Suls, J. (1982). The effectiveness of attention and rejection as coping styles: a meta-analysis of temporal differences. J*ournal of Psychosomatic Research, 26*, 43-49.

Newman, B. M. (2000). The challenges of parenting infants and young children. In P. C. McKenry, & S. J. Price. (Eds). Families and Change: Coping with stressful events and transitions (pp. 45-70). California: Sage.

Newton, T. (1995). *"Managing" Stress: Emotion and Power at Work.* London: Sage.

Njoku, M. G. C., Jason, L. A. & Torres-Harding, S. R. (2005). The relationships among coping styles and fatigue in an ethnically diverse sample. *Ethnicity and Health*, *10*, 263-278.

Nunnally, J. O. (1978). *Psychometric Theory*. New York: McGraw-Hill.

O'Connor, D. B. & Shimizu M. (2002). Sense of personal control, stress and coping style: A cross-cultural study. *Stress and Health*, *18*, 173-183.

Ottenbriet, N. D. & Dobson, K.S. (2004). Avoidance and depression: The construction of the cognitive behavioural avoidance scale. *Behaviour Research and Therapy*, *42*, 293-314.

Öztürk, G. & Knipscheer, J. W. (2003). Turkish women after a divorce: Mental well being and coping styles. *Gedrag & Gezondheid*, *31*, 175-186.

Pargament, K. I. & Koenig, H. G. (2000). The many methods of religious coping: Development and initial validation of the RCOPE. *Journal of Clinical Psychology*, *56*, 519-543.

Park, C. L. & Levenson, M. R. (2002). Drinking to cope among college students: Prevalence, problems and coping processes. *Journal of Studies on Alcohol*, *63*, 486-497.

Parkes, C. M. (1972). *Bereavemen*t. New York: International Universities Press.

Parra, E. B., Arkowitz, H., Hannah, M. T. & Vasquez, A. M. (1995). Coping strategies and emotional reactions to separation and divorce in Anglo, Chicana and Mexicana women. *Journal of Divorce and Remarriage*, *23*, 117-129.

Paykel, E.S. (1974). Life's stress and psychiatric disorder: Applications of the clinical approach. In B. S. Dohrenwend & B. P. Dohrenwend (Eds.) *Stressful life events: Their nature and effects* (pp. 135-149). New York: Wiley.

Pedersen, P. (1999). *Multiculturalism as a Fourth Force*. Washington D.C: Taylor and Frances.

Person, B., Addis, D., Meijer, C. & Pou, V. (2008). "Can it be that God does not

remember me": A qualitative study on the psychological distress, suffering, and coping of Dominican women with chronic filarial lymphedema and elephantiasis of the leg. *Health Care for Women International*, *29*, 349-365.

Petrie, A. (1978). *Individuality in Pain and Suffering*. Chicago: University of Chicago Press.

Pongruengphant, R. & Tyson, P.D. (2000). When nurses cry: Coping with occupational stress in Thailand. *International Journal of Nursing Studies*, *37*, 535-539.

Prelow, H.M., Tein, J.Y., Roosa, M.W. & Wood, J. (2000). Do coping styles differ across sociocultural groups? The role of measurement equivalence in making this judgement. *American Journal of Community Psychology, 28*, 225-244.

Ptacek, J. T., Smith, R.E. & Zanas, J. (1992). Gender, appraisal and coping: A longitudinal analysis. *Journal of Personality*, *60*, 747-770.

Ramos, B. M. (2004). Culture, ethnicity, and caregiver stress among Puerto Ricans. *The Journal of Applied Gerontology*, *23*, 469-486.

Rao, K. Moudud, S. & Subbakrishna, D. K. (2000). Appraisal of stress and coping behaviour in college students. *Journal of the Indian Academy of Applied Psychology*, *26*, 5-13.

Robson, C. (2002). *Real World Research.* Oxford: Blackwell.

Rose, K. (1994). Unstructured and semi-structured interviewing. *Nurse Researcher*, *1*, 23-32.

Roth, S. & Cohen, L. J. (1986). Approach, avoidance and coping with stress. *American Psychologist*, *41*, 813-819.

Rotter, J. B. (1966). Generalized expectancies for internal versus external control of

reinforcement. *Psychological Monographs: General and Applied*, *80*, (Whole No: 609).

Roy, R., Symonds, R. P., Kumar, D. M., Ibrahim, K., Mitchell, A. & Fallowfield, L. (2005). The use of denial in an ethnically diverse British cancer population: A cross sectional study. *British Journal of Cancer*, *92*, 1393-1397.

Qiu, Y. & Li. S. L. (2008). Stroke: Coping strategies and depression among Chinese caregivers of survivors during hospitalisation. *Journal of Clinical Nursing*, *17*, 1563-1573.

Segall, M. H., Lonner, W. J. & Berry, J. W. (1998). Cross-cultural psychology as a scholarly discipline: On the flowering of culture in behaviour research. *American Psychologist*, *53*, 1101-1110.

Selye, H. (1978). *The Stress of Life*. New York: McGraw-Hill Book Company.

Selye, H. (1979). Stress, cancer and the mind. In J. Tache, H. Selye, & S.B. Day, (Eds), *Cancer, Stress and Death* (pp. 11-19). New York: Plenum Medical Book Company.

Selye, H. (1982). History and present status of stress concept. In L. Goldberger & S. Brenitz, (eds), *Handbook of Stress: Theoretical and Clinical Aspects* (pp. 7-17) New York: Free Press.

Shaikh, B. T., Kahloon, A., Kazmi, M., Khalid, H., Nawaz, K., Khan, N. A. & Khan, S. (2004). Students, stress and coping strategies: A case of Pakistani Medical School. *Education for Health*, *17*, 346-353.

Sigmon, S. T., Stanton, A. L. & Synder, C. R. (1995). Gender differences in coping: A further test of socialization and role constraint theories. *Sex Roles*, *33*, 565-587.

Sinha, B.K., Wilson, L.R. & Watson, D.C. (2000). Stress and coping among students in India and Canada. *Canadian Journal of Behavioural Science*, *32*, 218-225.

Sistler, A. B. & Moore, G. M. (1996). Cultural diversity in coping with marital stress, *Journal of Clinical Geropsychology*, *2*, 77-82.

Slavin, L.A., Rainer, K.L., McCreary, M.L. & Gowda, K.K. (1991). Toward a multicultural model of the stress process. *Journal of Counselling and Development*, *70*, 156-163.

Soares, J. J. F. & Grossi, G. (1999). Psychosocial factors, pain parameters, mental health and coping among Turkish and Swedish patients with musculoskeletal pain. *Scandinavian Journal of Occupational Therapy*, *6*, 174-183.

Specht, J. (2005). Leisure as a coping mechanism. In A. Lee (Ed). *Psychology of Coping* (pp. 187-199). New York: Nova Science Publishers.

Squeira, H. & Halstead, S. (2004). The psychological effects on nursing staff of administering physical restraint in a secure psychiatric hospital: "When I go home, it's than that I think about it." *The British Journal of Forensic Practice*, *6*, 3-15.

Stern, M. & Zavon, M. (1990). Stress, coping and family environment: The adolescent's response to naturally occurring stressors. *Journal of Adolescent Research*, *5*, 290-305.

Stokes, A. A. & Wilson, D. G. (1984). The inventory of socially supportive behaviour: Dimensionality, prediction, and gender differences. *American Journal of Community Psychology*, *12*, 53-69.

Strauss, A. & Corbin, J. (1990). *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park CA: Sage.

Strauss, A. L. & Corbin, J. (1994). Grounded theory methodology: an overview. In N. Denzin & Y. Lincoln (Eds.) *Handbook of Qualitative Research* (pp. 273-285). Thousand Oaks, CA: Sage.

Sun, F., Long, A., Huang, X. & Huang, H. (2008). Family care of Taiwanese patients

who had attempted suicide: A grounded theory. *Journal of Advanced Nursing*, *62*, 53-61.

Swartz, L. & Rohleder, P. (2008). Cultural Psychology. In C. Willig & W. Stainton-Rogers. *The SAGE handbook of qualitative research* (pp. 541-553) London: Sage.

Tabachnick, B. G. & Fidell, L.S. (2001). *Using Multivariate Statistics*. New York: Harper Collins.

Taleghani, F., Yekta, Z. P. & Nasrabadi, A. N. (2006). Coping with breast cancer in newly diagnosed Iranian women. *Journal of Advanced Nursing*, *54*, 265-272.

Tamres, L. K., Janicki, D. & Helgeson, V. E. (2002). Sex differences in coping behaviour: A meta-analytic review and an examination of relative coping. *Personality and Social Psychology Review*, *6*, 2-30.

Tashakkori, A. & Teddlie, C. (2003). The past and future of mixed methods research: From data triangulation to mixed model design. In A. Tashakkori & C. Teddlie (Eds), *Handbook of Mixed Methods in Social and Behavioral Research* (pp. 671-703). Thousand Oaks, CA: Sage.

Taylor, S. E., Buunk, B.P. & Aspinwall, L. G. (1990). Social comparison, stress and coping. *Personality and Social Psychology Bulletin, 16, 74-89.*

Teddlie, C. & Tashakkori, A. (2003). Major issues and controversies in the use of mixed methods in the social and behavioural sciences. In A. Tashakkori & C. Teddlie (Eds), *Handbook of Mixed Methods in Social and Behavioral Research* (pp. 3-51).Thousand Oaks, CA: Sage.

Tennen, H. & Affleck, G. (1997). Social comparison as a coping process: A critical review and application to chronic pain disorders. In B.P. Buunk & F. X. Gibbons. *Health Coping and Well-being: Perspectives From Social Comparison Theory* (pp. 263-299). Manwah, NJ: Lawrence Erlbaum Associates.

Triandis, H. C. (1972). *The Analysis of Subjective Culture*. New York: Wiley.

Tweed, R. G. & DeLongis, A. (2006).Problems and strategies when using rating
scales in cross cultural coping research. In P. T.P. Wong, & L. C. J. Wong, (Eds),
Handbook of Multicultural Perspectives on Stress and Coping (pp. 203-223).
Canada: Springer.

Tweed, R.G., White, K. & Lehman, D.R. (2004). Culture, stress and coping:
Internally and externally targeted control strategies of European Canadians, East
Asian Canadians and Japanese. *Journal of Cross-Cultural Psychology*, *35*, 652-
668.

Vaillant, G. (1977). *Adaptation to Life: How the Best and the Brightest Came of Age*.
Boston: Little Brown.

Van der Zee, K., Buunk, B. P., Sanderman, R., Botket, G. & Van den Berg, F.
(2000). Social comparison and coping with cancer treatment. *Personality and
Individual Differences*, *28*, 17-34.

Van Rooij, B. F., Van Balen, F. & Hermanns, J. M. A. (2009). The experience of
involuntarily childless Turkish immigrants in the Netherlands. *Qualitative Health
Research*, *19*, 621-632.

Virta, E., Sam, D. L. & Westin, C. (2004). Adolescents with Turkish background in
Norway and Sweden: A comparative study of their psychological adaptation.
Scandinavian Journal of Psychology, *45*, 15-25.

Wierzbicka, A. (2005). Empirical universals of language as a basis for the study of
other universals and as a tool for exploring cross-cultural differences. *Ethos, 33*,
256-291.

Williams, C. L. & Berry, J. W. (1991). Primary prevention of acculturative stress

among refugees: Application of psychological theory and practice. *American Psychologist, 46*, 632-641.

Williams, A. D. & Moulds, M. L. (2007). Cognitive avoidance of intrusive memories: Recall vantage perspective and associations with depression. *Behaviour and Research Therapy*, *45*, 1141-1153.

Willig, C. (2008). *Introducing qualitative research in psychology* (2nd Ed.). Buckingham: McGraw Hill Open University press.

Wong, M. Y. F. & Chan, S. W. C. (2006). The qualitative experience of Chinese parents with children diagnosed of cancer. *Journal of Clinical Nursing*, *15*, 710-717.

Wong, P.T.P, Wong, L.C.J. & Scott, C. (2006). Culture: A fundamental context for the stress and coping paradigm. In P. T.P. Wong, & L. C. J. Wong, (Eds), *Handbook of Multicultural Perspectives on Stress and Coping* (pp. 29-54). Canada: Springer.

Yardley, L. & Bishop, F. (2008). Mixing qualitative and quantitative methods: A pragmatic approach. In C. Willig & W. Stainton- Rogers. *The SAGE handbook of qualitative research* (pp. 352-371) London: Sage.

Yeh, C. & Wang, Y. W. (2000). Asian American coping attitudes, sources and practices: Implications for indigenous counselling strategies. *Journal of College Student Development*, *41*, 94-103.

Yeh, C.J., Arora, A.K. & Wu, K.A. (2006). A new theoretical model of collectivistic coping. In Wong, P. T.P. & Wong, L. C. J. (Eds), *Handbook of Multicultural Perspectives on Stress and Coping* (pp. 55-72). Canada: Springer.

Yeh, S. J. & Chou, H. (2007). Coping strategies and stressors in patients with hemodialysis. *Psychosomatic Medicine*, *69*, 182-190.
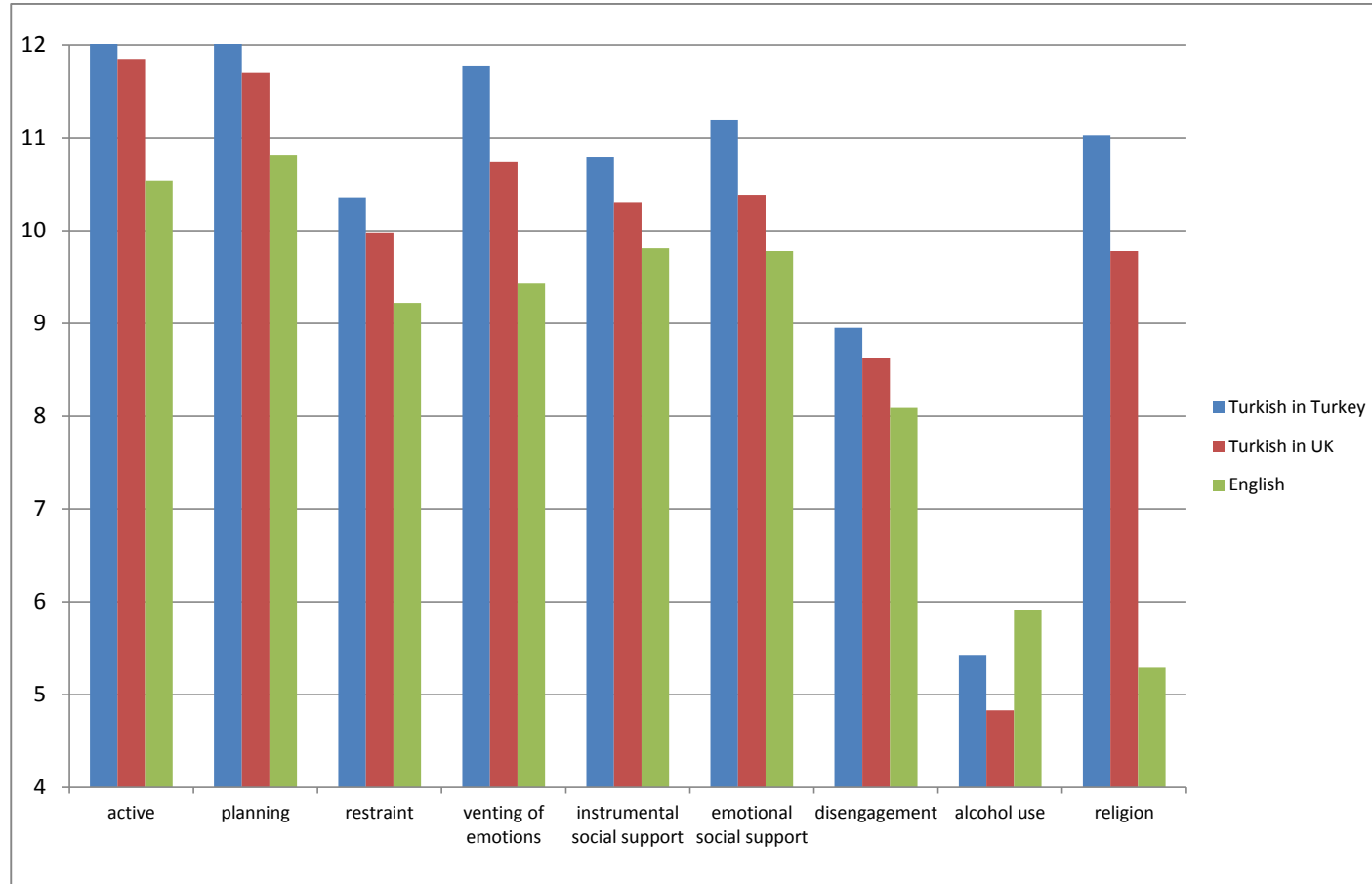
Zeidner, M. & Endler, N. S. (1996). *Handbook of Coping: Theory, Research,*

    Applications. New York: John Wiley and Sons, Inc.

APPENDICES

APPENDIX 1

Figure 1: Means of the subscales of COPE for Turkish participants living in Turkey and in the UK and the English participants

THE ENGLISH INTERVIEW SCHEDULE

I'm doing a cross cultural study of the coping strategies of people and I'm interested in your views and experience in a specific situation or situations.
 Most people have close relationships. I'm sure this is true for you. I want you to think about your close relationships. Most people experience difficulties or stress in their relationships. For example one might lose their job and this might result as stress in a relationship. Or illness can cause it.

Can you tell me about a situation that you have experienced as stressful?
How stressful did you feel the situation was?
When you think about the situation what do you think was the most important factor that made the event stressful?
Can you tell me if you had any specific feelings in that situation?
What were your thoughts (if you can remember what kind of thoughts you had)

Do you remember doing anything special?
Do you recognize your way of dealing with the situation?
Is it how you usually deal with it?
How did you feel you've dealt with the situation?

Can you remember a situation where you had a similar experience?
Did you have any specific feelings?
What were your thoughts?
Can you tell me how you dealt with the situation then?
If there are differences: Why do you think you've responded/felt/thought differently in this situation?

It seems to me you are using (name the type of coping strategy the person uses), do you use other ways to deal with situations?

No one always does only good things when stressed. Some people may do negative things when under stress and sometimes it is even helpful because they feel less stressed afterwards. For example you might eat a lot of chocolate when you are stressed and it might make you feel good afterwards. Do you recognise doing something that might be negative?

Most people feel that they are in control sometime and not in control some situations. How did you experience this situation?
How did you feel about that (having no control/having some control/ having control)
(If they say they were in control) Has there been a situation where you felt you

weren't in control?

(If they say they were not in control) Has there been a situation where you felt you were in control?

Can you tell me how important the situation was for you?

What did the situation mean for you?

For some people this can be a negative experience, it can be scary and harmful, and for some people this can be a positive experience and they feel they grow as a result of it and that there is some gain from it. How is it with you?

THE TURKISH INTERVIEW SCHEDULE

İnsanların stressle başa çıkma yöntemleri üzerine bir araştırma yapıyorum ve sizin belli durumlarla ilgili düşüncelerinizi ve tecrübelerinizi öğrenmek istiyorum.

Çoğu insanın hayatında kendini yakın hissettiği insanlar vardır. Mesela annemiz, babamız, kardeşimiz, aile ferdlerimiz, arkadaşlarımız, sevgilimiz veya eşimiz gibi. Şimdi kendinize yakın hissettiğiniz insanlarla olan ilişkilerinizi düşünmenizi istiyorum. Çoğu insan hayatında yakın hissettiği insanlarla problem yaşar. Mesela insan işini kaybedebilir ve bu yakınlarıyla olan ilişkisinde stres doğurabilir. Veya bir hastalık sebebiyle stres yaşanabilir.

Şimdi kendinizi yakın hissettiğiniz biriyle yaşadığınız stresli bir durumu düşünmenizi istiyorum.

Yaşadığınız olayı anlatır mısınız?
Sizce durum ne kadar stresliydi?
Bu olayı düşündüğünüzde sizin için olayı stressli yapan en önemli şey neydi?

Kendinizi nasıl hissettiniz?
O durumdayken kafanızdan geçenler neydi? (Eğer hatırlayabilirseniz)

Ne yaptınız? Nasıl tepki verdiniz?
Genellikle böyle durumlarda bu şekilde mi davranırsınız?
Sizce durumla nasıl başa çıktınız?
Olaydan sonra neler düşündünüz? Ne hissettiniz?

Daha önce buna benzer stresli bir olay yaşadınız mı?
O zamanki duygularınız nelerdi?
O zamanki düşünceleriniz nelerdi?
O zaman ne yapmıştınız? Nasıl tepki vermiştiniz?
Farklılık varsa: Sizce o durumda neden farklı davrandınız?
Zaman icinde tepkilerinizde davranislarinizda bir degisim oldu mu? Yoksa benzer tepkiler mi verirsiniz?

.... şeklinde başa çıkma yöntemini kullandığınızı söylediniz. Bu durumla başa çıkmak veya kendinizi rahatlatmak için başka neler yaptınız?
Bazıları yaşadıklarını başkalarıyla paylaşmak, konuşmak ister bazıları için ise anlatmak zordur, siz bunu baskalarina anlattınız mı?

Çoğu kişiler stresliyken sadece iyi şeyler yapmaz. Bazıları daha farklı, olumsuz sayılabilicek davranışlar da gösterebilir. Mesela çikolata yemek gibi. Sizin aklınıza yaptığınız böyle bir davranış geliyor mu?

Bazı insanlar stresli bir durumla karşılaştığında kontrolun kendilerinde olduğunu hisseder bazıları da durumla ilgili bir kontrollerinin olmadığını düşünür. Siz bu durumdayken ne hissettiniz?

Peki kontrolün sizde olması/olmaması size neler hissettirdi?
Genellikle böyle mi hissedersiniz?
Konrolünüzün olmadığını/olduğunu hissettiğiniz stresli bir durum oldu mu?

Bu stresli olay sizin için ne kadar önemliydi?
Bu olayın sizin için nasıl bir anlamı var?

Stresle başa çıkma sürecini insanlar farklı yaşayabilir. Bazıları için olumsuz, endişe verici, zararlı, korkutucu düşünceler hakim olabilir. Bazıları için ise olumlu, pozitif düşünceler hakim olabilir. Siz bu durumu nasıl yaşadınız?

APPENDIX 4

INTERVIEW SCHEDULE: ADDITIONAL QUESTIONES ASKED TO THE
TURKISH PARTICIPANTS LIVING IN THE UK

İngiltere'ye taşındığınız zaman karşılaştığınız problemleri düşünmenizi istiyorum. O
zaman stresle başa çıkmak için kullandığınız baska yöntem(ler) oldu mu?
Uzaklık, uzakta olmak nasıl bir durumdu? O dönemde duygu ve düşünceleriniz
nelerdi? Nasıl başa çıktınız?
Türkiye'de yaşarken böyle bir sorunla karşılaşmış mıydınız?
Bana o olayı anlatır mısınız?
O zaman ne düşünmüştünüz?
O zaman ne hissetmiştiniz?
O zaman ne yapmıştınız? Nasıl tepki vermiştiniz?

<u>Translation of the questions presented above:</u>

I would like you to think of the stressful situations you have experienced after you
moved to the UK. Did you use any other ways to deal with the problems then?
How was it to live in a different country other than Turkey? How did you feel? How
did you deal with it?
Did you experience a situation like this (stressful situation with someone you felt
close to) when you used to live in Turkey?
How did you feel/think then? How did you respond then?
If there are changes: Why do you think you handle the situation differently here in
the UK?

CONSENT FORM FOR THE QUALITATIVE STUDY

Informed Consent to participate in psychological research

My name is Idil Kortantamer and I am a PhD psychology student in Nottingham Trent University conducting a study about cross cultural differences in coping with stressful relationships. The general aim of the study is to find about the coping strategies of people. As a participant of this study you will be asked to take part in an interview. The interviewer will ask a series of questions about stress in close relationships and how you cope with them. The interview will be tape recorded. During the interview please feel free to tell the interviewer if you rather not answer some of the questions put to you.

      You can stop answering the questions and withdraw your data anytime. All information will be kept anonymous, confidential and disguised so that your data can not be identified with you personally by any reader. Any details that might reveal your identity will be removed. You will be given an identification number and it will be used to identify your data in case you wish to have your data removed from the analysis. Only the interviewer and the supervisor will have access to recordings.

      After you have completed the interview I will be happy to answer any questions you have regarding the study.

      Thank you for your participation. Your time and involvement is greatly appreciated.

Agreement to consent

      I give my informed consent to participate in the study of Idil Kortantamer.

      I have been informed that the general aim of the study is to find out about the coping strategies of people and I have been informed that my participation in the study will involve me to answer questions about stress in close relationships and coping.

      I consent to the publication of the results of the study as long as the information is anonymous and disguised so that my data cannot be identified with me personally by any reader. Also I consent to having the interview tape recorded.

      I have been informed of my right to stop answering the questions and withdraw my data anytime. I have been assured that the investigator will answer any questions I have regarding this study after data collection.

      Signed:

      Date:

Investigator contact details:	**Support groups & helplines:**
Idil Kortantamer	*Stress, anxiety &depression*
Email: idil.kortantamer@ntu.ac.uk	*helpline*: 01622717656
Eva Sundin	http://stresshelp.tripod.com/
Email: eva.sundin@ntu.ac.uk	*Samaritans*: 08457909090
Nottingham Trent University	http://www.samaritans.org
Burton Street	
Nottingham, NG1 4BU	

CONSENT FORM FOR THE QUALITATIVE STUDY: TURKISH
PARTICIPANTS LIVING IN TURKEY

Araştırma hakkında bilgilendirme ve araştırmaya katılım formu

Adım İdil Kortantamer ve Nottingham Trent Universitesi'nde psikoloji
doktora öğrencisiyim. Araştırmam insanların stresle başaçıkma yöntemleriyle ilgili.
Eğer katılmak isterseniz size stres ve stresle başaçıkma yöntemleriyle ilgili sorular
soracağım. Bu konuyla ilgili konuşmalarımızı kayıt edeceğim. Eğer cevaplamak
istemediğiniz sorular olursa lütfen söyleyin.
İstediğiniz zaman soruları cevaplamaktan vazgeçebilirsiniz. Verdiğiniz
yanıtları ben ve benim tez hocam dışında kimse görmeyecek ve bilgiler gizli
tutulacaktır. Adınız kaydedilmeyecek onun yerine size araştırmayla ilgili bir numara
verilecek ve eğer araştırmaya katılmaktan vazgeçer ve bilgilerinizin kullanılmasını
istemezseniz bu numarayı söylemeniz yeterli olacaktır.
Görüşmeden sonra konuyla ilgili tüm sorularınızı yanıtlamaya hazırım.
Katıldığınız için teşekkürler.

Araştırmaya katılım

İdil Kortantamer'in araştırmasına katılmayı kabul ediyorum.
Arastırmanın insanların stresle başaçıkma yöntemleriyle ilgili olduğu konusunda
bilgilendirildim ve ve istediğim zaman soruları yanıtlamaktan vazgeçebileceğimi
biliyorum. İdil Kortantamer'le yapacağımız stres ve stresle başaçıkma yöntemleriyle
ilgili konuşmanın kaydedilmesine izin veriyorum. Verdiğim bilgilerin ismim
gizlenerek doktora tezinde kullanılmasını kabul ediyorum.

İmza:

Tarih:

Arastırmacıya ulaşmak isterseniz: Stresle ilgili yardım kuruluşları:
İdil Kortantamer   *İzmirPsikolojik sorunlar danışma*
Email: idil.kortantamer@ntu.ac.uk   *hattı*: 0232-4210544
Eva Sundin   www.onlinepsikolojikdestek.com
Email: eva.sundin@ntu.ac.uk
Nottingham Trent University
Burton Street
Nottingham, NG1 4BU

APPENDIX 7

CONSENT FORM FOR THE QUALITATIVE STUDY: TURKISH
PARTICIPANTS LIVING IN THE UK

Araştırma hakkında bilgilendirme ve araştırmaya katılım formu

Adım İdil Kortantamer ve Nottingham Trent Universitesi'nde psikoloji doktora öğrencisiyim. Araştırmam insanların stresle başaçıkma yöntemleriyle ilgili. Eğer katılmak isterseniz size stres ve stresle başaçıkma yöntemleriyle ilgili sorular soracağım. Bu konuyla ilgili konuşmalarımızı kayıt edeceğim. Eğer cevaplamak istemediğiniz sorular olursa lütfen söyleyin.

İstediğiniz zaman soruları cevaplamaktan vazgeçebilirsiniz. Verdiğiniz yanıtları ben ve benim tez hocam dışında kimse görmeyecek ve bilgiler gizli tutulacaktır. Adınız kaydedilmeyecek onun yerine size araştırmayla ilgili bir numara verilecek ve eğer araştırmaya katılmaktan vazgeçer ve bilgilerinizin kullanılmasını istemezseniz bu numarayı söylemeniz yeterli olacaktır.

Görüşmeden sonra konuyla ilgili tüm sorularınızı yanıtlamaya hazırım. Katıldığınız için teşekkürler.

Araştırmaya katılım

İdil Kortantamer'in araştırmasına katılmayı kabul ediyorum. Arastırmanın insanların stresle başaçıkma yöntemleriyle ilgili olduğu konusunda bilgilendirildim ve ve istediğim zaman soruları yanıtlamaktan vazgeçebileceğimi biliyorum. İdil Kortantamer'le yapacağımız stres ve stresle başaçıkma yöntemleriyle ilgili konuşmanın kaydedilmesine izin veriyorum. Verdiğim bilgilerin ismim gizlenerek doktora tezinde kullanılmasını kabul ediyorum.

İmza:

Tarih:

Arastırmacıya ulaşmak isterseniz:	Stresle ilgili yardım kuruluşları:
Idil Kortantamer	*Stress, anxiety &depression*
Email: idil.kortantamer@ntu.ac.uk	*helpline*: 01622717656
Eva Sundin	http://stresshelp.tripod.com/
Email: eva.sundin@ntu.ac.uk	*Samaritans*: 08457909090
Nottingham Trent University	http://www.samaritans.org
Burton Street	
Nottingham, NG1 4BU	

QUESTIONNAIRE PACK GIVEN TO THE TURKISH PARTICIPANTS IN TURKEY

Araştırma hakkında bilgilendirme ve araştırmaya katılım formu

Adım İdil Kortantamer ve Nottingham Trent Universitesi'nde psikoloji doktora öğrencisiyim. Arastırmam insanların stresle başaçıkma yöntemleriyle ilgili. Araştırmama katılmak isterseniz lütfen stresle başaçıkma yöntemleriyle ilgili olan anketi doldurunuz.

İstediğiniz zaman soruları cevaplamaktan vazgeçebilirsiniz. Verdiğiniz yanıtları ben ve benim tez hocam dışında kimse görmeyecek ve bilgiler gizli tutulacaktır. Size araştırmayla ilgili bir numara verilecek ve eğer araştırmaya katılmaktan vazgeçer ve bilgilerinizin kullanılmasını istemezseniz bir ay içinde benimle iletişime geçip bu numarayı söylemeniz yeterli olacaktır.

Anketi doldurduktan sonra araştırmayla ilgili sorularınızı yanıtlayabilirim. Katıldığınız için teşekkürler.

Araştırmaya katılım

İdil Kortantamer'in araştırmasına katılmayı kabul ediyorum. Arastırmanın insanların stresle başaçıkma yöntemleriyle ilgili olduğu konusunda bilgilendirildim ve ve istedigim zaman soruları yanıtlamaktan vazgeçebileceğimi biliyorum.Verdiğim bilgilerin ismim gizlenerek doktora tezinde kullanılmasını kabul ediyorum.

İmza:

Tarih:

Arastırmacıya ulaşmak isterseniz:
İdil Kortantamer
Email: idil.kortantamer@ntu.ac.uk
Eva Sundin
Email: eva.sundin@ntu.ac.uk
Nottingham Trent University
Burton Street
Nottingham, NG1 4BU

Stresle ilgili yardım kuruluşları:
İzmirPsikolojik sorunlar danışma hattı: 0232-4210544
www.onlinepsikolojikdestek.com

Yaş:

Bay/Bayan:

Meslek:

Eğitim durumu:

Araştırmamız insanların kendilerini yakın hissetikleri insanlarla yaşadıkları stresli durumlarla ilgili. Kendinizi yakın hissettiğiniz insanları bir düşünmenizi istiyoruz (mesela bir akrabanız, yakın bir arkadaşınız, eşiniz, sevgiliniz veya komşunuz). Soruları cevaplarken lütfen kendinizi yakın hissettiğiniz birisiyle yaşadığınız stresli bir durumu düşününüz ve soruları ona göre cevaplandırınız.

Katılımınız için çok teşekkürler.

Kendinizi yakın hissettiğiniz birisiyle (mesela anneniz, babanız, kardeşleriniz, eşiniz, çocuğunuz, komşunuz veya yakın bir arkadaşınız) yaşadığınız stresli bir durumu veya olayı kısaca aşağıdaki boşluğa yazar mısınız?

Bu anlattığınız olayı / durumu kendi açınızdan değerlendirmenizi istiyoruz. Her soruyu verilen 0,1,2,3,4,5 arası numaralardan birini seçerek cevaplamanız gerekmektedir. (0 sayısı asla anlamına gelir ve 5 sayısı çoğunlukla öyle anlamına gelir) Soruyu cevaplarken 0 ve 5 arası numaralardan birini daire içine alarak işaretleyiniz. Soruları o olay olduğu andaki düşüncelerinize göre cevaplamanız önem taşımaktadır. Lütfen aklınıza ilk gelen cevabı işaretleyiniz ve tüm soruları yanıtlayınız.

O OLAY/DURUM ESNASINDA O OLAY SİZİN İÇİN:

1) **Tehdit ediciydi**:
0   1   2   3   4   5

2) **Ürkütücüydü**:
0   1   2   3   4   5

3) **Zevkliydi**:
0   1   2   3   4   5

4) **Kaygı vericiydi**:
0   1   2   3   4   5

5) **Düşmancaydı**:
0   1   2   3   4   5

6) **Zorlu ve fırsatlarla doluydu**:
0   1   2   3   4   5

7) **Canlandırıcıydı**:
0   1   2   3   4   5

8) **Coşturucuydu**:
0   1   2   3   4   5

9) **Acı vericiydi**:
0   1   2   3   4   5

10) **İç kararticıydı**:
0   1   2   3   4   5

11) **Zavallı bir durumdu**:
0   1   2   3   4   5

12) **Bilgilendiriciydi**:
0   1   2   3   4   5

13) **Heycanlandırıcıydı**:
0   1   2   3   4   5

14) **Korkutucuydu**:
0   1   2   3   4   5

15) **Dehşet vericiydi**:
0   1   2   3   4   5

16) **Tolere edilemezdi**:
0   1   2   3   4   5

Lütfen bir sonraki anketi cevaplarken sorunun yanındaki kutucuğa **1,2,3,4** rakamlarından birini seçerek yazınız.

1= genellikle bunu hiç yapmam yaparım	2= genellikle bunu biraz
3= genellikle bunu ortalama miktarda yaparım	4= genellikle bunu çok yaparım

Lütfen soruları başta düşündüğünüz ve kısaca yazdığınız **aynı olayı** düşünerek cevaplayınız. Soruları genelde stresli durumlarda ne yaptığınızı düşünerek değil, **kendinizi yakın hissettiğiniz birisiyle** yaşadığınız stresli olayı düşünerek cevaplayınız.

PROBLEMLERLE BAŞA ÇIKMA YÖNTEMLERİ ÖLÇEĞİ

Araştırmamız insanların stresli durumlar yaşadıklarında neler yaptıklarıyla ilgili. Stresli durumlarla karşılaştığımızda farklı şekillerde başa çıkabiliriz.Bu anketi cevaplarken stresli bir durumla karşılaştığınızda genellikle ne yaptığınızı belirtmenizi istiyoruz. Farklı durumlar farklı tepkiler doğurabilir ama cevaplarken lütfen genellikle stresli durumlarda ne yaptığınızı düşünün. Sonra her sorunun yanındaki kutucuğa aşağıdaki seçeneklerden birini seçerek yazınız.

1= genellikle bunu hiç yapmam	2= genellikle bunu biraz yaparım
3= genellikle bunu ortalama miktarda yaparım	4= genellikle bunu çok yaparım

Lütfen her soruyu ayrı ayrı düşünüp cevaplayınız. Sizin için doğru olan cevapları veriniz. Lütfen her soruyu cevaplayınız. Bu ankette doğru veya yanlış cevaplar yok o yüzden cevaplarken o durumda ne yaparsınız onu düşünüp cevaplayın, başkalarının genelde ne yaptığını veya başkaları için doğru olanı değil. Lütfen o stresli durumda siz genelde ne yaparsınız onu işaretleyin.

1. Bu deneyimin sonucunda kendimi insan olarak geliştirmeye çalışırım.
2. Kendimi işle veya başka uğraşlarla oyalayarak olayı düşünmemeye çalışırım.
3. Üzülürüm, kızarım ve hissettiklerimi dışa yansıtırım**.**
4. Ne yapmam gerektiğiyle ilgili birisine fikir danışmaya çalışırım.
5. Bu durumla ilgili birşeyler yapmaya yoğunlaşırım.
6. Kendi kendime " bu gerçek değil" derim.
7. Allah'a sığınırım.
8. Duruma gülerim.
9. Kendi kendime bu durumla başa çıkamadığımı itiraf eder ve denemekten vazgeçerim.
10. Acele birşey yapmamak için kendimi tutarım.
11. Hissettiklerimi biriyle karşılıklı konuşurum**.**
12. Kendimi daha iyi hissetmek için alkol veya uyuşturucu alırım.
13. Bu olayın olduğu fikrine alışırım.
14. Durumla ilgili daha çok bilgi alabilmek için biriyle konuşurum.
15. Başka düşüncelerin veya uğraşıların ilgimi dağıtmasına izin vermem.
16. Bu durum dışında başka şeylerle ilgili hayallere dalarım.
17. Üzülürüm, kızarım ve bu duygularımın çok farkında olurum.
18. Allah'dan yardım dilerim.
19. Neler yapabileceğime dair bir plan yaparım.
20. Olayla ilgili espiriler yaparım.
21. Bu durumun gerçekleştiğini ve artık değiştirilemeyeceğini kabul ederim.
22. Durum elverdiği sürece bu olayla ilgili bir şey yapmamaya çalışırım.
23. Arkadaşlarımdan ve ailemden manevi destek almaya çalışırım.
24. Hedefime ulaşmayı denemekten vazgeçerim.
25. Bu problemden kurtulmak için daha çok uğraşırım.
26. Bir süreliğine kendimi rahatlamak için içki içerim veya uyuşturucu alırım.

27. Bu olayın olduğuna inanmayı reddederim.

28. Duygularımı dışa yansıtırım.

29. Olayı olumlu yönden görebilmek için başka bir açıdan bakmaya çalışırım.

30. Problemle ilgili somut bir şey yapabilecek biriyle konuşurum.

31. Normalden daha çok uyurum.

32. Ne yapacağımla ilgili bir strateji geliştirmeye çalışırım.

33. Tamamen bu probleme yoğunlaşırım ve gerekirse başka işleri biraz arka plana atarım.

34. Birisinden ilgi ve anlayış görmek isterim.

35. Durumu daha az düşünmek için içki içerim veya uyuşturucu alırım.

36. Olayla ilgi dalga geçerim.

37. İstediğime ulaşmak için çabalamaktan vazgeçerim.

38. Her işte bir hayır vardır derim.

39. Durumla en iyi nasıl başa çıkacağımı düşünürüm.

40. Olmamış gibi davranırım.

41. Acele hareket ederek olayları daha kötü hale getirmediğimden emin olurum.

42. Bu durumla başa çıkma çabalarımı engelleyen başka şeyleri önlemeye çalışırım.

43. Bu durumu daha az düşünmek için sinemaya giderim veya televizyon izlerim.

44. Bu olayın olduğu gerçeğini kabul ederim.

45. Benzer şeyler yaşamış kişilere o durumda neler yaptıklarını sorarım.

46. Kendimi çok sıkıntılı hissederim ve bunu sık sık dile getiririm.

47. Problemi halledebilmek için harekete geçerim.

48. Kendimi din ile/duayla rahatlatmaya çalışırım.

49. Harekete geçmek için doğru zamanı beklemeye kendimi zorlarım.

50. Durumu şakaya vururum.

51. Olayı çözmek için gösterdiğim gayreti azaltırım.

52. Kendimi nasıl hissettiğimle ilgili birisiyle konuşurum.

53. Durumu atlatabilmek için içki içerim veya uyuşturucu alırım.

54. Bu durumla yaşamayı öğrenirim.

55. Tamamen bu durumla ilgilenebilmek için diğer işlerimi bir kenara bırakırım.

56. Neler yapacağımla ilgili iyice düşünürüm.

57. Sanki olay hiç yaşanmamış gibi davranırım.

58. Adım adım ne yapılması gerekiyorsa yaparım.

59. Bu deneyimden birşey öğrenirim.

60. Normalden daha çok dua ederim.

QUESTIONNAIRE PACK GIVEN TO THE TURKISH PARTICIPANTS
IN THE UK

Araştırma hakkında bilgilendirme ve araştırmaya katılım formu

Adım İdil Kortantamer ve Nottingham Trent Universitesi'nde psikoloji
alanında doktora öğrencisiyim. Araştırmam insanların stresle başaçıkma
yöntemleriyle ilgili. Araştırmama katılmak isterseniz lütfen stresle başaçıkma
yöntemleriyle ilgili olan anketi doldurunuz.

İstediğiniz zaman soruları cevaplamaktan vazgeçebilirsiniz. Verdiğiniz
yanıtları ben ve benim tez hocam dışında kimse görmeyecek ve bilgiler gizli
tutulacaktır. Size araştırmayla ilgili bir numara verilecek ve eğer araştırmaya
katılmaktan vazgeçer ve bilgilerinizin kullanılmasını istemezseniz bir ay içinde
benimle iletişime geçip bu numarayı söylemeniz yeterli olacaktır.

Anketi doldurduktan sonra araştırmayla ilgili sorularınızı yanıtlayabilirim.
Katıldığınız için teşekkürler.

Araştırmaya katılım

İdil Kortantamer'in araştırmasına katılmayı kabul ediyorum.
Arastırmanın insanların stresle başaçıkma yöntemleriyle ilgili olduğu konusunda
bilgilendirildim ve ve istedigim zaman soruları yanıtlamaktan vazgeçebileceğimi
biliyorum.Verdiğim bilgilerin ismim gizlenerek doktora tezinde kullanılmasını kabul
ediyorum.

İmza:

Tarih:

Arastırmacıya ulaşmak isterseniz:
Idil Kortantamer
Email: idil.kortantamer@ntu.ac.uk
Eva Sundin
Email: eva.sundin@ntu.ac.uk
Nottingham Trent University
Burton Street
Nottingham, NG1 4BU

Stresle ilgili yardım kuruluşları:
Stress, anxiety &depression
helpline: 01622717656
http://stresshelp.tripod.com/
Samaritans: 08457909090
http://www.samaritans.org

Yaş:

Bay/Bayan:

Meslek:

Eğitim durumu:

İngiltere'de kaç yıldır yaşıyorsunuz:

İngilizce bilginiz ne düzeyde: (Lütfen aşağıdaki şıklardan birini daire içine alınız)

az   orta   iyi   çok iyi

Araştırmamız insanların kendilerini yakın hissetikleri insanlarla yaşadıkları stresli durumlarla ilgili. Kendinizi yakın hissettiğiniz insanları bir düşünmenizi istiyoruz (mesela bir akrabanız, yakın bir arkadaşınız, eşiniz, sevgiliniz veya komşunuz). Soruları cevaplarken lütfen kendinizi yakın hissettiğiniz birisiyle yaşadığınız stresli bir durumu düşününüz ve soruları ona göre cevaplandırınız.
Katılımınız için çok teşekkürler.

OLAYLARA KARŞI TUTUM ÖLÇEĞİ

Kendinizi yakın hissettiğiniz birisiyle (mesela anneniz, babanız, kardeşleriniz, eşiniz, çocuğunuz, komşunuz veya yakın bir arkadaşınız) yaşadığınız stresli bir durumu veya olayı kısaca aşağıdaki boşluğa yazar mısınız?

Bu anlattığınız olayı / durumu kendi açınızdan değerlendirmenizi istiyoruz. Her soruyu verilen 0,1,2,3,4,5 arası numaralardan birini seçerek cevaplamanız gerekmektedir. (0 sayısı asla anlamına gelir ve 5 sayısı çoğunlukla öyle anlamına gelir) Soruyu cevaplarken 0 ve 5 arası numaralardan birini daire içine alarak işaretleyiniz. Soruları o olay olduğu andaki düşüncelerinize göre cevaplamanız önem taşımaktadır. Lütfen aklınıza ilk gelen cevabı işaretleyiniz ve tüm soruları yanıtlayınız.

O OLAY/DURUM ESNASINDA O OLAY SİZİN İÇİN:

1) **Tehdit ediciydi**:	9) **Acı vericiydi**:
0 1 2 3 4 5	0 1 2 3 4 5
2) **Ürkütücüydü**:	10) **İç karartıcıydı**:
0 1 2 3 4 5	0 1 2 3 4 5
3) **Zevkliydi**:	11) **Zavallı bir durumdu**:
0 1 2 3 4 5	0 1 2 3 4 5
4) **Kaygı vericiydi**:	12) **Bilgilendiriciydi**:
0 1 2 3 4 5	0 1 2 3 4 5
5) **Düşmancaydı**:	13) **Heycanlandırıcıydı**:
0 1 2 3 4 5	0 1 2 3 4 5
6) **Zorlu ve fırsatlarla doluydu**:	14) **Korkutucuydu**:
0 1 2 3 4 5	0 1 2 3 4 5
7) **Canlandırıcıydı**:	15) **Dehşet vericiydi**:
0 1 2 3 4 5	0 1 2 3 4 5
8) **Coşturucuydu**:	16) **Tolere edilemezdi**:
0 1 2 3 4 5	0 1 2 3 4 5

Lütfen bir sonraki anketi cevaplarken sorunun yanındaki kutucuğa **1,2,3,4** rakamlarından birini seçerek yazınız.

1= genellikle bunu hiç yapmam yaparım	2= genellikle bunu biraz
3= genellikle bunu ortalama miktarda yaparım	4= genellikle bunu çok yaparım

Lütfen soruları başta düşündüğünüz ve kısaca yazdığınız **aynı olayı** düşünerek cevaplayınız. Soruları genelde stresli durumlarda ne yaptığınızı düşünerek değil, **kendinizi yakın hissettiğiniz birisiyle** yaşadığınız stresli olayı düşünerek cevaplayınız.

PROBLEMLERLE BAŞA ÇIKMA YÖNTEMLERİ ÖLÇEĞİ

 Araştırmamız insanların stresli durumlar yaşadıklarında neler yaptıklarıyla ilgili. Stresli durumlarla karşılaştığımızda farklı şekillerde başa çıkabiliriz.Bu anketi cevaplarken stresli bir durumla karşılaştığınızda genellikle ne yaptığınızı belirtmenizi istiyoruz. Farklı durumlar farklı tepkiler doğurabilir ama cevaplarken lütfen genellikle stresli durumlarda ne yaptığınızı düşünün. Sonra her sorunun yanındaki kutucuğa aşağıdaki seçeneklerden birini seçerek yazınız.

1= genellikle bunu hiç yapmam	2= genellikle bunu biraz yaparım
3= genellikle bunu ortalama miktarda yaparım	4= genellikle bunu çok yaparım

Lütfen her soruyu ayrı ayrı düşünüp cevaplayınız. Sizin için doğru olan cevapları veriniz. Lütfen her soruyu cevaplayınız. Bu ankette doğru veya yanlış cevaplar yok o yüzden cevaplarken o durumda ne yaparsınız onu düşünüp cevaplayın, başkalarının genelde ne yaptığını veya başkaları için doğru olanı değil. Lütfen o stresli durumda siz genelde ne yaparsınız onu işaretleyin.

 1. Bu deneyimin sonucunda kendimi insan olarak geliştirmeye çalışırım.
 2. Kendimi işle veya başka uğraşlarla oyalayarak olayı düşünmemeye çalışırım.
 3. Üzülürüm, kızarım ve hissettiklerimi dışa yansıtırım.
 4. Ne yapmam gerektiğiyle ilgili birisine fikir danışmaya çalışırım.
 5. Bu durumla ilgili birşeyler yapmaya yoğunlaşırım.
 6. Kendi kendime " bu gerçek değil" derim.
 7. Allah'a sığınırım.
 8. Duruma gülerim.
 9. Kendi kendime bu durumla başa çıkamadığımı itiraf eder ve denemekten vazgeçerim.
 10. Acele birşey yapmamak için kendimi tutarım.
 11. Hissettiklerimi biriyle karşılıklı konuşurum.
 12. Kendimi daha iyi hissetmek için alkol veya uyuşturucu alırım.
 13. Bu olayın olduğu fikrine alışırım.
 14. Durumla ilgili daha çok bilgi alabilmek için biriyle konuşurum.
 15. Başka düşüncelerin veya uğraşıların ilgimi dağıtmasına izin vermem.
 16. Bu durum dışında başka şeylerle ilgili hayallere dalarım.
 17. Üzülürüm, kızarım ve bu duygularımın çok farkında olurum.
 18. Allah'dan yardım dilerim.
 19. Neler yapabileceğime dair bir plan yaparım.
 20. Olayla ilgili espiriler yaparım.
 21. Bu durumun gerçekleştiğini ve artık değiştirilemeyeceğini kabul ederim.
 22. Durum elverdiği sürece bu olayla ilgili bir şey yapmamaya çalışırım.
 23. Arkadaşlarımdan ve ailemden manevi destek almaya çalışırım.
 24. Hedefime ulaşmayı denemekten vazgeçerim.
 25. Bu problemden kurtulmak için daha çok uğraşırım.
 26. Bir süreliğine kendimi rahatlamak için içki içerim veya uyuşturucu alırım.

27. Bu olayın olduğuna inanmayı reddederim.

28. Duygularımı dışa yansıtırım.

29. Olayı olumlu yönden görebilmek için başka bir açıdan bakmaya çalışırım.

30. Problemle ilgili somut bir şey yapabilecek biriyle konuşurum.

31. Normalden daha çok uyurum.

32. Ne yapacağımla ilgili bir strateji geliştirmeye çalışırım.

33. Tamamen bu probleme yoğunlaşırım ve gerekirse başka işleri biraz arka plana atarım.

34. Birisinden ilgi ve anlayış görmek isterim.

35. Durumu daha az düşünmek için içki içerim veya uyuşturucu alırım.

36. Olayla ilgi dalga geçerim.

37. İstediğime ulaşmak için çabalamaktan vazgeçerim.

38. Her işte bir hayır vardır derim.

39. Durumla en iyi nasıl başa çıkacağımı düşünürüm.

40. Olmamış gibi davranırım.

41. Acele hareket ederek olayları daha kötü hale getirmediğimden emin olurum.

42. Bu durumla başa çıkma çabalarımı engelleyen başka şeyleri önlemeye çalışırım.

43. Bu durumu daha az düşünmek için sinemaya giderim veya televizyon izlerim.

44. Bu olayın olduğu gerçeğini kabul ederim.

45. Benzer şeyler yaşamış kişilere o durumda neler yaptıklarını sorarım.

46. Kendimi çok sıkıntılı hissederim ve bunu sık sık dile getiririm.

47. Problemi halledebilmek için harekete geçerim.

48. Kendimi din ile/duayla rahatlatmaya çalışırım.

49. Harekete geçmek için doğru zamanı beklemeye kendimi zorlarım.

50. Durumu şakaya vururum.

51. Olayı çözmek için gösterdiğim gayreti azaltırım.

52. Kendimi nasıl hissettiğimle ilgili birisiyle konuşurum.

53. Durumu atlatabilmek için içki içerim veya uyuşturucu alırım.

54. Bu durumla yaşamayı öğrenirim.

55. Tamamen bu durumla ilgilenebilmek için diğer işlerimi bir kenara bırakırım.

56. Neler yapacağımla ilgili iyice düşünürüm.

57. Sanki olay hiç yaşanmamış gibi davranırım.

58. Adım adım ne yapılması gerekiyorsa yaparım.

59. Bu deneyimden birşey öğrenirim.

60. Normalden daha çok dua ederim.

THE QUESTIONNAIRE PACK FOR THE ENGLISH PARTICIPANTS

Informed Consent to participate in psychological research

My name is Idil Kortantamer and I am a PhD psychology student in Nottingham Trent University conducting a study about cross cultural differences in coping with stressful relationships. The general aim of the study is to find about the coping strategies of people. As a participant of this study you will be asked to fill in a questionnaire concerning coping strategies employed in daily life.

You can stop answering the questions and withdraw your data anytime. All information will be kept anonymous, confidential and disguised so that your data can not be identified with you personally by any reader. You will be given an identification number and it will be used to identify your data so that it can be removed from the final analysis if you wish.

After you have completed the questionnaire I will be happy to answer any questions you have regarding the study.

Thank you for your participation. Your time and involvement is greatly appreciated.

Agreement to consent

I give my informed consent to participate in the study of Idil Kortantamer.

I have been informed that the general aim of the study is to find out about the coping strategies of people and I have been informed that my participation in the study will involve me in completing the questionnaire.

I consent to the publication of the results of the study as long as the information is anonymous and disguised so that my data cannot be identified with me personally by any reader. I understand that all data collected from my participation will be identified by a number only to keep it anonymous. Also I have been informed of my right to withdraw myself and my data anytime.

I have been assured that the investigator will answer any questions I have regarding this study after data collection.

Signed:

Date:

Investigator contact details:
Idil Kortantamer
Email: idil.kortantamer@ntu.ac.uk
Eva Sundin
Email: eva.sundin@ntu.ac.uk
Nottingham Trent University
Burton Street
Nottingham, NG1 4BU

Support groups & helplines:
Stress, anxiety &depression helpline: 01622717656
http://stresshelp.tripod.com/
Samaritans: 08457909090
http://www.samaritans.org

Age:

Gender:

Occupation:

Highest level of education: school/college/university

We are interested in how you respond to a stressful situation when you are together with someone you are close to (i.e. family member, partner, friends). While you are answering the following questions please think of a stressful event you experienced with someone you are close to. Please answer all the questions thinking about that event and how you responded then. In other words when answering the questions we would like you to think about how you experienced that situation rather than how you generally respond to stress.

ALE-Scale

In the space provided, please describe briefly **a stressful event** that you experienced **with someone you feel close to** (i.e. family member, partner, friend).

_____

_____

We would like you to rate your **perceptions** of the stressful event you have just described. Use the following six point scales (where 0 = not at all to 5 = very much so) to indicate the extent to which each of the adjectives best describes your **perceptions** of the event when it occurred. Do this by circling the appropriate point on the scales. Please respond as quickly as possible as first responses are usually more accurate. Please make a response to each adjective.

AT THE TIME IT OCCURRED THE EVENT WAS:

(1) Threatening:
0   1   2   3   4   5

(2) Fearful:
0   1   2   3   4   5

(3) Enjoyable:
0   1   2   3   4   5

(4) Worrying:
0   1   2   3   4   5

(5) Hostile:
0   1   2   3   4   5

(6) Challenging:
0   1   2   3   4   5

(7) Stimulating:
0   1   2   3   4   5

(8) Exhilarating:
0   1   2   3   4   5

(9) Painful:
0   1   2   3   4   5

(10) Depressing:
0   1   2   3   4   5

(11) Pitiful:
0   1   2   3   4   5

(12) Informative:
0   1   2   3   4   5

(13) Exciting:
0   1   2   3   4   5

(14) Frightening:
0   1   2   3   4   5

(15) Terrifying:
0   1   2   3   4   5

(16) Intolerable:
0   1   2   3   4   5

Please note that while answering the next questions you are asked to select a nuber between **1 and 4** using the response choices listed just below:

1= I usually don't do this at all   2= I usually do this a little bit

3= I usually do this a medium amount   4= I usually do this a lot

Please answer all the questions **thinking about the same event** you described previously and think about how you responded to that event rather than how you generally respond to stress.

COPE

Date: .... Record Number: ....

We are interested in how people respond when they confront difficult or stressful events in their lives. There are lots of ways to try to deal with stress. This questionnaire asks you to indicate what you generally do and feel when you experience stressful events. Obviously, different events bring out somewhat different responses, but think about what you usually do when you are under a lot of stress.

Then respond to each of the following items by choosing one number for each, using the response choices listed just below.

1 = I usually don't do this at all.	2 = I usually do this a little bit.
3 = I usually do this a medium amount.	4 = I usually do this a lot.

Please try to respond to each item separately in your mind from each other item. Choose your answers thoughtfully, and make your answers as true FOR YOU as you can. Please answer every item. There are no 'right' or 'wrong' answers, so choose the most accurate answer for YOU – not what you think 'most people' would say or do. Indicate what YOU usually do when YOU experience a stressful event.

1. I try to grow as a person as a result of the experience.
2. I turn to work or other substitute activities to take my mind off things.
3. I get upset and let my emotions out.
4. I try to get advice from someone about what to do.
5. I concentrate my efforts on doing something about it.
6. I say to myself "this isn't real".
7. I put my trust in God.
8. I laugh about the situation.
9. I admit to myself that I can't deal with it, and give up trying.
10. I restrain myself from doing anything too quickly.

11. I discuss my feelings with someone.
12. I use alcohol or drugs to make myself feel better.
13. I get used to the idea that it happened.
14. I talk to someone to find out more about the situation.
15. I keep myself from getting distracted by other thoughts or activities.
16. I daydream about things other than this.
17. I get upset, and am really aware of it.
18. I seek God's help.
19. I make a plan of action.
20. I make jokes about it.

21. I accept that this has happened and that it can't be changed. ☐
22. I hold off doing anything about it until the situation permits. ☐
23. I try to get emotional support from friends and relatives. ☐
24. I just give up trying to reach my goal. ☐
25. I take additional action to try to get rid of the problem. ☐
26. I try to lose myself for a while by drinking alcohol or taking drugs. ☐
27. I refuse to believe that it has happened. ☐
28. I let my feelings out. ☐
29. I try to see it in a different light, to make it seem more positive. ☐
30. I talk to someone who could do something concrete about the problem. ☐

31. I sleep more than usual. ☐
32. I try to come up with a strategy about what to do. ☐
33. I focus on dealing with this problem and, if necessary, let other things slide a little. ☐
34. I get sympathy and understanding from someone. ☐
35. I drink alcohol or take drugs, in order to think about it less. ☐
36. I kid around about it. ☐
37. I give up the attempt to get what I want. ☐
38. I look for something good in what is happening. ☐
39. I think about how I might best handle the problem. ☐
40. I pretend that it hasn't really happened. ☐

41. I make sure not to make matters worse by acting too soon. ☐
42. I try hard to prevent other things from interfering with my efforts at dealing with this. ☐
43. I go to the cinema or watch television, to think about it less. ☐
44. I accept the reality of the fact that it happened. ☐
45. I ask people who have had similar experiences what they did. ☐
46. I feel a lot of emotional distress and I find myself expressing those feelings a lot. ☐
47. I take direct action to get around the problem. ☐
48. I try to find comfort in my religion. ☐
49. I force myself to wait for the right time to do something. ☐
50. I make fun of the situation. ☐

51. I reduce the amount of effort I'm putting into solving the problem. ☐
52. I talk to someone about how I feel. ☐
53. I use alcohol or drugs to help me get through it. ☐
54. I learn to live with it. ☐
55. I put aside other activities in order to concentrate on this. ☐
56. I think hard about what steps to take. ☐
57. I act as though it hasn't even happened. ☐
58. I do what has to be done, one step at a time. ☐
59. I learn something from the experience. ☐
60. I pray more than usual. ☐