

CULTURAL CHARACTERISTICS OF GRIEF AND COPING IN BEREAVED
ADULT WOMEN: A PHENOMENOLOGICAL STUDY WITH
CONSENSUAL QUALITATIVE RESEARCH

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ABSTRACT

Cultural Characteristics of Grief and Coping in Bereaved Adult Women:
A Phenomenological Study with Consensual Qualitative Research

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This study aimed to describe the experiences, expressions, and coping mechanisms of American and Turkish adult women's bereavement and grief upon loss of a loved one. For this purpose, two Consensual Qualitative Analyses (CQR) were conducted with the woman participants from the USA (n=10) and Turkey (n=10). A semi-structured interview protocol including open-ended questions were used to gather qualitative data. Categories and subcategories revealed by the qualitative data were clustered in the three domains: (1) Loss and grief experiences and expressions, (2) Coping, (3) Changes and adaptation. Totally, there were 17 categories and 19 subcategories found for the CQR conducted among the participants from the USA. Similarly, Turkish participants' descriptions yielded 24 categories and 12 subcategories at total. The first domain commonly involved the categories of closeness with the deceased person, characteristics of the deceased and bereaved, reason of death, story of death and dying, funeral details and procedures, feelings and thoughts, metaphors and phrases, and previous losses. The coping domain commonly involved social support, professional

help, sharing the emotions and memories, coping mechanisms, rituals and activities. The last domain, changes and adaptation commonly included changes in life, learning from the experience, and support to others. Along with the commonalities, there were differences that mainly referred to differences in funeral experiences and rituals of the participants from two cultures. Results were discussed in the context of contemporary models (e.g. Dual Process Model, The Meaning Reconstruction Model) and concepts (e.g. continuing bonds, making sense of loss) of bereavement and grief research. Potential benefits of cultural knowledge in counseling was emphasized. Implications for theory and practice for bereavement research and counseling were considered.

Keywords: Coping with bereavement, Turkish and American grief experiences, consensual qualitative research, cultural characteristics of grief, adaptive coping with bereavement.

ÖZ

KAYIP YAŞAMIŞ YETİŞKİN KADINLARDA KAYIP VE YASLA BAŞETMENİN KÜLTÜREL ÖZELLİKLERİ: UZLAŞIMSAL NİTEL ANALİZE DAYALI OLGUSAL BİR ARAŞTIRMA

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Bu çalışmada bir yakınını kaybetmiş Amerikalı ve Türk kadınların kayıp yaşantılarını, kaybı ifade edişlerini ve kayıpla başetme mekanizmalarını betimlemek amaçlanmıştır. Bu amaçla, Amerika Birleşik Devletleri'nden 10 ve Türkiye'den 10 kadın katılımcıyla iki farklı Uzlaşımsal Nitel Analiz (UNA) yürütülmüştür. Nitel verileri elde etmek için açık uçlu sorulardan oluşan yarı yapılandırılmış bir görüşme formu kullanılmıştır. Analizden ortaya çıkan kategoriler ve alt kategoriler üç temel alan altında ele alınmıştır: (1) Kayıp ve yas yaşantıları (2) Başetme, (3) Değişimler ve uyum. Birleşik Amerikalı katılımcılar için yürütülen Uzlaşımsal Nitel Analiz sonuçları toplamda 17 kategori ve 19 alt kategori ortaya çıkarmıştır. Türk katılımcılar arasında yürütülen Uzlaşımsal Nitel Analiz sonuçları ise toplamda 24 kategori ve 12 alt kategori altında irdelenmiştir. İlk temel alan ortak olarak, ölen kişiyle yakınlık, ölen kişi ve kayıp yaşayan kişinin özellikleri, ölüm nedeni, ölüm sürecinin öyküsü, cenaze ayrıntıları ve uygulamaları, yaşantı boyunca duygular ve düşünceler, metaforlar ve özel sözler ve önceki kayıplar kategorilerini içermektedir. İkinci temel alan ortak olarak, sosyal

destek, profesyonel destek, anıları ve duyguları paylaşma, başetme mekanizmaları, ritüeller ve aktiviteler kategorilerini içermektedir. Üçüncü temel alan ortak olarak hayattaki değişimler, kayıp yaşantısından öğrenilenler, diğerlerine destek olma kategorilerini içermektedir. Ortak kategorilerin yanı sıra, iki kültürden katılımcılar arasında temel olarak cenaze yaşantıları ve ritüellere atfedilen farklılıklar gözlemlenmiştir. Sonuçlar güncel model (örneğin, İkili Süreç Modeli, Anlamı Yeniden Yapılandırma Modeli) ve kavramlar (örneğin, sürdürülen bağlar, kaybı anlamlandırma) bağlamında ele alınmıştır. Kültürel bilginin psikolojik danışmadaki muhtemel yararları vurgulanmıştır. Çalışmanın kayıp, yas ve psikolojik danışma kuram ve uygulamalarına yönelik doğurguları tartışılmıştır.

Anahtar Kelimeler: Kayıpla başetme, Türk ve Amerikalıların yas yaşantıları, uzlaşımsal nitel araştırma, yasin kültürel özellikleri, kayıpla uyumlu başetme.

To all who lost their loved ones

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CHAPTER I

INTRODUCTION

1.1 Background to the Study

Death loss is a natural part of life. People inevitably witness death of a living in life. Death of a loved one or a significant other can bring about some psychological consequences for the bereaved. Because bereaved is the person who loses his/her continuing experiences, emotional and social bonds with the person who passed away. He/she lives with this reality, and has irreversible major changes in the life (Humphrey & Zimpfer, 2008). This may bring about psychological, social consequences for the bereaved and he/she adapts a new life while grieving. Therefore, bereavement and grief and their implications are closely related to mental health field. There has been a considerable body of research examining the phenomena of bereavement and grief in the mental health literature. Specifically, from Freud (1917/1957) to date, namely from Freud's grief work hypothesis to today's contemporary approaches such as Dual Process Model (e.g. M. S. Stroebe & Schut, 1999), loss and grief phenomena have been under research area of psychology, since the loss of a loved one is one of the critical life experiences for human globally, having major psychological and social consequences.

Grief is considered as a natural, universal reaction to loss (Arnason, Hafsteinsson, & Gretarsdottir, 2004; Jakoby, 2012; Murray, 2001; M. S. Stroebe & Schut, 1999). Bereaved

individuals are observed to display some common emotional reactions. For example, James and Friedman (2009) defined some common reactions of grieverers such as reduced concentration, a sense of numbness, disrupted sleep patterns, change in eating habits, and instable emotional state. Specifically, reduced concentration accompanies with “preoccupation with the emotions of loss” (p. 13) and difficulty focusing on a task. Sense of numbness is an emotional state that the grieverers are reported to have after the notification of the loss. Disrupted sleep patterns are inability to keep a sleep routine; sleeping more or less than needed is observed. This is what is seen for the eating habits as well. Similar to the changes in sleep and eating routine, grieverers may experience a state of exhaustive emotional instability. In this emotionally unstable process, research has shown that they commonly experience (Balk, 1997; Cimete & Kuguoglu, 2006) pain, anger, sadness, anxiety, depression, fear, loneliness, and many others that are likely to be unpleasant. Most of these feelings and emotions are shown as normal reactions to loss and grief (Kübler-Ross, 1970). Even if those reactions are commonly observed among grieverers, they are not necessarily seen in every grieving individual. The duration and timing of those reactions are unique to the individual as well. However, grieverers do have a reaction upon loss of a loved one (James & Friedman, 2009).

Life goes on after someone loved dies. Having difficult feelings and emotions, bereaved person involves in a life that is different from the past. He/she deals with the feelings of loss, while adapting to a new life, and social and environmental conditions. Thus, a coping process including accepting the loss of the deceased and adapting to a new life begins. Specifically, there are different models in attempt to explain the process of loss of a loved one.

Throughout the last century and new millennium, research on the grief and bereavement have included a wide spectrum of models and approaches beginning from Freud's grief work hypothesis to today's models that are rather focus on the integrative mechanisms and factors underlying the bereavement and grief phenomena. For example, there are stage-models such as five-stage model of Kübler-Ross (1970), Attachment Theory (Bowlby, 1980), and task models such as The Task Model in which four tasks of mourning are defined (Worden, 2001). Cognitive models are more focused on coping with loss. For example, ruminative coping (e.g. Nolen-Hoeksema, Parker, & Larson, 1994), which is defined as being passively preoccupied with the negative side of a situation can result in even worse mood to deal with and can turn into higher level of distress and depression (M. S. Stroebe, Hansson, Stroebe, & Schut, 2001). There are interpersonal models that explain the losses in social context, such as the Model of Incremental Grief (Cook & Oltjenbruns, 1998) postulating briefly that one loss can cause other losses in one's life. Similarly, according to The Meaning Reconstruction Model (Neimeyer, 1998) adaptation process of loss includes individual, family, and cultural elements. The model proposes six principles for coping with loss, based on the philosophy of the constructivism. Integrative models of bereavement (e.g. The Four Component Model, The Dual Process Model) focus on coping with loss emphasizing the subjective nature of this phenomenon and the dynamics processing within the subjective world of a person having loss in a holistic; personal, social, and cultural context (Bonanno & Kaltman, 1999; M. S. Stroebe & Schut, 1999). Contemporary models focus more on the coping rather than phases or stages as it is in the classical models. These models see individuals as unique entities that are influenced by the social, cultural, and contextual factors, along with the personal characteristics. Contemporary models developed in the last two decades emphasize that cultural and social context play important role in coping process (Neimeyer, 1998;

Rosenblatt, 2008; M. S. Stroebe & Schut, 1999). Therefore, they mentioned that culture-specific or cross-cultural studies as well as cultural sensitivity would be needed to better examine and discuss those models in a broader perspective (Rosenblatt, 2001; M. S. Stroebe & Schut, 2010).

Research on this issue not only includes theoretical studies (e.g. Gillies & Neimeyer, 2006; Martin & Doka, 2000; M. S. Stroebe & Schut, 1999) aiming to better conceptualize this phenomenon but also practical and empirical studies focusing on explaining its relations with some other concepts such as social support (e.g. Hass & Walter, 2007; Rack, Burleson, Bodie, Holmstrom, & Servaty-Seib, 2008; Rask, Kaunonen, & Paunonen-Ilmonen, 2002) coping strategies (e.g. ruminative coping) (Michael & Snyder, 2005; Nolen-Hoeksema et al., 1994), personality characteristics (Baddeley & Singer, 2008), hardiness (e.g. Mathews & Servaty-Seib, 2007), locus of control, and self-esteem (e.g. Haine, Ayers, Sandler, Wolchik, & Weyer, 2003). In addition, gender differences (e.g. Versalle & McDowell, 2005), age, rituals (e.g. Walker & Balk, 2007), religion/spirituality, and culture/ethnicity (e.g. Balk, 1997; Baydala, Hampton, Kinunwa, Kinunwa, & Kinunwa Sr., 2006; Cimete & Kuguoglu, 2006; Clements et al., 2003; Mystakidou, Tsilika, Parpa, Katsouda, & Vlahos, 2005; Winkel, 2001) play important roles in experiencing and coping with bereavement according to the research conducted in this field.

In addition, as the current models emphasized, the importance of cultural traditions, belief systems, and religion/spirituality has been understood via numerous studies focused on the cultural characteristics of coping with bereavement and grief process (e.g. Catlin, 2001). This indicates that the process of coping with grief and bereavement is not simply explained by individuals' personal/intrapersonal characteristics, but

rather, a broader cultural context might also be taken into account. More specifically, individuals' personal coping mechanisms as well as religious and cultural rituals/characteristics that are shown before and after loss of a loved one might influence the individuals' experiences and perceptions of death and grief, as well as coping with the feelings and emotions that stem from the loss of a loved one. Research shows that humans tend to believe spiritual continuation afterlife, because most of the religious and cultural beliefs view the life in world as just a step of continuation in existence (Clements et al., 2003; Morin & Welsh, 1996). Moreover, the stronger the beliefs about religion, the more dedicated people are in completing the rituals of culture (Lobar, Youngblut, & Brooten, 2006). Therefore, social support systems which are shaped by the cultural and religious background of the society also might have an impact on building up individuals' coping process of bereavement and grief (Hass & Walter, 2007).

Several cross-cultural studies in the grief-related literature support the idea that a broader social/cultural context would be more comprehensive in understanding the loss and grief phenomena (e.g. Catlin, 2001; Hass & Walter, 2007; Lalande & Bonanno, 2006; Valentine, 2009). Specifically, Paletti (2008) emphasized the contextual nature of the adaptation to loss of a loved one. This indicates that having a comprehensive understanding about the individual might require something more than the individual itself; his/her social/cultural context might provide with a more authentic perspective. For example, in her qualitative cross-cultural study, Valentine (2009) examined the ways Japan and British participants grieve, to see the similarities and differences between these cultures. To her, British culture was among the western cultures in which the autonomy of the individual is emphasized; and Japan was considered to be an eastern culture, where the collectivist cultural rituals and collective

experiences of loss are characterized. She concluded that as an eastern culture, Japan did have collectivist rituals in the experience of loss; however, the meaning of those rituals varied for the individual. Similarly, the British culture did not entirely have individualistic nature of the grief experience. It was rather to look for a different meaning in continuing bond with the deceased, and reflect it to the life experiences and share it with others.

As an another example to the cross-cultural study of the loss and grief, Lalande and Bonanno (2006) examined the role of continuing bonds with the deceased, in adjustment to the loss and grief among participants from the United States and People's Republic of China. They found that the role of the degree of continuing bonds with the deceased in adjustment to loss differed in the samples of United States and China. With this finding, they concluded that culture had a significant role in making difference in continuing bonds with the deceased. They suggested that grief counseling and therapies could be considered to provide with grievors more efficient psychological help.

Similarly, a cross-cultural study of Hass and Walter (2007) focused on the role of social networks and religion in responses for the grieving parents in three societies. They found that the form of social network was related to the degree of engagement to the support for parents; whereas the way the supporters showed their attendance to the grievors was related to the supporters' religious beliefs. They concluded that religious belief and social networks had roles in responses to parental grief. They suggested that the context had the key role to explain the mechanisms in bereavement support. They also suggested the need for the cross-cultural studies to understand the mechanisms of bereavement support.

Therefore, cross-cultural studies in the grief literature emphasized the role of contextual factors in understanding the grief and adaptation (Valentine, 2009; Matthews & Marwit, 2006) Those studies commonly suggested that further culture-specific or cross-cultural studies might provide with the literature having a more detailed knowledge about the context resulting from the social/cultural factors. In addition, individual's cultural context should be addressed to provide with griever's a more culturally sensitive grief counseling and therapy. Thus, research providing in-depth knowledge with respect to grief and bereavement in the culture specific context would contribute to theory and practices in this topic. In addition, Turkish studies examining this context seem very limited. Therefore, the role of social/cultural characteristics in Turkey remains unknown. More knowledge in relation to Turkish society is needed.

1.2 Purpose of the Study

The majority of theories and models explaining the process of and coping with the loss and grief are western-origin, and the content of psychological help for griever's basically stem from those models and their explanations. However, the role of cultural and contextual factors might have different roles in the experience of a griever. Therefore, in-depth cultural or cross-cultural studies might contribute to the models of loss and grief. In addition, counseling and therapy approaches and techniques for the griever's might be detailed with the help of those new perspectives. In the light of explanations about coping with bereavement and grief process above, the purpose of the present study was to understand and describe experiences, expressions, and coping mechanisms of Turkish and American adult participants' bereavement and grief upon loss of a loved one. American and Turkish participants were chosen because

it is thought that the western-focus in the models of coping with grief might be elaborated in cultural perspective, using a western and non-western cultural samples. In addition, female participants were chosen for the study because the women were found to be more confrontive and expressive of emotions (M. S. Stroebe, 2001); therefore, it was thought that they would provide with the study thick descriptions of emotional reactions for their experience that allow for the study to describe commonalities and differences in the cultural data. Potential gender role differences were thought to be eliminated by recruiting only female participants based on the given literature finding. Females appeared to be more willing to participate to the interviews.

1.3 Research Questions

In order to reach above mentioned goal of the study, this study specifically formulated the following questions;

1. How do Turkish and American female adults experience and express the loss of a loved one?
2. How do Turkish and American female adults cope with the loss of a loved one?
3. How do Turkish and American female adults adapt to the changes in their life after the loss of a loved one?

1.4 Significance of the Study

Grief is a universal, normal human reaction to loss resulting from the death of a loved one (M. S. Stroebe & Schut, 2001). However, each society has its own grief responses,

and these are further shaped by their different cultural sources (Cimete & Kuguoglu, 2006). Knowing that there is very little amount of research up to date in explaining the nature and similar and different characteristics of the Turkish and American cultures, and their associations with adaptive grief, present study is expected to have some contributions to fill this gap.

Some broad-perspective research discussing the phenomenological nature of the grief concept, along with examining the cultural elements in it might be useful in contributing to the existing models in terms of increasing their cultural sensitivity to concept. Rationale behind this idea can be exemplified with opinion of Rosenblatt (2001) about the literature on grief and bereavement stating, “much of what is written about grieving comes from the perceptions, writing, and editing of educated Americans and Europeans (p. 288)”. This claim is also discussed by the researchers stating that the grief research is narrow in scope with a specific focus on grieving North American, middle-class widows (Breen & O’Connor, 2007). Therefore, gathering in-depth data about the individual, social, and cultural factors explaining the coping mechanisms of bereavement and grief might be a crucial part of providing information for bereavement and grief models based on a specific culture. As a specific example, Parkes (2001) suggests that experience and expression of grief vary according to the traditions, rituals, and belief systems in different societies. Systematic cultural studies are needed to discover these differences. Moreover, some interpersonal, and integrative theoretical models such as The Meaning Reconstruction Model (Neimeyer, 1998; Neimeyer, Keese, & Fortner, 1998) and Dual Process Model (M. S. Stroebe & Schut, 1999), examining coping with bereavement and grief commonly mentioned that either their models or the contemporary models need to be cross-culturally validated. What is more important is that these contemporary models emphasize the individual’s

cultural context, as well as his/her personal and relational characteristics. Therefore, theoretical constructs that originated from the western models are needed to be examined in terms of their applicability for the other societies including Turkey. The present study might provide useful information for this issue.

Lastly, once cultural patterns of coping with bereavement and grief is formulated, new counseling strategies based on this formulation can be developed, rather than implementing methods developed in the other cultures. Breen (2011) investigated the link between theory and practice in grief counseling. She inferred from the interviews that the grief counselors participating to the study needed to be informed about the contemporary theoretical improvements to apply them in the practice. Some of the participants reported to be tended to use the classical stage-based theories and grief work hypothesis in the conceptualization of the cases they serviced. In this help process, there were numerous factors that might get involved in, including the ecological factors (e.g. culture, social network, social support), along with some personal ones, based on the theory and the findings of her study. Similarly, the grief counselors and mental health professionals could be helped through providing research-based findings referring to some concrete suggestions that stem from the ecological factors with the help of the present study. In other words, they might gain some perspectives about the phenomenological and cultural aspects of two different cultural data of this study. Therefore, mental health professionals might benefit from the cultural and/or cross-cultural data in the context of having new ways of conceptualization in grief counseling.

A significant aspect that might be worth mentioning here is that the rationale behind choosing the qualitative research paradigm and Consensual Qualitative Research

(CQR) (Hill, 2012; Hill et al., 2005; Hill, Thompson, & Williams, 1997), as methods were to examine the phenomenon of grief in an in depth manner and to gather a comprehensive understanding about it. Hill (2012) suggested that topics that were rarely examined in a field would not provide with researchers adequate knowledge to help them discuss on the available resources for further understanding and production of knowledge. Utilizing the CQR was thought to be useful in that sense because it would be particularly useful in such circumstances. As Hill (2012) mentioned referring to the leading qualitative researchers (e.g. Bogdan & Biklen, 1992; Henwood & Pidgeon, 1992; Stiles, 1993) that qualitative research might be regarded as a useful method with its some important features; for example, (a) qualitative method relies on expressions and quality rather than calculations, (b) researchers are among the tools of the research conducted, (c) a clear description of a complex phenomenon is the main focus, (d) inductive strategies are utilized, (e) participants' perspective for a certain phenomenon might be obtained better, and (f) the context of certain phenomena rather than causal links might be examined better. Given some characteristics of qualitative paradigm, the present study was formulated in the context of qualitative research; specifically a consensual qualitative method was utilized. A significant rationale behind this choice was that, as Hill (2012) asserted, qualitative method is used when there is little knowledge on a specific field. It was thought having a cultural understanding on the grief phenomenon would contribute to what the grief literature has about the cultural basis of living and coping with loss. This could also contribute on conducting further comprehensive qualitative and quantitative studies.

Along with qualitative research method, in a more specific frame, the CQR has some strength in conducting a qualitative study compared to other qualitative methods. To illustrate, Hill et al. (1997) states that the CQR is an integration of three qualitative

methods, grounded theory (Strauss & Corbin, 1990), phenomenological approaches (Giorgi, 1985), and comprehensive process analysis (Elliot, 1989) that are frequently used within the psychology and psychotherapy. The CQR is asserted to be an integration of the best features of those three methods. In addition, in the CQR a research team set up and the whole process of the study relies on that team of researchers. Team works together to simply code the data, to specify the domains emerged from the data, to develop the core ideas, and to conduct the cross analysis, the last step before the write up. Auditor(s) involved in the process contributes to the analysis by giving feedback and making guidance. Working with a team and auditors and reaching a consensus with their contributions might strengthen the whole process. Hill (2012) states that the CQR provides with researchers systematic and clear analysis guidelines to follow, and makes the process more clear and concrete.

1.5 Definitions of the Terms

Bereavement: It is the objective situation of having loss of someone significant (M. S. Stroebe et al., 2001).

Grief: It is a primarily emotional (affective) reaction to loss of a loved one through death, which includes variety of psychological and physical manifestations (M. S. Stroebe et al., 2001).

Mourning: Mourning is frequently used interchangeably with grief, however, it is defined as “the social expressions or acts expressive of grief that are shaped by the practices of a given society or cultural group” (M. S. Stroebe et al., 2001, p. 6).

Consensual Qualitative Research: It is a qualitative research method which consists of some core elements such as “the use of (a) open-ended questions in semi-structured data collection techniques (typically in interviews), which allow for the collection of consistent data across individuals as well as a more in-depth examination of individual experiences; (b) several judges throughout the data analysis process to foster multiple perspectives; (c) consensus to arrive at judgments about the meaning of the data; (d) at least one auditor to check the work of the primary team of judges and minimize the effects of group think in the primary team; and (e) domains, core ideas, and cross-analyses in the data analysis” (Hill et al., 2005, p. 196).

1.6 Limitations of the Study

In qualitative research, the role of the researcher is critical and this is also valid for the CQR process that is followed in the present study. The researcher of this study had some graduate classes related to qualitative research. The author has been involved in a qualitative study with his academic background regarding content analysis. This could have possibly provided with him experiences in relation to qualitative research paradigm. However, there were some cultural differences that the researcher had to tackle with throughout a part of his study conducted in the United States. Since the researcher had not lived within the American culture before the study, he had some practical difficulties conducting the interviews. For example, there could have been some cultural limitations or communication barriers that interfere with the interviews somehow. To deal with this issue, the researcher asked the American participants to clearly describe the contextual meaning of cultural or local phrases (if any) during or after the interviews. Plus, the interview protocol was checked in terms of its language with the American colleagues. The interviews conducted in the US were analyzed with

a research team that includes both Turkish researchers and an American researcher. Among the four members of the research team set up for the analyses of the Turkish and American data, only one member of the team had had a CQR experience before. The author of this dissertation provided with the research team members a detailed pathway to the analyses, and distributed some basic documents introducing the CQR to deal with this issue.

Along with the above limitations related to primary researcher and the research teams, there were several other limitations that can be acknowledged. In CQR, anything unusual about sample is suggested to be mentioned (Hill, 2012). Based on this suggestion, possible limitations were discussed. First, the institutions informed for the recruitment of the participants were different. Specifically, hospice and funeral home visits were done to recruit participants for the study in the US, whereas schools and guidance and research centers were visited for the potential participants in Turkey. Institutions that were visited in the US were directly related to death and dying issues. However, due to practical reasons, the institutions that were visited for the participant recruitment in Turkey did not directly reflect the similar characteristic as it was in the institutions in the US. This difference might have caused to reach participants that had different backgrounds. For example, the Turkish participants were mostly actively working people in different institutions such as schools, private companies; whereas the US participants were mostly retired people that were older than Turkish participants. Therefore, participants' perspectives in relation to grief phenomenon might vary because of this difference. Similarly, there could be variety of factors that might influence the grief process as well, such as the relationship with the deceased, time since death, age of the deceased, expected vs. unexpected death, way of the death, etc. It was difficult to control all those factors in the recruitment of the participants.

This made the interview data varied to be dealt with. Heterogeneity in the experiences and circumstances of death and grief might remind generalizability of the findings. On the other hand, generalizability would not concern qualitative research, since the sample sizes naturally would not allow researchers to consider generalizability. Instead, qualitative studies are suggested to concern transferability, and use this term to discuss the applicability of the findings in further studies (Williams & Hill, 2012). In that sense, there were criteria (e.g. time since death and gender) that narrowed down the scope to increase the potential of transferrability of the findings, and at the same time, there were flexibility in the scope of the participant and circumstances of death characteristics to enrich descriptions made by the individuals who were exposed to variety of factors in their loss experiences. With this point of view the data would suggest a richer cultural knowledge across those factors. Rather than focusing on specific factors that possibly affect the post-loss process, having knowledge that demonstrate cultural elements could help better define the grief phenomenon in cultural context. For example, variety in the circumstances of death rather than homogeneity would help obtain richer descriptions that have cultural elements in understanding the bereavement and grief phenomenon.

Second, the results of the study were limited by the interview questions that the participants were asked. There might be different dimensions of the grief phenomenon that were not within the scope of the interview questions.

Third, the descriptions made by the participants were limited by the memories they remembered. Retrospective memories might not include all the real experiences of the participants.

Fourth, content of the interviews might not provide efficient information for research purposes. However, this is one of the natural shortages of the qualitative research.

CHAPTER II

REVIEW OF THE LITERATURE

In this chapter of the study, review of the related literature is given. The section begins with the explanations about the definitions as well as emotional, behavioral/physical, and cognitive reactions to loss of a loved one. Then risk and protective factors in bereavement is summarized. Literature review of the theoretical perspectives and models includes a summary of the several classical and contemporary models in loss and grief, including Psychoanalytic Theory, Kübler-Ross's Five Stage Model, The Task Model, Cognitive Process Models, The Dual Process Model, Model of Grieving Styles, and Social Constructivist Approach including the The Meaning Reconstruction Model are introduced respectively. In addition to the models and approaches, bereavement and grief in the social context are discussed as they are the main emphasis of the thesis.

Bereavement is the "objective situation of having lost someone significant" (M. S. Stroebe, Hansson, Stroebe, & Schut, 2001, p. 6). Grief is defined as the "primarily emotional reaction to loss of a loved through death" (M. S. Stroebe et al., 2001, p. 6). There are many types of losses through death such as the death of a parent, sibling, spouse, friend, extended family member etc. In other words, death and bereavement are normal parts of life that everyone can experience. Naturally, it might include a variety of psychological consequences. Worden (2009) classified them into four categories: "feelings, physical sensations, cognitions, and behaviors" (p. 18).

2.1 Reactions to Bereavement

Once a loved one is lost through death, a bereaved person might have a major change in the rest of his/her life. A death loss process can begin with a fatal illness or a sudden death of a loved. However the specific experience is, grieving following the death of loved is a relatively slow (Love, 2007) process with profound impacts on the bereaved individual. A bereaved person might give reactions in various ways to the loss of loved. In other words, grief has variety of affective, behavioral, cognitive, physiological manifestations (M. S. Stroebe et al., 2001). Affective manifestations might include sadness, jealousy, fear, shame, relief, powerlessness (Bocchino, 2008), numbness, despair, dejection, anxiety, guilt, anger, shock, yearning, helplessness, emancipation, relief, hostility, and loneliness (Worden, 2009). Among those feelings, sadness appears as one most frequent feelings experienced. It commonly accompanies with a behavioral manifestation, namely, crying. Regardless of the way of its behavioral manifestation, it can lead to complicated mourning if it is not expressed and ignored (Worden, 2009). As a typical feeling experienced, anger is more likely to occur in bereaved for being left alone (Worden, 2009), or towards anyone or anything, since the bereaved cannot find a meaning or any reason why this occurred to him/her (Kübler-Ross, 1970). Similarly, guilt can process as a burdensome feeling that can occur within the individual for a realistic or an unrealistic way; that is, it can result from an event, an unfinished business, or a dialog with and/or related to the deceased in the death and dying process, or it can stem from the process within the bereaved with an unknown reason (Worden, 2009).

Numbness, as an another typical feeling in death loss is commonly reported to be an emotional state that experienced around after the bad news are heard by the bereaved persons. Timing and the length of it and whether it is to be felt physically or

emotionally are quite an individual process (James & Friedman, 2009). Similarly, shock is a feeling that experienced as reaction to loss and frequently accompany with the disbelief. It describes the time that the individual faces with the painful reality (Kübler-Ross, 1970). Emancipation and relief are the feelings that are relatively positive for the bereaved in that they reflect negative-content relationship with the deceased or the deceased's prolonged and/or painful death and dying process. In such cases, the bereaved might experience feelings of emancipation and relief, along with the other grief reactions (Worden, 2009). Loneliness, as a relatively secondary feeling in the context of not being directly related to the notification of the death loss, include the loss of a significant person such as a spouse, husband or wife, or a very close friend that the bereaved might be dedicated as a primary person in his/her life. For example, the death loss of a spouse might include physically, sexually, socially, and emotionally seeking the deceased's presence (Humphrey & Zimpfer, 2008). Anxiety and feelings of helplessness accompany with each other as a reflection of fearfulness due to the confusion about how to cope with the new situation. Anxiety coming from the thoughts regarding bereaved's own death is the case as well. Worden (2009) suggest that this could be examined with cognitive restructuring in grief counseling so that the bereaved can reorganize his/her own sources with the help of those which he/she had before the loss was occurred.

Psychological and behavioral manifestations of the grief might contain sleep problems, appetite problems, fatigue, social withdrawal, restlessness, crying, and nightmares related to the deceased (Perper, 2013). Worden (2009) suggests that these behavioral and physical manifestations are very common and normal in the experience of the bereaved. However, they are observed in short-term and the instability due to those observed changes in bereaved's life are temporary. Along with the affective and

behavioral/physical manifestations, the bereaved might display some cognitive bereavement symptoms as well. Cognitive manifestations might include preoccupation with thoughts of the deceased, lowered self-esteem, self-reproach, helplessness and hopelessness, sense of unreality, and problems with memory and concentration (M. S. Stroebe et al., 2001). Among these, preoccupation with thoughts of the deceased might be considered to be one of the most typical aspects of bereavement (Archer, 1999). It is characterized with the intrusive thoughts that could lead to stress and pain. Parkes (1970; as cited in Archer, 1999) argued that preoccupation with the thoughts of the deceased is common in the first five months of bereavement. Plus, in the same study, widows were found to be thinking of their husbands frequently following around one year of the bereavement.

Individual's grief reactions, as briefly mentioned above, are considered to be "normal" reactions to loss of a loved one (Worden, 2009), and they reflect the similar symptoms with major depression, since they have similar characteristics with the depressive mood. Therefore, the difference between the concepts of depression and bereavement and grief are confused, especially in the cases that the grief reactions are experienced in long-term and in an exaggerated form, accompanying with the major depressive phase (Worden, 2009). From the clinical point of view, what is different between them is that depression includes some dispositional characteristics of the individual, such as low self-esteem, self-loathing, and being extremely self-focused (Perper, 2013), whereas the grief reactions are relatively temporary. The definition of "uncomplicated bereavement" in DSM-5 emphasizes the same issue, suggesting that there are normal reactions to loss of a loved one similar to those of which are seen in major depression such as sadness, sleep disturbance, appetite problems, weight loss and so on (American Psychiatric Association, 2013). For this reason, the difference between the

symptoms of grief and depression is vague in terms of the mentioned similar characteristics. Bereavement short-term symptoms were not regarded as the stressor for the major depression in DSM-4; however, bereavement exclusion is now not the case and short-term symptoms of grief now are accepted as the criteria of the trigger factor for major depressive episode (Iglewicz, Seay, Zetumer, & Zisook, 2013). It is also emphasized in the DSM-5 that the concept “normal” in terms of the duration and the expression in grief vary in different cultures. This means that from the clinical view, along with the individual factors, cultural/contextual factors might have role in reaching a clear decision of normal versus abnormal forms of bereavement and grief. This might validate the perspective that explains the role of social and cultural factors and norms in forming the emotional consequences of grief in terms of its intensity, duration, and expression (Jakoby, 2012; T. Walter, 2006). M. S. Stroebe et. al. (2001), support this idea and suggest that different reactions to loss of a loved one and the different manifestations of them might be affected by the cultural or subcultural differences, and there might be different patterns in relation to both the use and the frequency of those manifestations through culture.

2.2 Risk and Protective Factors in Bereavement

Apart from the normal/abnormal paradigm, there might be some risk and protective factors that influence the experience of bereavement and grief. More specifically, individuals whose grief becomes complicated are those who experience bereavement more than a year, intense intrusive thoughts, severe emotional pain, painful yearning, intense feelings of loneliness and emptiness, avoiding the reminders of the deceased, nontypical sleep problems, and excessive/prolonged loss of interest in personal activities (Horowitz et al., 2003). These are the criteria that they suggest for the

complicated grief diagnosis. Those criteria give idea about the characteristics of at-risk groups in grief.

Raphael, Minkov, and Dobson (2001) discuss the at-risk groups for the bereavement in the context of personal factors, such the nature of the relationship with the deceased, personal characteristics that can have a role in the individual's mechanisms to cope with variety of life events, past loss experiences (Brown, Harris, & Copeland, 1977; as cited in Raphael et al., 2001), and the capacity of social network that can contribute to bereaved person's experience. Similarly, Mizuno, Kishimoto, and Asukai (2012) find that gender difference, gender of the bereaved, time since loss, type of death and its interaction with the bereaved (that can lead to traumatic experience), and the nature of the relationship with the deceased are the factors that significantly contribute to the complicated grief experience of the bereaved. Specifically, gender differences varies based on the grieving styles, and expressiveness of experience and emotions. For example, M. S. Stroebe (2001) and M. S. Stroebe and Schut (1999) suggest that emotional expressiveness in women is higher than men. Similarly, Bennett, Hughes, and Smith (2005) assert that coping with bereavement is influenced by the expressiveness of experience and emotions, and women are more expressive than men. They also argue that gender differences are observed in social support and social interactions. In other words, women seem to be more advantageous in coping with grief. Other than expressivity, and social support and support networks, genders differ in terms of coping styles. Martin and Doka (2000) discusses the differences of gender in terms of grieving styles and contend that differences in grieving styles of men and women might be due to the gender role socialization. Therefore, the role of gender has been examined in the literature (e.g. Bonanno & Kaltman, 1999) and significant

differences in the expressiveness, social network, and social support between the genders are found.

Variety of factors that can be classified as the personal, social/interactional, and the factors regarding the content of the experience might contribute to the bereaved's mental health. As an example of intervention strategy, Raphael, Minkov, and Dobson (2001) suggest counseling in the beginning of the bereavement for 6-8 sessions that involves a crisis intervention for bereaved widows who are at-risk according to the above explanations. In this counseling process, they suggest encouragement for expression of separation distress, anger, and mourning for the lost relationship with the deceased with its all features. Along with the at-risk bereaved people, they also suggest a prevention perspective for all bereaved people, stating that grieving itself is not a "disease" (p. 587). This perspective includes having knowledge about the nature of the grief process, and learning how to live with it by the positive and negative changes resulting from the death loss experience. Therefore, preventive interventions might contain death and loss education, and support for the "normal" grief process. For the protective and/or adaptive factors that facilitate positive bereavement outcome, individual's personal coping skills, and personal and social resources are suggested (Schaefer & Moos, 2001). Specifically, they stated several personal coping skills outcomes through using potential personal resources, such as capability of emotion regulation, improved help-seeking behaviors, and logical evaluation of a problem. Similarly, self-understanding, empathy, maturation, and altruism might be gained through using the improved personal resources. These improvements in the bereaved person might be related to some contextual factors such as environmental resources including social support, positive family functioning; personal resources including maturity and previous experiences of loss, and religiosity; and event-related

factors including the mode of death, and relationship with the deceased. These resources and factors might lead to adaptive outcomes with the help of cognitive and behavioral coping strategies like search for meaning, logical thinking, positive evaluation, acceptance, help seeking, problem solving, and expression of feelings (Schaefer & Moos, 2001).

Personal resources/factors and personality dispositions, social resources/factors, and their role in the positive outcomes in the grief have some research based support in the grief literature. This is especially valid for the studies having the social-constructivist paradigm including the concepts related to the outcomes of grief (e.g. sense-making, benefit finding) (Boyraz & Efstathiou, 2011; Boyraz, Horne, & Sayger, 2010, 2012). For example, extraversion, as a personality disposition, was found to be significantly related to social support, and social support in turn, mediated the effect of extraversion on sense-making and benefit finding in the bereavement (Boyraz et al., 2012). Similarly, in Boyraz and Efstathiou's study (2011), significant role of positive affect that improve adaptation to bereavement was found and positive affection and personal growth outcome relationship was emphasized. Therefore, there are protective and facilitative factors that might be useful in helping individuals adapt the bereavement and avoid risk factors with the help of personal, social, and contextual resources.

2.3 Theories and Models of Grief

There are different theories and models explaining the concept of grief. Most grief related theoretical books discuss these theories as classical and contemporary theories (e.g. C. A. Walter & McCoyd, 2009). Classical theories include Freud's grief work and

some stage-based theories that explain the grief concept with specific stages progressing in a relatively linear sequence. For example, Kübler-Ross's model (1970) is characterized by five stages progressing upon loss called denial, anger, bargaining, depression, and acceptance. Similarly, Bowlby's (1980) stages of grief include numbness, yearning and searching, disorganization and despair, and reorganization. In stage models, bereaved individual experiences typical emotional and cognitive states in each of the stages. For instance, the second stage in Kübler-Ross's model, denial is characterized by feelings of shock and disbelief (Kübler-Ross, 1970). In Bowlby's (1980) model, numbness is defined as "being shocked and stunned" (C. A. Walter & McCoyd, 2009, p.6).

Contemporary models include models such as Cognitive Process Models, The Meaning Reconstruction Model, The Dual Process Model, and Model of Grieving Styles. These models are rather focused on how the bereaved individuals cope with loss. In other words, they focus on how the bereaved makes adaptive coping through using personal, social, and cultural resources (e.g. Martin & Doka, 2000; Nolen-Hoeksema, 2001; M. S. Stroebe & Schut, 1999). For example, Nolen-Hoeksema (2001) defines ruminative coping that emphasizes impact of repetitive negative feelings and thoughts on how the bereaved adapts the loss of loved. Some researchers suggested guidelines for mental health professionals in the conceptualization of grief based on the theoretical assertions of the grief models. For example, according to Humphrey (Humphrey, 2009; as cited in Sertsoz, 2012) every loss results in a unique grief experience, which means the experience is unique for the individual. Stage-specific grief explanations may ignore some different parameters that can contribute to this such as individual's phenomenological world including culture, religion, and her own personality. Therefore, stage-specific models would be insufficient in covering all the

aspects of loss and grief process, some nonlinear grief models could help filling this gap. This is because, affected by the individual's phenomenological world, it may not be guaranteed that the process is experienced in a linear order by the individual. In this regard, the individual has an active part in the grieving process, rather than passively having all the steps in order, in a linear process (Humphrey, 2009; as cited in Sertsoz, 2012). In the light of this knowledge, several models that explain the loss and grief are given. The theories and models that briefly mentioned above are given below in detail.

2.3.1 Psychoanalytic Theory

A basic and fundamental theoretical view on grief can be traced back to the Psychoanalytic Theory and its founder, Sigmund Freud. According to him, emotional state that the melancholic people have due to loss of a loved one is called mourning. In his seminal paper (1917/1957), "Mourning and Melancholia", he asserted that the life perspective of the mourner is affected by the loss. This is the normal condition that a mourner experiences. Therefore, this does not necessarily refer to a pathological situation. It is come through in the course of time. However, profound effects of mourning could be parallel with the experience of which a melancholic person is experienced. As in the melancholia, mourner who lives the profound effects of the loss could experience a withdrawal from the outside world, activities, feelings of pain, unwillingness to reflecting positive feelings such as love and so on. In such cases, the mourner lost his/her loved object. The psychic energy, which is Freud called libido, would need to be detached from the lost attached object and transferred to the new attachment objects. Therefore, mourners who experience profound effects of loss, look

for new attachments to canalize their feelings and emotions to those new objects or figures from their lost attachment figures. In order for this to occur, the mourner should accept the reality of loss (Humphrey & Zimpfer, 2008). What needs to be completed for a mourner then is that which Freud (1917/1957) called work of mourning. By work of mourning, he referred to the concept which is called later on “grief work” (Tedeschi & Calhoun, 2004). With the “grief work” he postulated that individual having loss of a loved one should be worked on the detachment from the deceased by reviewing the past memories and in this way he/she could gradually come through the past and its emotional burden on his/her that comes from the experiences with the deceased (Freud, 1917/1957). Once the emotional pain due to the absence of the deceased is come through, the bereaved person could then establish similar relationships with the others and hold on to the life in a positive way. In this regard, the bereaved can also accept that the deceased will no longer exist (M. S. Stroebe & Schut, 2001).

Adaptation and recovery from this painful experience needs to be “worked through” and the focus should be on the bereaved individual’s thoughts and emotions related to the deceased (Bonanno & Kaltman, 1999). However, some researchers asserted that the “work through” perspective is a notion that has insufficient empirical evidence to suggest that the bereaving individuals should be worked through to recover from the loss experience (Bonanno & Kaltman, 1999; Field, Gal-Oz, & Bonanno, 2003; W. Stroebe & Stroebe, 1987; Wortman & Silver, 1989). For example, in their study among widows and widowers, M. S. Stroebe and Stroebe (1991) concluded that the “grief work” was not essential to recover from the loss of a significant other. They criticized the “grief work” hypothesis in that it makes a generalization without sufficient empirical evidence.

A psychoanalytic perspective, Attachment Theory (Bowlby, 1980) also asserted that working through grief is critical in adapting to and recovering from the loss of loved one. The working through process occurs in a sequence of phases (M. S. Stroebe & Schut, 2001). Therefore, Bowlby's working through model is a stage-model that includes shock, yearning and protest, despair, and recovery. It is the first model that suggests explaining the process in the context of phases (Bocchino, 2008). In the first two phases, individuals are in the middle of the intense effects of the loss and some negative feelings coming from that experience (Sertsoz, 2012). Proceeding to the further phases, individuals have transition from the complexity of the loss-oriented experiences and feelings to more recovery-oriented, adjustment-based phases. As the bereaved people proceed to the further steps, working through process approaches to the completion. In this sense, individuals in the fourth phase are thought to complete the first three steps (Sertsoz, 2012). As a well-known model in explaining infant-caregiver relationship, Attachment Theory also tried to explain the critical life experiences, such as death of a loved one in adulthood, from its own point of view. The most common and typical behaviors that the bereaved person experience are thought to be protest and despair upon the loss of loved one (M. S. Stroebe & Schut, 2001). In the following phases, the bereaved person tries to adjust to the lack of existence of the deceased.

The working through perspective of Attachment Theory differs from the "grief work" hypothesis in that it emphasizes the importance of continuing bonds with the deceased (Bonanno & Kaltman, 1999; M. S. Stroebe & Schut, 2001). Continuing bonds is characterized by an unfinished inner relationship with the deceased (Field et al., 2003). Attachment Theory suggests that continuing bonds might provide with a bereaved

person a twofold, adaptive and maladaptive adjustment upon loss of a loved one (Field et al., 2003).

Classical “grief work” hypothesis posits that bereaved person should abandon the bond with the deceased so that he/she could make investments to the new relationships. From this view, continuing bonds could be regarded as a barrier that retains the bereaved individual from achieving a positive grief process (Ho, Chan, Ma, & Field, 2013). However, the grief work hypothesis is criticized in that it has no adequate empirical findings to suggest that continuing bonds is a barrier to progressing in the “adaptive” grief process (Ho et al., 2013). Therefore, psychoanalytic theories tried to explain the phenomenon of coping with grief of loss in its own perspective, with the concept of “grief work”. Attachment discusses “working through” the gradual phases of grief process. Continuing bond, which is considered an important concept in the grief process, is viewed as a controversial issue in the explanation of the grief process. The criticism on the lack of adequate empirical evidence about the concepts of psychoanalytic view has been an issue in the grief literature (Archer, 1999).

Moreover, psychoanalytic working through perspective is thought to be inapplicable in some cultures (M. S. Stroebe, 2001; M. S. Stroebe & Schut, 2001), and some subgroups such as women and men within the cultures are not the exception (M. S. Stroebe, 2001). M. S. Stroebe (2001) exemplifies this with suggesting that in some cultures, talking about the loss or the deceased is not socially acceptable. Another example given by her is that there might be some gender differences in talking about the loss and the deceased, meaning that women could be considered more expressive of emotions about grief (M. S. Stroebe, 2001). Therefore, cultural comparisons might

provide with the grief literature a more clear understanding of the working through concept suggested by psychoanalytic perspective.

2.3.2 Kübler-Ross's Five-Stage Model

One of the most common, well-known models is the Kübler-Ross's Five-Stage Model (1970). Kübler-Ross's Five Stage-Model stems from her studies among the dying patients. It has been one of the milestones for the grief literature. It explains the stages of denial and isolation, anger, bargaining, depression, and acceptance. The first stage, denial is characterized by a sense of shock and disbelief. Kübler-Ross (1970) conducted studies with the patients who had serious illness, and she observed that most of the patients displayed "no, not me, it cannot be true" (p. 31) approach to what they heard about the diagnosis from their doctors. She stated that denial is a short-term shock situation that people experience in the events such as news heard about a death or a terminal illness. The state of shock decreases gradually in the course of time. Second stage, anger goes through a period of intense anger. Kübler-Ross (1970) describes this stage as a natural consequence of the stage of denial, since the typical, "no, not me, it cannot be true" kind of thoughts result in the acceptance of the reality and bring about "why me" (p. 40) questions that trigger anger and related negative feelings of "rage, envy, and resentment" (p. 40) throughout the stage of anger. As she worked among the dying patients in the hospital, she observed that the feelings of anger tend toward to the doctors, nurses, chaplains, and others staff members of the hospital. The third stage, bargaining is another form of defense mechanism that contains rationalization of the death. Kübler-Ross (1970) defines bargaining as the stage that contains getting agreement with the person (or generally God) that the anger was directed to avoid

feelings of desperation due to the presence of inevitable reality, death, to be accepted. This is because, the bereaved or terminally ill person come to understand that he/she is helpless and the feelings of anger do not work for his/her goodness. It is an expectation of having care or less intense feelings of desperation or negative feelings in exchange for being good patient or bereaved as a believer. Fourth stage is depression, which is characterized by a sense of emptiness. The reality of death is understood and the efforts for denial and bargaining, and feelings of anger have no longer meaning in getting an expected outcome. It does not bring about any change. The patient or the bereaved give up these efforts and before accepting the reality, he/she does not have anything to replace those efforts and feelings. At this time he/she gets into the feelings of emptiness, numbness, and depression (Kübler-Ross, 1970). Finally, acceptance is the stage that the death is fully accepted (Gowensmith, 1999). According to Kübler-Ross (1970), a patient or a bereaved can accept what he/she had before in the previous steps, in relation to the loss if a certain period of time is given to him/her. Kübler-Ross stated that stages may not be seen in everyone's experience, and they may not be observed in a linear, sequential manner every time. It would better to be discussed in a flexible manner (Blevins, 2008; Konstantinos & Dora, 2011). As a commonly-known model among the mental health professionals, Kübler-Ross's Five Stage Model provided with grief research and practice a significant contribution. It explains a pathway to the journey that a bereaved gets in, beginning with a denial to the acceptance of loss (Holland & Neimeyer, 2010). It is the first and the most basic model that explains the post-loss process for the bereaved people in stages.

Following the Kübler-Ross's Five Stage Model, a number of stage theories and models emerged (e.g. Attachment Theory) in the bereavement and grief literature. From this point of view, she and her studies with the dying patients can be considered pioneer

in the bereavement and grief research. For a considerable period of time, Kübler-Ross's model not only influences the theory but also practice in bereavement and grief field. For example, in her qualitative study, L. J. Breen (2011) reported that Kübler Ross's Five-Stage Model was reported to be the most-mentioned model among grief counselor participants. Similarly, Downe-Wambolt and Tamlyn (1997) stated that in Canada and United Kingdom, Kübler-Ross's model is the most commonly used theory in the death education programs. Holland and Neimeyer (2010) assumed the reason behind the birth of the stage theories including the Kübler-Ross's model that the western (especially American) culture has the belief that grief has got "stages". In spite of its popularity and contributions to grief literature and practice, Kübler-Ross's model has been a focus of criticism, with the emergence of contemporary approaches in the last decades. For example, Holland and Neimeyer (2010) suggest that the stage theories including Kübler-Ross's Five-Stage Model have been a little of interest in terms of their efficacy so far, and consistent support for them was not found. Similarly, L. Breen and O'Connor (2007) discussed some assumptions made with a little research support in the grief literature, in which stage-based ones were involved. Therefore, Kübler-Ross's Five-Stage Model has been a dominant approach in the grief research and practice. However, it has been criticized with the emphasis on uniqueness of the experience (Holland & Neimeyer, 2010) and the need for a more comprehensive frame of view considering some other factors that can play a role in this phenomenon.

2.3.3 The Task Model

Worden (2001) suggested a four-task model for adaptation to loss including (a) to accept the reality of the loss, (b) to work through the pain of grief, (c) to adjust to an

environment in which the deceased is missing, and (d) to emotionally relocate the deceased and move on with life. He asserted that the stage/phase models suggested in the literature before were rather inclined to see the mourner as a passive element of the process. In contrast, The Four Task Model attributes an active role to the mourner. In this sense, the tasks imply a concept that the mourner can take an action. To achieve the mourning process, these tasks should be completed. Task one is characterized by the *sense of accepting the death* and the deceased's lack of existence in the future. The reverse implies the denial, which can result in being stuck in the first task. Denial might take different forms, and however the form is, the mourner puts a barrier himself/herself, keeping him/her from moving forward. Acceptance takes time, and it includes "emotional" acceptance, as well as "cognitive" acceptance. The second task is *to experience the pain of the loss*. If it is not allowed to be experienced, then this task is failed and results in the prolonged mourning (Parkes, 1972; as cited in Worden, 2001). The form and the intensity of experience in this process can be influenced some personal and social factors. "Anxiety, anger, guilt, and loneliness are common feelings that the mourner experiences" (Worden, 2001, p. 32). Third task is characterized by three adjustments that the mourner makes. First one is defined as "*external adjustment*" that involves the way the mourner lives in the world with the deceased's physical absence. Second one includes the "*internal adjustments*" describing the way the loss influences the mourner's sense of self. Third one is named as "*spiritual adjustments*" and it comprises the way the mourner is affected in terms of philosophical assumptions about life. Fourth task depicts the way the mourner continues her own life, relocating and keeping the bonds with the deceased. This implies that rather than detachment, The Four Task Model relies on the need for "continuing bonds".

Worden (2001) stated that the four tasks alone do not play role in the mourning. There are some mediators that can affect the mourner's adjustment to the whole process including dead person, the nature of attachment, mode of death, historical antecedents, personality variables, social variables, and concurrent stresses. These can be regarded as the "risk factors" that can influence the tasks to be achieved.

M. S. Stroebe and Schut (2010) stated that the Task Model of Mourning was one of the most influential models in the bereavement research and in developing counseling and psychotherapy programs for the individuals having lost of a loved one and searching for psychological support. M. S. Stroebe and Schut (2001) reviewed the tasks of the Worden's model and stated that different tasks emerge at different times of the bereavement process, and this would be beneficial in predicting the adaptive coping aspects of a given case. However, there would be better to be some more tasks like having some efforts to accept the changing world with the death of loved one, rather than just accepting the reality; or focusing on some time with different things, in addition to just having the experience of the pain. For the final stage, emotional relocation and go on with life would not be enough; putting some efforts to develop a different world for themselves could be regarded as characteristics for the bereaved individuals.

2.3.4 Cognitive Process Models

Cognitive process models focuses on coping, and how some different styles of cognitive processes of the mourner influence the adjustment to loss. Negative and positive moods, and confrontation-avoidance strategies are mentioned under the umbrella of cognitive process approach (M. S. Stroebe & Schut, 2001). The loss of a

loved one brings about some negative feelings, such as sadness, anxiety, anger, and guilt (Nolen-Hoeksema, 2001) and these are the feelings that one needs to cope with. She suggested the term "*ruminative coping*" as a negative coping mechanism. It is defined as "focusing on distressing aspects and meanings in a repetitive and passive manner" (M. S. Stroebe & Schut, 2001, p. 388). This can be regarded as a negative mood that can prolong the period and the effect of loss of a loved one. In contrast to negative mediator role of rumination for adjusting to loss, positive mood and attitude toward the loss was found to be decrease the distress created by the loss of a loved one (Keltner & Bonanno, 1997). As a positive coping mechanism, they suggested that smile and laughter were the adaptive responses to the distress which can further help being away from the stress caused by the loss of a loved one and adjustment to the absence of the deceased. Another concept that cognitive process approach discussed is confrontation versus avoidance. This is the concept that stems from the coping theory defined by Lazarus and Folkman (1984). It is one of the dimensions of their coping-based cognitive stress theory approach. When the term is adopted to the bereavement, M. S. Stroebe and Schut (2001) suggested that there is a balance between facing with the situations that remind the deceased or "keeping the grief within" (p. 390), for the adaptive coping with the grief. Excessive confrontation or excessive avoidance might be harmful for the adaptive coping. Therefore, M. S. Stroebe and Schut (2001) suggest setting a balance between the two would be the best approach to the adaptation. However, the dimensions suggested by the cognitive stress theory (e.g. confrontation-avoidance), was criticized as problematic in terms of bereavement (M. S. Stroebe & Schut, 1999). They stated that confrontation-avoidance strategy might not be consistent in some situations with the other stressors (e.g financial, the deceased) given in the theory.

In sum, cognitive process models focus on the coping styles that the mourner displays and the degree of distress that is affected by those styles. The negative and positive moods, and the attitudes created by the person toward the stressor, namely the loss itself are the elements the cognitive process approach is interested in explaining the adjustment to loss. This implies that cognitive process approach is focused on the individual aspects of the grief phenomenon.

2.3.5 The Dual Process Model (DPM)

DPM (M. S. Stroebe & Schut, 1999) is an integrative coping model of bereavement which arises as a response to classical theories of bereavement, with the assertion that there are weaknesses of traditional theorizing. M. S. Stroebe and Schut (1999) listed these criticisms as inaccurate description, failure on covering grief characteristics in a holistic context, a lack of research support from different cultures, and a narrow focus on the individual factors. Hence, they state that there needs to develop a more comprehensive theoretical model to help fill this gap (M. S. Stroebe & Schut, 1999).

DPM is a stressor-specific model that includes primary and secondary stressors influencing the process of bereavement (M. S. Stroebe & Schut, 2001; M. S. Stroebe & Schut, 1999). Various stressors are classified in two categories: loss-oriented and restoration oriented. Loss-oriented stressors are the stressors that are directly related to death-loss experience. For this reason, loss-oriented stressors can be commonly observed in the earlier stages of the bereavement (Richardson, 2007). According to M. S. Stroebe and Schut (2001), the concept of loss-orientation is considered to be consistent with “the focus of attachment theory on the lost relationship” (p. 395). In

contrast, restoration-oriented stressors are the stressors that are associated with secondary factors involving the bereavement process. For example, in their study, Rask, Kaunonen, and Paunonen-Ilmonen (2002) found that crying alone and with a friend and thinking of the deceased refer to the loss-oriented coping; and keeping busy and interaction with friends referring to the restoration-oriented coping were the common stressors of the participants of their study. Restoration-orientation includes the orientation to the changes in life after the loss. The bereaved gets into new relationships, new roles, and new identities; these are rather related to the life conditions that are experienced upon loss. What is significant is how the bereaved experiences and deals with it (Richardson, 2007). Along with the primary stressors that are directly related to the loss itself and the secondary stressors that the bereaved faces and has to deal with, a dynamic mechanism of avoidance versus confrontation processes and provide with the bereaved establishing a balance between those two stressors (M. S. Stroebe & Schut, 2010). This component of the DPM is called "oscillation" (M. S. Stroebe & Schut, 1999). According to M. S. Stroebe and Schut (2010) there are times that the bereaved confronts the loss, and there are some times that the bereaved avoids, and there are also times that he/she doesn't grieve. With the passage of time, the bereaved sets a balance. The whole concept refers to the dynamic and regulatory process of loss-orientation, restoration-orientation, and oscillation (M. S. Stroebe & Schut, 2010). This dynamic process is required for adaptive coping and it is the unique part of the DPM (Lund, Caserta, Utz, & de Vries, 2010). The functions of the terms used in DPM imply that DPM tried to integrate the significant aspects of the background theories and tried to create a new concept to better explain the bereavement phenomenon (M. S. Stroebe & Schut, 2010). Loss-orientation brings about confrontation and grief work in it, breaking bonds and relocation of the deceased; restoration-orientation includes attending to life changes, distraction from grief, and

new roles and identities (M. S. Stroebe & Schut, 2001). The two concepts also include meaning reconstruction, and positive reappraisal and negative reappraisal (rumination), as explained in the pathways of the theory (M. S. Stroebe & Schut, 2001). All these terms and concepts originally refer to the other theories (e.g. cognitive models, task models, grief work hypothesis, and meaning reconstruction). Therefore, key concepts and explanations in the other theories are composed and an integrative approach is created in DPM.

In DPM, it is asserted that such an integrative approach could be broadly applicable (M. S. Stroebe & Schut, 2001), between and within cultural group differences. M. S. Stroebe and Schut (2010) noted that the very basic reason to propose DPM reviewing the earlier theories was cultural differences in coping with bereavement. Culture is a significant factor in the manifestation of grief.

DPM has been examined in terms of finding empirical evidence, elaborating the concepts in it, and testing the functionality of the model and its terms. For example, Lund et al. (2010) investigated the effectiveness of DPM in a sample of adults via DPM-based intervention sessions. The participants completed a questionnaire before and after the 14-week study. The features of loss-orientation and restoration-orientation were compared. It was concluded that those who participated the restoration-orientation group were slightly more satisfied with the program they had, compared to those who participated loss-orientation participant group. However, the improvement showed by the two groups of participants was found to be similar. Qualitative data of the study also indicated that if applied individually, restoration-oriented coping program could be more effective, compared to the loss-oriented one.

Bennet, Gibbons, and Mackenzie-Smith (2010) examined the stressors of loss-orientation and restoration-orientation in terms of their role in adjustment to loss. They reported to find that the participants adjusting less well attributed more to denial/avoidance of restoration changes and to the avoidance of grief too. The results also suggested that some of the participants experienced the elements of restoration-orientation, while some other participants did not have similar experience.

In her study, Richardson (2007) tested DPM in the sample of older couples. She found that multiple regression analysis of the sample (n = 596) revealed that loss and restoration oriented activities were important through bereavement. Thus, there is empirical evidence for the concepts of DPM. Further research from different cultural/subcultural groups would contribute to this evidence.

2.3.6 Model of Grieving Styles

Another coping-focused model is described by Martin and Doka (2000). According to their model grief process can be explained better with the interactions among individual, social, and cultural factors. They described two adaptive coping styles; intuitive and instrumental. Intuitive grieving style represents an openly expression of emotions and feelings by crying, sharing of the pain of loss, depressive mood, and anxiety with others. Instrumental grievers are mostly inclined to hide or rationalize their feelings and emotions. They prefer to involve in some other activities such as work, or problem solving activities related to loss rather than focusing on the pain of loss (Doughty, 2009). Women are generally characterized by intuitive style whereas men are tended to adapt losses with instrumental style. These styles might be seen as

gender-based but they cannot be explained just in form of masculinity-femininity categorization. In other words, these styles generally take the form of a continuum in most cases. Martin and Doka (2000) also describe a “blended pattern” between intuitive and instrumental styles. Individuals using this pattern often display both styles in the same grieving process in a balanced way. In addition to blended pattern, Martin and Doka (2000), define a “dissonant pattern” which explains individual’s use of the other grieving style rather than the one his or her own.

Some empirical findings support the gender-related styles of grieving. For example, Martin and Wang (2006) examined the relationship between intuitive and instrumental grieving styles and gender as a part of their measurement development study about grieving styles. They found that male participants got higher scores on the items of instrumental grieving style, whereas the female participants got higher scores on the items of intuitive grieving style.

2.3.7 Social Constructivist Approach

Social constructivism is one of the well-known approaches emphasizing the importance of social context in bereavement and grief. Social constructivist perspective does not view grieving as a concept that includes universal thoughts and feelings. The language used in bereavement might differ from culture to culture (Rosenblatt, 2001). Factors influencing cultural understanding of loss and grieving include death rituals, culture-based constructions of relationship with the deceased and deviant grieving. Individuals in different societies might attribute different meanings on the emotions/feelings, thoughts about loss and present and future

relationships with the deceased. Moreover, expressing grief after loss might show a great diversity across cultures. Expressions of grief might be understood by looking at folktales, prayer, song, poetry, religious beliefs, and beliefs about gender roles; making private conversation with survivors, consultation with spiritualists or participating in support groups within a culture (Rosenblatt, 2001, p. 295). These can be exemplified with the study of McIlroy (2011), who worked on the cross-cultural paradigms of twinship and twin loss. According to the qualitative cross-cultural study she conducted on the similarities and differences between indigenous African religions and western societies' views about twin loss, she concluded that the indigenous African religious cultures demonstrated a considerably different characteristics toward the twin loss which are very local and not understandable without joining in those local cultures. So, it might be better to focus on the subjective mechanisms of specific cultures when working on this phenomenon.

Constructivist approach in the context of loss and trauma mainly focuses on the meaning reconstruction of the individuals (Janoff-Bulman, 1989; Schwartzberg & Janoff-Bulman, 1991). It mainly encompasses the making sense of loss. Following a loss or a traumatic life event, individual's basic assumptions about the world shattered, and individual tries to reestablish the shattered assumptive world. The main aspect of this restructuring process is to find a meaning in the experience (Park & Folkman, 1997). For rebuilding of the meaning to be achieved, individuals might deal effectively with the bereavement by finding positively meaningful pieces in the experience and integrate them with their life and view of the world (M. S. Stroebe & Schut, 2001). Therefore, constructivist, social-constructivist perspectives commonly focus on the concept of meaning making, and how the individual makes sense of the loss and find a meaning in the experience. The meaning reconstruction model is the most

comprehensive model that is directly interest in the adaptive coping with bereavement from this perspective. The next section elaborates the suggestions of this model.

2.3.7.1 The Meaning Reconstruction Model

The Meaning Reconstruction Model is a constructivist perspective. In this model, meaning making is the core concept which consists of two components, *sense making* and *benefit finding* (Neimeyer, 2000). Criticizing the early theoretical developments (e.g. grief work) in terms of their emphasis on the individualism and medicalization of the grief (Gillies & Neimeyer, 2006; Jordan & Neimeyer, 2003), Neimeyer and Keesee (1998) emphasized a necessity of a model of meaning reconstruction to explain the grief phenomenon. They compiled six common aspects of trend in the understanding of the grief theory. They proposed that these trends include being skeptic about the universality of the grief experience. It implies that adjustment to bereavement might have more complex features than just focusing on intrapersonal process. Second, the concept continuing bonds has a different content from what Freud (1917/1957) proposed in grief work implying detachment of the emotional bond with the deceased. Rather than “letting go” of emotional bond (Neimeyer & Keesee, 1998, p.226), the relationship with the deceased continues with its symbolic interactional feature. This is also valid in the explanations of the meaning reconstruction model (Field, 2006). Third, cognitive structure is emphasized in addition to the emotional focus. For example, Danforth and Glass Jr. (2001) stressed the role of cognitive aspects of perspective change, as well as the emotional state in the bereavement. Fourth, the role of identity change has been increasingly appreciated in the adjustment to bereavement. This is emphasized by the meaning reconstruction model as well.

Specifically, according to the meaning reconstruction model, reconstruction of the life perspective is associated inevitably with change in the identity. Therefore, identity change is deemed to be a key concept in adjustment to loss (Gillies & Neimeyer, 2006). Fifth, personal growth is regarded as an important concept that frequently observed after a stressful life event such as trauma, disaster, and loss. Similarly, the meaning reconstruction model's concept of benefit finding has been frequently associated with the personal growth which is a sign of adjustment to loss (Gillies & Neimeyer, 2006). Finally yet importantly, bereaved individual's social, familial, and cultural experiences have significant role in his/her adjustment to bereavement. This is because, there is a reciprocal relationship between the individual and his/her environment. Meaning reconstruction model emphasize the role of social context as well. For example, Neimeyer and Keesee (1998) contend that the relationship of individual and his/her culture is an inseparable whole due to variety of assumed roles the individual has in the society he/she lives. With the Meaning Reconstruction Model, Neimeyer pioneered a perspective change in the grief theory, and proposed that the meaning reconstruction is the core concept for the grief phenomenon (M. S. Stroebe & Schut, 2001), and the reconstruction of meaning as a response to loss is achieved via three activities: (a) sense making, (b) benefit finding, and (c) identity change. The concept of sense making is about searching for a "predictable" and meaningful answer to the death of loved. Individual tries to search for it to make sense of it parallel to her assumptive world (Matthews & Marwit, 2006). Benefit finding is characterized by finding a "silver-lining" after the loss such as establishing or reforming the relationships with the family members and in the broader social context (Holland, Currier, & Neimeyer, 2006, p. 176). Gillies and Neimeyer (2006) suggest that benefit finding would be considered forming different structures after the loss. Referring to some cognitive based theories (e.g. Dual Process Model), Gillies and Neimeyer (2006) state the meaning

reconstruction as a response the death of loved requires reconstruction of the self. Therefore, identity change includes identity review and building a new identity as a response to loss (Matthews & Marwit, 2006).

The concepts used in meaning reconstruction theory were examined in the study of Holland et al. (2006). They found statistically significant support to the predictor role of sense-making in explaining adjustment to bereavement.

Neimeyer's (2001) concept of meaning reconstruction in theory and practice includes sharing one's life background with her own narrative to discover the risks such as loss experiences in that past, so that he/she can be helped in reviewing and rewriting her story (Matthews & Marwit, 2006).

Meaning-making model as summarized by Park (2008) briefly explains grief and coping as discrepancy between appraised/situational meaning system and global meaning system of the individual. This discrepancy creates distress and further exploration to reach an alignment between them within the individual by "meaning making". As a result, reduction in the discrepancy between situational meaning and global meaning leads individual to better adjustment. (Park, 2008; 2010) suggests that theory of meaning making is theoretically well-developed but still needs to have some empirical evidence.

As can be inferred from the above explanations, meaning reconstruction relies heavily on the cognitive aspects processing as a response to the bereavement, as the constructivist theory suggest. Neimeyer (2001) defines the meaning reconstruction model among the contemporary approaches emerging as a response to classical

psychoanalytic and stage/phase models, emphasizing the individual's cognitive processes, uniqueness of the experience, and importance of local/social context.

2.4 Bereavement and Grief in Social and Cultural Context

As discussed earlier, culture in general is a significant factor in bereavement and grief. In each culture, there are different norms and belief systems that influence the expressions and experiences of grief (M. S. Stroebe & Schut, 2010). Therefore, details of cultural factors in relation to bereavement and grief might be worth discussing here. In this part of the chapter, along with the role of social support, religion, funerals and rituals, metaphors and phrases, and professional help in general, Turkish, and United States of America's cultural contexts are discussed. This is because, these are common factors that have been discussed in the bereavement and grief literature parallel to the present study.

Social support is one of the significant aspects of bereavement and grief research. There are considerable amount of empirical research that the role of social support in bereavement and grief were examined (e.g. Boyraz et al., 2012; Vanderwerker & Prigerson, 2012; Wilsey & Shear, 2007). However, the mediator role of social support in adaptation to bereavement is rather blurred (W. Stroebe, Zech, Stroebe, & Abakoumkin, 2005). More specifically, Boyraz et al. (2012) tested a model that social support being a mediator role in personality factors of extraversion and neuroticism and two construals (sense-making and benefit-finding) of meaning. They found that social support was statistically significant mediator between the personality factors and two construals of meaning. Similarly, Vanderwerker and Prigerson (2004) investigated the impact of social support and technological connectedness on major

depression, complicated grief, posttraumatic stress disorder, and life quality. They conducted baseline interviews and follow-up interviews following the loss at the sixth and eleventh month in a sample of 293 bereaved adults. Based on the interview reports, they found that social support had a protective role for major depression, posttraumatic stress disorder, and complicated grief. They also showed that quality of life was related to social support for the sample of bereaved adults. On the other hand, W. Stroebe et al. (2005) investigated the role of social support as a facilitator for adjustment to loss. They tested the role of social-support in adjustment to bereavement among 1532 adults who were 65 and older, using the data of a previous comprehensive study conducted among widowed seniors in the US, which named Changing Lives of Older Couples (CLOC). They reviewed the data of depression and social support scores before and 6, 18, 48 months after bereavement. They found support for the preventive role of social support in depression; however, they did not find evidence for the recovery effect of social support in bereavement. They argued that social support would be helpful, but it does not have a clear role as a protective of negative outcomes and as a mediator in adaptation to loss. These findings have shown that the role of social support could be better discussed when examining how it is utilized in relation to loss. In other words, it could be needed to be described in terms of its "quality" in detail to obtain a more comprehensive approach about it. In that sense, the "content" and the "quality" of the "support messages" given by the society (e.g. family members, relatives, and friends) could be taken into account. This can be exemplified with the qualitative study of Cimete and Kuguoglu (2006) examining the reactions, experiences, and coping mechanisms of Turkish families who lost their child because of cancer. In their study, comments and messages given by some participants' relatives and neighbors were perceived quite negatively by the participants. Similarly, in a quantitative study conducted by Rack, Burleson, Bodie, Holmstrom, and Servaty-

Seib (2008) examined the bereaved adults' evaluations of grief management messages they received. They found that the most positively perceived messages by participants included the expression of being with him/her whenever needed, being readiness to listen, and articulating the concern about him/her; while the least positively perceived messages involve advice giving and not appreciating the feelings of him/her. Therefore, critical aspects of support could be the "content" and the "quality" of it. For example, person centeredness as a strategy was found to be related with the helpfulness in that study. Person centeredness in the messages could enhance the content and the quality of the support given to the bereaved. Consequently, some quantitative studies found support for the protective role of social support; however, there were no consistent evidence for its role of recovery from depression occurred in the post-loss period. In addition, qualitative research findings suggested some evidence for the "perception" of social support, especially the adequacy of condolence messages in terms of their helpfulness during the funeral and post-funeral period.

The role of culture in bereavement and grief has long been discussed in the literature (e.g. Parkes, Laungani, & Young, 2003; Rosenblatt, 2001). Each society has different mechanisms in loss and grief (Rosenblatt, 2001). Cultural norms are important factors in experiencing and expressing the grief (Martin & Doka, 2000). Cultures are different in terms of how the bereaved people are supposed to express their grief. For example, in some cultures too much emotional expression of grief is considered respectable, whereas it is disapproved in some other cultures. In some cultures reflecting wide variety of subcultures like in the United States of America, there are many different subcultures and societies in which the emotional expression of grief is either encouraged or discouraged, and change in the norms needs to be taken into account as well. Therefore, it is hard to discuss certain or stable rules and norms in a culture

within which many subcultures are included (Martin & Doka, 2000). Moreover, some cases reveal the change in the emotional expression throughout the process of grieving. Emotional expression of grief is encouraged to a certain extent, but after some time it is not approved in the US. In many workplaces in the US, the employees are allowed to take several days off for bereavement, but after then they are supposed to begin work leaving the grief behind. The bereaved people's emotional expression is approved lesser with the passage of time, and prolonged grief is not supported (Martin & Doka, 2000).

Cultural norms can vary according to the societies within the culture (Martin & Doka, 2000). For example, attitudes of generations toward the traditional/modern rituals and customs in bereavement and grief could be different. Similarly, social class, rituals, mourning behaviors, religious and educational background in the societies can make distinctions in the standards of bereavement and grief, and these differences in the standards can somehow influence expression of and adaptation to loss. (Martin & Doka, 2000). Even though there are many factors that one could discuss in a culture, the common thing here is that it influences how the individual grieves (Mallon, 2008).

In Christian society, for example, there are many denominations including Catholics, Methodists, Baptists and so forth (Mallon, 2008). Each of the denominations has its own customs, rituals, and traditions. Similar to the Muslims, Christians believe that death is the time of rejoining the God. Deceased is prepared for the funeral; it is dressed and put in a coffin. Open or closed coffin is showed before the funeral ceremony; it is when the visitation happens. The attendants of the funeral have a meal together. They share their stories and memories of the deceased each other (Ramshaw, 2010). The funeral service is generally organized in the church, in a chapel, or in a

chapel in the crematorium. Family and friends of the deceased gather together and pray, with the help of a leading pastor. They pray, read passages of the Bible, and sing hymns. Several of the deceased's family and friends make speeches, share their memories of the deceased (Mallon, 2008). Along with the mainstream understanding of funeral organizations and rituals, some researchers discuss the trend of more individualized organizations in the modern western societies including the US (e.g. Martin & Doka, 2000; Ramshaw, 2010; Vandendorpe, 2000; Winkel, 2001). By individualized organizations, it is referred to more personalized funerals that are different from the mainstream, communal funerals, parallel to the desire of the family and relatives of the deceased. Ramshaw (2010) suggests that a national funeral magazine found that 71% of the respondents in its survey did not want a traditional funeral. There are many factors that can be discussed leading to this trend. For example, marketing (Harris, 2009), industrialization over the funerals (Harris, 2009; Martin & Doka, 2000) and increasing funeral costs (Hayslip & Peveto, 2005) have led people to find alternative solutions for their funeral organizations over time.

The changes over funerals and their impact on the attitudes of the grieving individuals and communities have been discussed critically by some researchers (Harris, 2009; Hayslip & Peveto, 2005; Vandendorpe, 2000). The criticisms made by those researchers give some knowledge about the changes in the funeral organizations and rituals which are observed in the last decades. For instance, urbanization and becoming more individualized society caused to funerals that are more superficial and the funerals have been losing their role in terms of being social support mechanism (Moller, 1996; as cited in Hayslip & Peveto, 2005). Similarly, Doka (1989; as cited in Harris, 2009) defined some grieving rules that implicitly exist in the Western society. These are the rules that govern the way individual grieves in social context. First, social expectations

define who is going to be bereaved depending on the relationship with the deceased and the bereaved. Second, people surrounding the individual implicitly set limits and identify how long should the bereaved grieve. Third, type of death could determine the intensity of grieving. The last one is about the way and the extent the bereaved displays his/her grief socially (Harris, 2009). All these “tacit” rules create expectations for the bereaved. If the bereaved conforms them, then he/she can get social acceptance over his/her grief. Along with some socially tacit grieving rules, Harris (2009) suggested that the industrialization of grief via funeral industry and pharmaceutical industry lead people to make medicalization over the grief. This medical attitude toward bereavement and grieving rules together could lead people to experience a non-adaptive grieving process (Harris, 2009). Moreover, Klass and Walter (2001) suggested that bereaved people in postmodern western culture might not find appropriate basis for establishing contact with the people surrounding him/her, as a result of some factors such as social structure, culture and so on. They also noted that in the recent decades there has been an increase in the self-help groups with people whom have experience a loss of a loved one with some commonalities such as the way of death, closeness of the deceased and so on.

In sum, the social context of bereavement and grief in mainstream American society has been discussed in thanatology literature in detail. They can be inferred that all these contextual issues imply a very dynamic construct for the American society. A phenomenological inquiry of the individuals’ experiences, expressions and coping processes would help gain a deeper insight on the social context of grieving and their impact on the individual.

In Turkish society, broad family and close friends of the focused person gather together in the case of serious life experiences such as death or terminal illness, each of the members of that family tries to help collaboratively, makes required arrangements, assist the focused person and his/her family in any practical way they can (Cimete & Kuguoglu, 2006). In this sense, it is actually culturally determined social support system that helps the family experiencing death. Religion has an important role in Turkish culture. According to Rubin and Yasien-Esmael (2004), Islam has a philosophy and belief system that view loss as a normal part of life. Death in the world does not mean ending of life; death is the predetermined time for the deceased to leave this world where he/she is tested. With death, Muslims believe that the deceased rejoins the God. Social behavior in the case of death is twofold; that is, emotional expressions of the bereaved people are in line with the Islamic understanding of the “normal part of life” and limited, but at the same time, emotionally overt behaviors such as lamenting and wailing are regarded as socially acceptable behaviors in mourning. The point here is that there are strict roles in terms of gender; namely the expressive behaviors are rather supposed to be appropriate for the females. Emotionally expressive behaviors are supposed to be kept limited to manifestation of the deep sadness and accepted to a certain extent, following the experiencing of some “acute” time of mourning; too much expressiveness might not be seen as socially acceptable. In other words, it gradually loses its significance, following the first several weeks of the loss (Cimete & Kuguoglu, 2006). This limitation is especially valid for the expression of negative feelings such as denial, anger, and disappointment. This is because, these are the feelings that contradict with the Islamic philosophy of God’s will (Rubin & Yasien-Esmael, 2004). Mourning is observed to reform its existence among the mourners, turns into the collective cultural/Islamic rituals of 7th, 40th, and 52nd day prayers, and helps the mourners mention and memorialize the deceased in

that way (Cimete & Kuguoglu, 2006), rather than the expression of the inner sadness or negative feelings toward the loss. Hence, it can be inferred that Islamic culture has certain formal norms and rituals that form the society living within that culture, and these norms and rituals are shaped by the basic tenets of belief in afterlife, God's will, and fate. These are the basic reasons for extended mourning with public manifestation to be socially not acceptable (Rubin & Yasien-Esmael, 2004). In sum, cultural/Islamic impacts on the individual's expression and experiencing the loss can be observed via some cultural norms that are dominated by the Islamic philosophy and belief system and its applications related to this philosophy. These common norms have a regulatory role that functions as facilitator for the mourners to experience the process in a socially adaptive way. Thus, members of the society can have the knowledge of what to do, what to happen next in such chaotic, critical situation, with the help of social and cultural norms (Neimeyer, Prigerson, & Davies, 2002).

The role of metaphors in the expression of feelings and emotions in relation to loss of a loved one has been discussed by several researchers in the thanatology literature (e.g. Rosenblatt, 2008; Young, 2007). According to them, figurative expression via metaphors provide with bereaved individual to express himself/herself easier. Rosenblatt (2008) suggests that the use of metaphor can obscure the untouched feelings.

The feelings and emotions of bereaved are very challenging and very complex that sometimes cannot be explained with words. Another advantage to use a descriptive language via metaphors is being understood by the others without touching the inexpressive aspects of the experiences that one had, namely the complex feelings as

the result of loss. Therefore, the use of metaphors can help the bereaved express himself/herself, describe his/her inexpressive feelings and emotions. It can also help the researcher/counselor gain a better and deeper understanding of the case/phenomenon he/she faces with.

Grief rituals are frequently examined in the bereavement and grief research (e.g. Castle & Phillips, 2003). Grief rituals are defined as the symbolic activities that are performed after the funeral for the name of the deceased (Castle & Phillips, 2003). Rituals in relation to bereavement and grief can be discussed in both cultural and personal context. It can include a wide variety of activities such as simply visiting the grave, hanging and displaying photos of the deceased, saying prayers, burning candles, reading or writing poetry, and so forth (Castle & Phillips, 2003). Rituals help individuals make symbolization of what has been experienced before, so that he/she can make connection between the present and the past (Castle & Phillips, 2003). In modern society in American culture, bereavement has been an individualized phenomenon; there are some reasons that can be discussed for this such as social fragmentation, geographical mobility, and longevity (Klass & Walter, 2001). Shortly, some researchers state that a common post-funeral ritual is not observed in contemporary America (Bolton & Camp, 1986-1987; as cited in Castle & Phillips, 2003). In that sense, personal rituals, or even hidden rituals for dealing with loss (Rosenblatt & Elde, 1990) might be the prominent case in the American culture.

According to Rubin and Yasien-Esmael (2004), in the Islamic culture including Turkish culture, current practices of the rituals involve visiting the grave, decorating it, reading some passages of Quran, send prayers and blessings to the deceased. Along with the ones performed in the graveyard, hanging photographs of the deceased at home,

building a construction, planting a tree for the name of the deceased, naming the newborn child after the deceased are the ritual practice that are frequently examined in the Turkish culture. Mostly, they are the activities to keep the memory of the deceased alive. More specific rituals might vary, depending on the case under observation.

Rando (1985) defined nine specific properties of rituals: power of acting out (articulating the feelings and thoughts), legitimization of emotional and physical ventilation, experiencing the grief without limits during the ritual, legitimization of emotional exchanges with the deceased, context for processing the grief, validation of loss, structure for unclear feeling, social interaction (in group rituals), and structuring holidays and anniversaries (as cited in Castle & Phillips, 2003). These ritual properties show that the rituals help individual regulate the process in a positive way, remember the deceased (Lobar, Youngblut, & Brooten, 2006) and help better adapt to the loss of a loved one. Similarly, establishing a symbolic interaction with the deceased helps the bereaved accept the reality of loss and “relocate” deceased place in his/her life (Gowensmith, 1999). This also implies that the relationship with the deceased is an “ongoing” process and evolving with time.

Some research support the idea about the role of rituals in relation to adaptation to bereavement given above. For example, Castle and Phillips (2003) investigated the facilitative role of post-funeral rituals in the grief process. Participants of the study were 50 adults who were explored in terms of the rituals’ helpfulness, qualities, and the consequences of attending the ritual activities. Results supported that the suitable rituals can facilitate the adjustment to bereavement; some factors need to be fulfilled

for the success of the rituals; and rituals can have some positive effects for the bereaved.

Similarly, Gowensmith (1999) examined the ritual as a phenomenon in a qualitative-based study. 13 participants were interviewed to ask their concepts of rituals and their impact on adaptation to grief. Results revealed 39 different grief rituals which were personally meaningful, and addressing their needs created by the participants. Results indicated that the rituals can provide with bereaved an active way of addressing his/her grief, help resolve grief issues, increase his/her confidence, motivate for the further examination of the grief. Personally-created meaningful ritual with emotional strength and self-awareness can provide with the bereaved benefits.

Positive aspects of a ritual was also emphasized by Reeves (2011) in her study of death acceptance through therapeutic ritual. Rituals; (a) provide with the bereaved freely discuss and accept the reality of loss, (b) legitimize the grief and the different styles of grieving, (c) give clarity to the bereaved when experiencing the complex situation of loss, (d) increase self-esteem, (e) provide with the bereaved a safe atmosphere to express and experience the emotions and feelings, (f) give opportunity for honoring the deceased, (g) help finding meaning for the future in relation to the post-loss adaptation, (h) help feel a part of the community when performed as group activity, and (i) support the stability of physical and mental status. Therefore, rituals are not only the personal or cultural activities that the bereaved person involves, but also are they utilized as a therapeutic tool in the grief counseling process (Reeves, 2011). Romanoff (1998) supported this opinion by stating that rituals can have moderating, mediating, connecting functions throughout the bereavement process. It can influence

the change of bereaved person's perspective on loss by interacting with the inner experiences of the bereaved.

Literature revealed that rituals in bereavement and grief have been considerable impressive topic for the researchers. There are many conceptual and review articles on this topic. However, bereavement and grief research on the personal and cultural rituals is limited. Only few empirical studies were conducted to assess the role of personal and cultural rituals in bereavement and adaptation to grief.

Another significant concept that is discussed in relation to the adaptation to bereavement and grief process is continuing bonds. Continuing bond is defined as the inner relationship with the deceased person (Shuchter & Zisook, 1993; as cited in M. S. Stroebe, Abakoumkin, Stroebe, & Schut, 2012). Theoretical perspectives emphasize the important role of continuing bond (e.g. attachment theory, meaning reconstruction model, and dual process model). Continuing bonds with the deceased have been examined in both personal and cultural perspective (e.g. Lalande & Bonanno, 2006; M. S. Stroebe et al., 2012). For example, M. S. Stroebe et al. (2012) investigated how continuing bonds help the bereaved in adaptation to loss with a longitudinal study. They examined whether continuing bond help or impede the adjustment to loss. They thought that suddenness of the loss would be a moderator. For this purpose, they collected the data from sixty bereaved spouses at three different times within the 2 years since the death had happened. Results revealed that bereaved spouses having strong bonds and experiencing sudden loss were the least adjusted group. Bereaved spouses having strong ties and experiencing an expected death were observed to get progress even they had had some difficulties in the beginning. Bereaved spouses

having both expected and unexpected losses with weaker bonds displayed more adaptive improvement.

In another study examining the continuing bond concept in cross-cultural context, Lalande and Bonanno (2006) investigated the adaptiveness of the continuing bond with deceased in the samples of bereaved individuals from the United States of America and People's Republic of China. Participants of the study completed measures of continuing bonds and adjustment at the 4th month and 18th month of the death loss. They found that higher levels of ties at the 4th month in the sample of People's Republic of China were related to the better adaptation at the 18th month. However, higher levels of continuing bonds indicated lower levels of adjustment for the sample from the United States of America. Results showed that there were cultural differences in relation to the role of continuing bonds, in the process of adaptation to bereavement.

In a study from a Muslim society, Suhail, Jamil, Oyebode, and Ajmal (2011) examined the bereavement process and continuing bond among Pakistani Muslims, in terms of the cultural and religious role. A qualitative study with grounded theory approach among ten participants was conducted and the results of the qualitative analyses revealed that there were three main domains in data. These were death and the process of grieving, continuing the tie with the deceased, and influencing agents. Findings showed that the participants keep their ties with the deceased via cultural and religious rituals. These cultural and religious rituals include prayers, reading verses of Quran, talking and dreaming about the deceased, doing charity and donations, visiting the grave of the deceased, arranging group activities for the name the deceased. The activities related to the deceased were regarded as a help him/her in the

afterlife. They concluded that either the ties or the grief reactions and adaptation process were affected by the cultural and religious aspects of the society.

Briefly, the theoretical approaches (e.g. psychoanalytic approach, task model, cognitive process models, social constructivist model) in the bereavement and grief research, and the significant concepts in relation to bereavement and grief such as the role of social support, religion, funerals details, personal and cultural rituals, metaphors, and professional help, and continuing bonds were discussed in relation to the expression, experience, and adaptation to bereavement and grief in this chapter of the study.

In a broad spectrum, theoretical and empirical research related to bereavement and grief reveal that studies of loss and its psychological consequences for the individual might be traced back to Freud's explanations (1917/1957) about psychological process the bereaved experiences upon a loss of a loved one. Psychoanalytic perspective that emphasized the resolution of intrapersonal processes of the the bereaved's experience dominated the field in terms of both research and therapy for a long time. Intrapersonal process was linked to concepts such as attachment background and continuing bonds between the bereaved and deceased. In the late 1960s grief research gained momentum toward the stage-specific understanding of the process, with the influential studies of Kübler-Ross (1970). She defined a five-stage model of typical reactions that the dying patients display, and these stages were later adapted to bereaved individuals' loss experiences. Along with the stage-specific explanations of bereavement, task-oriented approaches emerged. They focused on the bereaved person's tasks for adjustment to loss. This implied that their emphasis was on the bereaved person's personal efforts to achieve some tasks, rather than passively having

some stages, as suggested by the stage-specific models. For example, The Task Model (Worden, 1982) proposed four tasks that the bereaved needs to complete throughout the loss experience. Beginning with the early 1990s, the movement had a shift on the coping processes of the individual. For example, Cognitive Process Model (Nolen-Hoeksema, Parker, & Larson, 1994) suggested some cognitive-based concepts that defined the bereaved individual's coping in maladaptive ways (e.g. ruminative coping). Beginning with the second half of the 1990s contemporary integrative and/or coping-based models emerged. For example, Dual Process Model (M. S. Stroebe & Schut, 1999) examined the bereavement and grief phenomena in the context of variety of personal, cognitive, and contextual stressors that contribute to adjustment to bereavement. The model classified those stressors into two categories for the individual's coping; namely, the loss-oriented and restoration-oriented coping. With this classification, it explained a dynamic process of oscillation between these two aspects of coping, based on confrontation versus avoidance. In addition, The Meaning Reconstruction Model (Neimeyer, 2001) focused on finding meaning in loss experience. Based on this meaning obtained from the loss experience, bereaved individual reestablished the world he/she lives without the loved one. Two important concepts played role in the meaning reconstruction; sense making, and benefit finding. As the bereaved remaked the new meaning system, his/her identity inevitably changed. The last two models relied on the cognitive elements in the coping and adjustment, as well as the social and contextual factors. Social and contextual factors might imply variety of factors such as social roles, social network, familial experiences, belief systems that determined by the person, culture, and religion. This might lead to a holistic understanding of the bereavement and grief phenomena. Therefore, even if the loss experience was thought to be unique to the individual, this "uniqueness" might be influenced and shaped in part by the environmental factors.

All these theoretical perspectives and models contributed to the theory of bereavement and grief, and grief counseling and therapy. However, the contemporary models seemed to have a broader perspective because of their emphasis on the personal and environmental factors, whereas the psychoanalytic, stage/task-specific, and cognitive process models focused more on the intrapersonal processes.

Criticizing the medical model's emphasis on the symptomatic consequences of bereavement, Gillies and Neimeyer (2006) argued that examination for bereavement might not be simply to explain avoiding distress, but rather to discuss how a bereaved finds meaning in the experience and gets benefits for personal growth. Relying on the uniqueness of the experience, this point of view might provide a different approach from the normal/abnormal paradigm. Given that the duration and expression of "normal" grief vary across cultures as defined in DSM-5, "uniqueness" of the bereavement and grief experience for the individual might be defined with the contribution of the cultural and social aspects, and their role in the individual's experience. From this view, different contributions of culture on the bereavement and grief experience might worth investigating on either when deciding whether the grief is normal, or in a broader context, when explaining the concept of finding meaning in the experience.

In addition to the above explanations, it might be said that a great amount of research seemed to be conducted among American, white, middle-class, middle-age widows. Therefore, the findings related to their grief experience and coping process were well-documented. For example, findings about the emotional reactions, symptoms, risk factors, social support, social network, gender, help-seeking behaviors, religion, family relationships were shown in the literature. However, several theorists asserted that

to assure the validity of the models that stemmed from the American data should be examined in different cultures. Therefore, it was thought that a qualitative analysis of a cultural experience and coping of bereaved individuals would be best examined among the data of a well-documented American participants and data from where little is known; among Turkish participants. In this case, concepts and explanations of coping-specific models need to be culturally examined. This would be achieved through using a qualitative method because there is little known in the Turkish culture in relation to the coping and adjustment to bereavement, based on the contemporary approaches. Therefore, it was thought that a descriptive examination on this phenomenon would be a theoretical background to the further empirical studies in Turkey.

Along with the universality of grief phenomenon, all the social and cultural factors discussed above underline the role of how different social and cultural factors can influence the way the grief experienced. There are commonalities and differences within and across cultures. This indicates a perspective that is worth discussing in terms of the grief counseling as well. Servaty-Seib (2008) discusses grief theories such as Dual Process Model, Meaning Reconstruction model, in relation to the counseling theories such as Gestalt Therapy, Existential Therapy, and Narrative Therapy. She concluded that many concepts in the grief theories could be integrated with the counseling theories and used in combination by the mental health professionals. For example, The Meaning Reconstruction Model were related to the existential and narrative therapies that focused on the reorganization of individual's subjective reality. Mental health professionals' task could be encouraging the bereaved clients to find a new personal pathway to life. However, the emphasis on the individual's initiative might not be adequate when cultural factors are taken into account. As

Erdur-Baker (2007) stated, the norms in a culture could influence the individual's coping mechanisms. Therefore, just individuals themselves could not always control their own changes in life, especially in the Turkish society in which the expression of the self is rather connected to the social relationships than being directly related to the individual's own decisions (Erdur-Baker, 2007). In other words, counseling with such individuals with collectivist lifestyle might not only require dealing with the individuals' personal reorganization of the self, but also having knowledge about the client's cultural perspective, belief systems, and their roles in their decision-making. Consequently, the relationship with a grieving client for a grief counselor could necessitate the integration between counseling models and local cultural characteristics and counseling skills with the local communication styles. Increased self-awareness in cultural sensitivity for a grief counselor could contribute to establish a genuine therapeutic relationship with the bereaved client as well.

In sum, the review of the literature chapter dealt mainly with the common reactions to bereavement including the emotional, cognitive, and behavioral reactions in general. Along with the reactions, risk and protective factors in adaptive bereavement were discussed. Risk factors can include severe emotional, cognitive, and behavioral symptoms lasting more than a year after bereavement. In coping with this major life event, personal characteristics, relationship with the deceased, social network, gender, professional help-seeking behaviors, perspectives about grief might be either risk or protective factors according to their roles in the individual's grief experience. Some personal characteristics such as emotion regulation, emotional expression, help-seeking and problem solving can be regarded as the indicative for how the person experiences the post-loss process. Therefore, variety of personal and social characteristics can contribute to individual's mental health positively and negatively.

Beginning from Freud's "grief work", some common stage-based and coping based models were discussed in this chapter. These were Attachment Theory, Kübler-Ross's Five Stage Model of Grief, The Task Model, Cognitive Process Models, The Dual Process Model, Model of Grieving Styles, and The Meaning Reconstruction Model which is involved in the Social Constructivist Approach. In a relatively linear perspective, stage-based theories focus on the phases of an individual after the bereavement experience. There is a dominant feeling that characterizes each stage beginning from the emotional state that reflects the reality of loss experience, to the acceptance that reality to go further in the life without the loved one. Different from the stage theories, the coping-based models focus on the individual's styles of coping and/or the contributions of the personal and environmental factors to deal with the reality of loss. There is a variety of concepts that are defined by those theories and models such as grief work, continuing bonds, ruminative coping, loss oriented and restoration oriented coping, meaning sense making, benefit finding, and instrumental and intuitive grief. All these concepts deal mainly with explaining how the individual experience and make adaptation to bereavement.

In the last section of the literature review chapter, social and environmental factors that play role in the adaptation to bereavement were reviewed. Specifically, these factors included factors such as social support, religious belief and participation, cultural and religious customs and rituals, and cultural sayings and metaphors. Literature findings related to those factors were reviewed and discussed in the context of this study.

CHAPTER III

METHOD

In this chapter, overall approach and rationale of the study including overall design, participant details, research team, biases of the research team members, interview protocol, procedures of data collection, and procedures for data analysis were presented.

3.1 Overall Design

Overall design of the study was descriptive, qualitative based on phenomenology (Glaser & Strauss, 1967) with Consensual Qualitative Research (CQR) (Hill, Thompson, & Williams, 1997; Hill, Knox, Thompson, Nutt-Williams, & Hess, 2005). Qualitative research design was chosen because an in-depth analysis of grief and coping experiences of Turkish and American female participants who have lost their significant others or loved ones was the focus of the present study.

In this study, the CQR (Hill, 2011; Hill et al., 2005; Thompson, & Williams, 1997) was utilized. The CQR was defined by Hill et. al. (Hill, Thompson, & Williams, 1997; Hill et. al., 2005) as qualitative data collection and inductive analysis processes that help the researchers apply an easy-to-follow analysis procedure to the qualitative data. The processes of this procedure include some unique components such as working with a team of researchers, auditor(s), and stability check. As a qualitative research paradigm, the CQR is a process of consensus among the research team members and auditor(s)

in terms of domains and core ideas in the data under investigation. According to Ponterotto (2005), this indicates a “one true approximal reality, rather than equally valid realities” (p.133). He concluded that the philosophy of the CQR can be characterized and categorized as post-positivist. He also noted that, as a method, the CQR uses face-to-face interviews with a semi-structured interview protocol. From those ideas presented above, it seems that the CQR method, at some point, includes positivist objectivity in the phenomenological subjectivity, because it relies heavily on decreasing the bias, and increasing the trustworthiness and the accuracy of the data by utilizing some clear steps (Darden, 2008). In an effort to constitute a new, clear and standard approach to the qualitative research, Hill et. al, (1997) defined a method that is similar to the other qualitative approaches in many ways, but they think that presenting a new organized combination of the existing methods made the CQR unique. Hill et. al. (1997) defined 3 basic steps for the CQR. These are;

1. Qualitative data gathered via responses to the open-ended interview questions are divided into domains for each of the cases.
2. For each case, core ideas, such as abstracts and brief summaries are defined under the identified domains based on the presented qualitative material.
3. Within the identified domains for each case are examined across cases to find out the similarities and consistencies among the core ideas that are under the identified domains.

When utilizing this procedure, Hill et. al (1997) defined eight key components which are either similar to the existing qualitative methods, or unique and peculiar to the CQR:

1. Data are gathered via open-ended questions.
2. The method should be based on the words to describe the phenomena, rather than numbers.
3. Small number of cases is examined in-detail.
4. Looking at a broader context within the case is important to understand and interpret the specific parts of the experience of the case.
5. The procedure is inductive, so conclusions are drawn based on the data rather than existing theory.
6. All procedures are conducted by a team of three to five researchers; therefore, each of the decisions about the analyses is made based on the agreement (consensus) between the researchers.
7. One or two auditors are used to check the accuracy of the judgments that were previously made by the team of researchers.
8. Lastly, the team members check the raw data again to ensure the accuracy of the conclusions.

3.2 Participants

There were 20 participants in this study, 10 from Turkey, and 10 from the United States of America (USA). They were Turkish and American female adults who experienced a loss of a loved one/significant other in two to five years before the day of volunteer

participation to the study. All of the participants of the study were adults and above the age of 18. For the recruitment of the participants, a time interval of two to five years for the loss was chosen. This was because, finding meaning in the loss experience could take considerable time when a death loss occurs. Davis and Wortman (2000) suggested that finding meaning in the death loss can take not less than 13-18 months in the post-loss process. Similarly, Danforth and Glass Jr. (2001) suggested that the transformation of the self, as a part of adaptive outcome of bereavement, begins at least after first year of the death loss experience. In this study, time since loss was set to at least 2 years for the participants, to ensure that they can better describe the major changes in their selves and in their lives, with the help of meaning they have from their experiences. In addition, time since loss was set to 5 years at the most, considering that the participants can describe the details through their experience. Table 3.1 shows the demographic information gathered by the Turkish and US participants.

Table 3.1

Demographic Information Gathered by the Turkish and US Participants

Nationality	Race/Ethnicity	Time Since Loss (M)	Age (M)
Turkish	Turk	3.1	42.1
USA	Caucasian	3.3	67.1

All of the Turkish participants were from Ankara and they reported that they had lost one of their loved ones and/or significant others in two to five years. Turkish participants ranged in age from 29 to 50 ($M = 42.1$; $SD = 6.69$). There were teachers, school counselors, an economist, a research assistant, and a psychologist in Turkish participants. All participants had college degree. Three of them reported that they had

lost their fathers, and two of them grandparents, whereas three of them had experienced death loss of a younger and/or older brother. Remaining reported losses were a friend and a spouse. Average time passed after the loss for Turkish participants was 3.1 years ($SD = 1.22$). Seven of the Turkish participants were married, two of them were singles, and one was widow. None of them reported that they had counseling and/or psychotherapy service after the loss.

Similar to the Turkish participants, all of the participants from the USA were volunteers who had lost their loved ones/significant others in two to five years before at the time of their participation to the study. Participants from the USA ranged in age from 38 to 89 ($M = 67.1$; $SD = 15.48$). Average time passed after the loss for the participants from the USA was 3.3 years ($SD = 1.15$). There were five retired participants, a freelance writer, an assistant administrator, an associate, a volunteer coordinator, and a grief educational group facilitator in the participants from the USA (Tippecanue County, Indiana). They were all college-degree except for a high school and a master-degree participant. Seven of them reported that they had experienced loss of their spouses, whereas the remaining three had lost their parents (two fathers and a mother). Seven participants from the USA were widowed, two participants were married, and one participant was single. Two participants reported that they had counseling and/or psychotherapy service after the loss. All participants from the USA were Caucasians.

3.3 Research Team

For the two separate CQRs conducted, there were two separate research teams in this study. Along with the researcher of this thesis, there were four other researchers who

participated to the analyses. Data gathered from the participants from the USA were analyzed with the contribution of a colleague who was a psychological counseling and guidance doctoral student and research assistant at Middle East Technical University, and a counseling psychology doctoral student at Arizona State University. Together with the researcher, there were three research team members for analyzing the data of the participants from the USA. Along with two Turkish researchers, an American doctoral student participated to the analysis because it was thought that a researcher from the USA might contribute to the analysis from different perspectives, especially in terms of cultural aspects. The team was comprised of two Turkish doctoral students at the Program of Guidance and Psychological Counseling at Middle East Technical University in Turkey and one doctoral student at the Program of Counseling Psychology at Arizona State University in the USA.

Similar to the analysis of the data of the participants from the USA, a different research team was established with the participation of the author and two Turkish doctoral students who were research assistants at the Program of Guidance and Psychological Counseling at Middle East Technical University and Ankara University. The team for analyzing the Turkish data was comprised of the researchers, two of them are doctoral students at the Program of Guidance and Psychological Counseling at Middle East Technical University in Turkey, one has Ph.D. degree from this program. All researchers in the teams had a qualitative research background in their research careers, but there was only one researcher that had an experience in the CQR. All interviews were conducted by the researcher of this dissertation. As the auditor of the analysis process, one academician who had a Ph.D. degree in Counseling Psychology at Purdue University in the USA and an adjunct faculty member at Boğaziçi University

in Turkey contributed to the study. She is an experienced auditor and researcher in the CQR as well.

3.4 Biases

The author and the other researchers in this study had some biases that might have role in the whole process of this study. For example, during the interviews, especially the ones that were conducted among the participants from the USA, the researcher thought that using some more questions other than main questions and some prompt questions that were placed in the interview protocol could provide comprehensive data for the study and could help collect richer data. This could be because of the initial belief of the researcher had in advance, that the participants from the USA would rather to be reticent in talking about their personal experiences directly. When conducting the interviews, the author was inexperienced in the American culture. For this reason, the author thought that individualistic lifestyle might have contributed to their perspective reflecting being hesitant to share some personal things among US people. The author believed that the same thing could occur in the interviews. Plus, the author was hesitant about establishing a cooperative and productive contact with the participants from the USA because of some language and cultural barriers that could interfere with getting an appropriate relationship and contact with the participant. Most of the reflections made by the participants showed that this hesitation was rather unrealistic. The author thought that he might have some role confusion as a counselor and as a researcher during the interviews because of the hesitation he had with the American participants. This was because, he believed that reflection of feelings and emotions, and reflection of content would contribute to establishing an easier rapport with the participants so that the sharing atmosphere of

the personal content would be easier. This made the researcher hesitant about having a balance between his researcher and counselor role. Therefore, first several interviews lasted longer than expected, having some efforts of reflection of feelings and content, along with the main questions in the interview protocol. However, this was not a significant matter for the study because the content the interview protocol provided for the study was already parallel with the main aim.

Even if this study was a phenomenological study in nature, research team members believed that demographic differences between the participants of two countries could have a role in differentiating the results. Similarly, the author and two other researchers believed that people in Turkey were inclined to be more religious and would make totally religious interpretations to the questions of the interview protocol. In practice, this was not the case. In other words, the participants from Turkey shared their unique experience with religious references in the similar level with the American participants. Along with the participants with high and low involvement to the religious activities, there were non-religious participants that never used religious references in their story.

3.5 The Interview Protocol

An interview protocol was used to gather data about the perceptions and coping mechanisms of the individuals experiencing grief. For this purpose, a semi-structured interview protocol in English (see Appendix E) was prepared by the researcher. The protocol involved questions about the relationship with the deceased, experiences (e.g. feelings, observations) in the funeral process, mourning reactions, coping with grief. Questions such as “Please briefly describe your relationship/bond with the person you

have lost?”, “Please explain the interactions, conversations between you and others (e.g. family members, friends) about your loved one who died since the funeral or memorial service?”, “Were there activities or behaviors that you personally and individually did that helped you to memorialize your death; perhaps things that others may not even be aware of?” were included in the interview. The questions in the interview schedule were prepared with the consideration of the purpose of the study and related literature. Specifically, through the preparation of the protocol, the interview questions were mainly informed by the study of DeEskinazis (2002).

After arriving at the USA, the interview protocol (*see* Appendix E) was reviewed by four researchers. To examine the accuracy and the function of the protocol, a research team of three doctoral students, and a professor, all of whom are experts in thanatology checked the protocol in terms of its applicability to the American culture. Some suggestions and updates were made and therefore the last form of protocol was obtained. For example, some prompt questions in the protocol were elaborated. Specifically, the second question was as follows in the initial form: “Can you briefly explain before, during, and after the funeral process?” After the suggestions and amendments of the research team members, the question was transformed to the below final form:

Was there a funeral or memorial service for your loved one who died?

If yes, prompts: Please think back to that time...

- What did you experience, observe, and feel prior to the funeral process?
- What did you experience, observe, and feel during the funeral process?
- What did you experience, observe, and feel after the funeral process?
- How do you feel and what do you think now about how the funeral/service went?

If no, prompts:

- How was it decided to not have a funeral?
- What did you experience, observe, and feel during the decision-making process?
- How do you feel and what do you think now about things went?

The reason of this update was because the research team reminded the researcher of the possibility that there would be participants whose loved ones were not buried with a funeral ceremony. The researcher's initial assumption in relation to the funeral ceremony was corrected. After all these procedures completed, the English form was piloted with two adults to ensure its functionality.

All these suggestions and changes were also reflected to the Turkish interview protocol. First, the English form was translated to Turkish by the researcher of this study. Second, the researcher checked the applicability of the protocol to Turkish culture with two Turkish doctoral students and an associate professor. After taking their recommendations, the last form of interview protocol was formed for Turkish participants. Lastly, the Turkish form of the protocol was piloted to two adults who have a loss of a loved one. Other than a minor update done in one question in the Turkish form (for cultural considerations), American and Turkish forms were very similar. The update was about the 10th question that addresses if any change occurred in the religious belief after the loss compared to the past. Based on reviewer researchers' suggestions, it was decided to ask that question in an indirect way, and slightly different from the English form. In the English interview protocol, the 10th question was "Did your religious beliefs change before and after the loss?". This question was reviewed and changed as follows: "There might be changes in one's life

after the loss, and it could be valid for the religious beliefs as well. Do you experience such a change in terms of religious belief in your experience?"

3.6 Participant Selection

In the present study, the participants were selected via purposive and snowball sampling methods. Recruitment procedure in the USA included visits to funeral homes and hospices to notice the study to the potential participants. For this purpose, an introduction letter (*see* Appendix B) and a consent form (*see* Appendix C) were composed and sent to the potential participants with the help of staff working as the coordinators in the visited institutions. Since the introduction letter included contact information of the researchers of the present study, volunteers contacted with the researcher via phone or e-mail. After completing a phone interview with the volunteers to address their appropriateness to the study, an appointment with each of them were made for the semi-structured face-to-face interviews. Interviews conducted with the participants in their houses, in the locked study rooms in the Purdue library, at Purdue University, or in one of the locked rooms of a funeral home, West Lafayette, Indiana. Interviews lasted approximately one to two hours, with an average of 75 minutes. All of the participants attended the interview positively, and gave clear and detailed responses to the questions. All of them accepted to continue taking part in the study if needed, in case of further questions, data analysis procedures, and additional reliability and validity issues.

Since "the intensity of acute grief process and the period of time over which it occurs can vary depending on the closeness of the relationship to the deceased and circumstances of the loss" (Shear, et. al., 2011, p. 104), it was decided that volunteers

experiencing the death loss of a loved one in 24 to 60 months (two to five years) were recruited as the participants for the study. The time period since death was limited because the researcher thought that the memories about the experience might be blurred if too long time passed since the death. Similarly, the process might not be discussed as-a-whole if the time since death is taken too short. Therefore, issues about grief process come along with time can be more extensively discussed with the participants in this way.

Participants having loss of a loved one or significant other (e.g. parent, sibling, spouse, close friend, uncle, aunt) were chosen regardless of the way of loss (e.g. expected or unexpected, accident, illness). This is because; common definitions, experiences, and coping mechanisms of loss and grief were taken into account to come to a common conceptualization of this phenomenon in both cultures. The critical matter was the "meaning of loss" for the participants. "Meaning of loss" referred specifically to the participants' reports about whether the loss they had was a major one that led them to deep sorrow and created major life changes and experiences for them. This was asked prior to the interview to decide upon involving the participant into study. Therefore the participants decided upon the most critical death loss they had in their life to talk about in the interview. In other words, they expressed experiences about the major (and the most critical) death losses in 2 to 5 years in the interview. In addition, participants were chosen based on their willingness as well as their potentials in substantial contribution and simplicity in self-expression.

3.7 Data Collection Procedure

There were 10 females whom experienced loss of a parent or spouse participated in the study in the USA. Additional data from several participants, including some documents, photographs, and writings about the deceased were gathered. In addition, the researcher participated in a memory service in the Hippensteel Funeral Home to observe what was happening typically, in a memorial service organized for a deceased from the Lafayette area.

For part of the study conducted in Turkey, a similar procedure was followed. Recruitment procedure in Turkey included visits to some institutions such as Çankaya Guidance and Research Center, Yenimahalle Guidance and Research Center, and Karakusunlar IMKB Technical High School. Ankara Yenimahalle Mehmet Rüştü Uzel Technical and Industrial High School, Ankara Çankaya Kılıçarslan High School. The researcher of this study was a member of Çankaya Crisis Intervention Team which had been established under the institution of Çankaya Guidance and Research Center. The mentioned institutions were visited and an announcement was made to reach volunteers to participate to the study. For this purpose, the introduction letter (*see Appendix G*) and the consent form (*see Appendix H*) composed for recruiting volunteer American participants were translated into Turkish with three researchers, and delivered to the potential volunteer participants with the help of staff working as the directors in the visited institutions. Since the introduction letter included contact information of the researchers of the present study, volunteers contacted with the researcher via phone or e-mail. After completing a phone interview with the volunteers to address their appropriateness to the study, an appointment with each of them were made for the semi-structured face-to-face interviews. Interviews conducted

with the participants in their houses, in the private study rooms or counseling service offices at the mentioned schools. Interviews lasted approximately 40 minutes to 75 minutes, with an average of 60 minutes. All of the participants attended the interview positively, and gave clear and detailed responses to the questions. All of them accepted to continue taking part in the study if needed, in case of further questions, data analysis procedures and additional reliability and validity issues. The interviews conducted both in the United States and in Turkey were very similar in terms of coordinateness with the research purposes, volunteer and active participation, collaboration between the researcher and the participants, and privacy of participants and the interviews.

The time interval since the death was set up the same with American data; that is, 24 to 60 months (two to five years) since the death of a loved one were recruited as the participants for the study. Participants having loss of a loved one or significant other (e.g. parent, sibling, spouse, close friend, uncle, aunt) were chosen regardless of the way of loss (e.g. expected or unexpected, accident, illness), as in the American data gathering procedure.

There were 10 females whom experienced loss of a parent, brother, or spouse participated in the study in Turkey. Additional data from several participants, including some documents, photographs, and writings about the deceased were gathered. In addition, the researcher participated in a funeral ceremony in Ankara to improve his experience about the funeral process. It was thought that having experiences and observations about a funeral could help better understand the funeral procedures and grief phenomenon.

3.8 Data Analysis Procedure

The present study was conducted based on these key components and basic steps of the CQR. To do this, two separate CQRs were conducted for the Turkish and US data. Initially, all the interviews were transcribed verbatim by the primary researcher. Then, research teams were established based on the suggestions of the CQR method. There were two different research teams including three researchers and two auditors for each of the data set (interview data of Turkish and US participants). The basic reason for choosing this method was to make clear and systematic analysis, and to improve the trustworthiness of the data analysis, as the CQR suggested. The primary researcher of this study took part in both teams and organized/coordinated the whole process. In addition to the primary researcher, as suggested by the CQR, it was thought that setting up a team of researchers could help increasing the trustworthiness. A similar research team establishment procedure was followed for analyzing the Turkish data. As mentioned, the process began with the determining of the domains for each of the cases. To achieve this, a meeting was set to decide on the first three common cases to be coded. Three cases were selected and coded by the research team members separately. Then, a meeting among the researchers was set again to decide upon the emerging domains that were shown by the data of the coded cases. After an agreement made about the domains, coding and categorization of the codes were completed by the primary researcher for the remaining cases, based on the domains formed in the initial step. Upon the completion of the coding and categorization of all cases, the other team members reviewed all the codes and categories in terms of their accuracy and rationale. Then, abstracting core ideas under the domains were identified and domains for each case were checked in terms of their consistencies across cases. Each of the steps were discussed to make a consensus on the issues emerged in the data. Once the

current step came out, researchers jumped in the next step of the procedure. Prior to the cross analyses of the cases; auditor checked the accuracy of the domains and core ideas within each of the cases. In the last step, the same procedure was followed for the analyses of domains and the core ideas across cases until the final consensus on the issues within the data was obtained. The process continued with the revisions made by the contributions of team discussions and auditor's checks until "stability of the data" (Hill et. al., 1997) was ensured. To examine the patterns in the data, cases were divided into more homogeneous subgroups when appropriate, and some pathways were constructed based on the data presented by those subgroups. After achieving the same cycle of the revision procedures, the final step, write-ups came. One important thing here was that similar feedback procedure made with auditor(s) was intended to follow with the "participants" for checking the accuracy of the interview transcripts. They were sent an e-mail for the transcriptions of their interviews and were asked if they have anything to change according to what they actually meant when something unclear was recognized. Most of the participants did not reply to the e-mails and those who replied did not mention any issue related to their interviews.

Trustworthiness of the results is highly influenced by the research team. For this reason, dynamics in the team should be stabilized according to the suggestions addressed in the Hill et. al. (1997; 2005). According to those suggestions, the manner of discussions, characteristics and backgrounds of the researchers in the team were critical to work collaboratively and productively throughout the process. Therefore, the teams were formed according to those suggestions. As mentioned above, along with the primary researcher of the present study, doctoral students who were experts in the counseling field and familiar with the qualitative research joined the teamwork.

Therefore, data analyses were conducted based on the guidelines of CQR (Hill, 2012). All the procedures of CQR from initial step of determining the domains to the last step of cross analysis were achieved in collaboration with the members of the teams.

CHAPTER IV

RESULTS

In this chapter, consensual qualitative research results indicated by the data collected among the woman participants from the United States of America (n = 10) and Turkey (n = 10) were presented respectively. According to Hill et al. (2005), categories are labeled based on their observations across the cases to present the results more systematically. Specifically, categories including all or all but one of the cases are general; categories having codes of more than half of the cases are called typical, and the categories which include codes of two to five cases are called variant. Therefore, categories with the codes of 9-10 cases were labeled as general; categories including the codes of 6-8 cases were labeled as typical; and the categories that applied to 2-5 cases were labeled as variant in the this study. Two different CQRs were conducted with the participants from the United States (CQR 1) and the participants from Turkey (CQR 2). Results of the two CQRs revealed three domains which were labeled as loss and grief experiences and expressions, coping, and adaptation to loss. These domains included the total of 17 categories and 19 subcategories for the CQR 1 and 24 categories and 12 subcategories for the CQR 2, with the 9 general categories, 9 general subcategories, 4 typical categories, 3 typical subcategories, 4 variant categories, and 7 variant subcategories for CQR 1; 11 general categories, 6 general subcategories, 9 typical categories, 3 typical subcategories, 4 variant categories, and 3 variant subcategories for CQR 2. As Hill (2012) suggested, categories or subcategories including fewer than 2 cases were not reported. The first domain, loss and grief experiences and expressions, referred to the background story and background

characteristics of the death, bereaved, deceased, other people, and funeral, from the participants' personal point of view. The second domain, coping, referred to the personal, familial, and cultural mechanisms to deal with the death, loss, funeral, and other life experiences related to the whole process, from the participants' perspective. The last domain, changes and adaptation, referred to the physical and/or personal changes after the loss, and their roles in perceptions, attitudes, and perspectives of the participants, related to loss, death, and life in general. In the following sections, general, typical, and variant categories/subcategories under each domain revealed by the CQR 1 and CQR 2 were given respectively.

4.1 Results of the CQR 1

In this section, results related to consensual qualitative analysis of the interviews conducted among the participants from the United States (n = 10) were presented. Results of the categories/subcategories under each domain for the CQR 1 were given in Table 4.1.

Table 4.1

<i>Domains and Categories/Subcategories Revealed from Cases of the Unites States</i>		
Domain	Category/Subcategory	Frequency Label
Loss and Grief Experiences and Expressions	Closeness with the Deceased Person	General
	Physical Closeness of the Deceased Person	General
	Emotional Closeness with the Deceased Person	General
	Personal Characteristics of the Deceased Person	Typical
	Characteristics of the Bereaved	Variant
	Reason of the Death	General
	Story of the Death & Dying	General

	Funeral Details & Procedures	General
	Feelings and Thoughts	General
	Feelings and Thoughts Before the Loss	Variant
	Feelings and Thoughts About the Loss and Funeral During the Funeral	General
	Feelings and Thoughts About the Loss After the Funeral	Typical
	Current Feelings and Thoughts About the Loss	General
	Condolence Messages	Variant
	Metaphors and Phrases	Variant
	Previous/Other Loss Experiences	Variant
Coping	Social Support	General
	Social Support From the Family Members	General
	Social Support From the Others	General
	Professional Help	Typical
	Support Groups	Typical
	No Professional Help	Variant
	Expectations From the Professional Help	Variant
	Sharing the Memories About the Deceased with Others	General
	Coping Mechanisms, Rituals and Activities	General
	Personal Coping	General
Familial Coping	Variant	
Religious Coping	General	
Changes and Adaptation	Changes in the Life After the Loss	General
	Change in Relationships	Variant
	Change in Daily Life or Life style	General
	Change in Religious Beliefs	Variant
	Personal/Self Exploration	Variant
	Moving to Another Place	Variant
	Support to Others	Typical
	Learning From the Loss Experience	Typical

As seen in the Table 4.1, CQR 1 results revealed three domains which were labeled as loss and grief experiences and expressions, coping, and changes and adaptation. The first domain, loss and grief experiences and expressions included five general

categories and four general subcategories, one typical category and one typical subcategory, and four variant categories and one variant subcategory. The second domain, coping had three general categories and four general subcategories, one typical category, and one typical subcategory, and one variant subcategory. The third domain included one general category, and one general subcategory, two typical categories, and four variant subcategories.

4.1.1 Domain 1: Loss and Grief Experiences and Expressions

As mentioned above, the domain yielded five general categories which were named as closeness with the deceased person, reason of the death, story of the death and dying, funeral details and procedures, and feelings and thoughts. Among these general-labeled categories, closeness with the deceased person had two general subcategories which were named as physical closeness with the deceased person and emotional closeness with the deceased person. In addition, the category of feeling and thoughts included the subcategories of feelings and thoughts before the funeral which was labeled as variant in frequency label; feelings and thoughts about the loss and funeral during the funeral which was labeled as general in frequency label; feelings and thoughts about the loss after the funeral which was labeled as typical in frequency label; and current feelings and thoughts about the loss which was labeled as general in frequency label. The domain included only one typical category that was named as personal characteristics of the deceased person. There were four categories that were labeled as variant; characteristics of the bereaved, condolence messages, metaphors and phrases, and previous/other loss experiences.

Category 1: Closeness with the deceased person (General). This category had two subcategories; physical closeness with the deceased person and emotional closeness with the deceased person. Physical closeness referred to the actual affinity or relation with the deceased person. Deceased persons' physical closeness with the participants varied. Seven out of ten participants reported that the bereaved persons were their husbands. Two participants reported that they had lost their fathers, and one participant reported that she had experienced loss of her mother.

The other subcategory under this category was named as emotional closeness with the deceased person. Emotional closeness with the deceased person referred to the participants' subjective evaluations about the relationship that they had with the deceased person. Most of the participants indicated that they had close, warm, and unique relationships with the person they lost. For example, one participant stated,

I had very good marriage for 43 years. I was proud to be his wife. We were simple people; he did not like ... things. He did not like being away from home, and we never had any problems, we didn't need any marriage counseling or anything. We loved each other, we respected each other (case 5).

Category 2: Personal characteristics of the deceased person (Typical). This category included the participants' definitions of the deceased persons in terms of their personal characteristics, such as how they were like to be as persons, their occupations, works, and hobbies. For example, one participant mentioned:

He was a hardworking man; he worked for Duke Energy for forty years. My dad was just a good guy, he was involved with a lot of things; he was part of and president of many professional committees. He was a very loving father and husband and just all around good guy. He was a stern man and expected discipline but he was also a very loving man. He had lived a good life (case 2).

Category 3: Characteristics of the bereaved (Variant). This category included the personal background information of the participants themselves. Several participants explained

their story in the family they lived, their environmental conditions, and their personal characteristics such as attitudes in serious life conditions, or their religious orientations. For example, one participant explained:

I am still able to walk and drive and make my phone calls and write letters and stuff like that. I was raised during a period of time when we had a depression in 1930, I was just a kid, but I can remember many people losing their shirts, every penny in the bank and all that, and my mother was good about preserving vegetables and garden and we had meat, we could kill cows or pigs or whatever, and it was just a matter of organizing yourself to make something that's going to be in your pantry for the rainy day, so I learned that then and I do that now (case 7).

Category 4: Reason of the death (General). This category included the actual reason that killed the deceased person. All of the participants reported that their loved ones passed away because of a serious illness such as cancer, Alzheimer's disease, stroke, heart attack, kidney failure, or a complication or infection that triggered by those serious illnesses. Of the ten participants, three lost their loved ones through cancer whereas three of them from kidney failure/infection. Others mentioned illnesses such as Lou Gehrig's disease, Alzheimer's disease, and stroke. Only one participant did not specify the reason of death and just mentioned it as a serious illness. For example, one participant stated:

His heart, he had a heart attack, and he had heart surgery, then he had a defibrillator, the doctors did everything they could for him of course which is normal I guess but and then his body just shutting down, you know the kidneys... (case 6).

Category 5: Story of death and dying (General). This category referred to the background information and process of the death of the deceased person. It also included the expression of how the illness or the death was like to be for the participant. Various

participants talked about the illness and death and dying process of their loved ones in their experience. For example, one participant explained:

He was put into hospice, we talked about it and he was the type that he didn't let him getting down. It didn't change his personality; right until he was passed away he was laughing, teasing people and things like that. When we talked about hospice for him he said no, because I think for him, if we would have used it, then it was signal that yeah I am done this is the end of me and he just lived like, we have talked about it, we won't be sad as long as you are breathing there is always hope that you will still be here and that's how he lived (case 9).

Category 6: Funeral details and procedures (General). This category referred to the specific procedures that were applied at the funeral home and funeral day, such as visitation, memorial service, burial, or cremation. Six participants reported that the deceased's body was buried at the cemetery. Several of the participants reported that the deceased's body was cremated and either buried or kept in a special way after the cremation.

It's (the length of holding the deceased for the funeral) actually up to the family and that usually goes by travel you know if everybody is here. J. died on Tuesday and we had his on Friday but I had a son in Ohio who had to come and a brother in California. I have seen them do it the next day and I was assuming that that means that they didn't have much family around. You have to wait 48 hours I think, to cremate him. Both of my kids were there when J. died and then when J. (one of the kids of the participant) came in somebody had to go down and identify the body before they cremated him so he got to see his dad too that way (case 8).

Category 7: Feelings and thoughts (General). Feelings and thoughts reflected the participants' personal impressions and evaluations of the self and others, and the whole thing that they experienced beginning with the illness that their loved ones were diagnosed. This category had four subcategories that were named as feelings and thoughts before the loss (variant), feelings and thoughts about the loss and funeral

during the funeral (general), feelings and thoughts after the funeral (typical), current feelings and thoughts about the loss (general).

Feelings and thoughts before the funeral covered the time period from the diagnosis to the funeral day. During this period, several participants indicated that they were experiencing anger and numbness, and some blurred thoughts. For example, one participant indicated:

I remember that I thought it was going to happen. When my husband was diagnosed, there really wasn't going to be a lot that they could do, so I think that somewhere along the way you kind of start the grieving process early on before actually happens. But life was going on. I thought when he passed away I was just kind of numb, I knew it is going to happen and I would not be able to think and grasp everything, that would not happen until after everybody left and I had time finally alone to myself and to think about it and stuff. I did not know somewhere along the way I will be asking at the time of death what would happen (case 9).

Feelings and thoughts about the loss and funeral during the funeral referred to the participants' descriptions of their self and others, and funeral during the funeral/memorial day. Various participants mentioned that they felt numbness, shock, confusion, sadness, worried, emptiness, speechless, quite emotional, hatred and uncomfortable during the funeral/memorial day. In addition, some of the participants remembered mentioning the things about how the funeral/memorial service went, the participation, and some thoughts about the deceased such as imagining living without the deceased, and worried about the other family members. For example, one participant stated:

I felt that I had different feelings at different points. When people talked about my husband and things that he had done some of it made me feel very sad, some of it when my son-in-law talked it was funny. I would laugh at some things and cry at others. At the funeral ceremony, at the graveside it was so bitterly cold that

day for me that, it was just kind of numb. Also, I was excited because my husband was a military person and military people did the twenty-one gun salute. The staff at the airport where my husband had worked had airplanes, they had three airplanes, and had a fly-by for him which was really pretty touching and, and very emotional so it was good, good for him (case 3).

Feelings and thoughts about the loss and funeral after the funeral referred to the participants' descriptions of impressions of their self and others, and funeral after the funeral/memorial day. Various participants reported their feelings of sadness, relief, yearning, nervousness, and loneliness, and thoughts such as confusion. For example, one participant said:

I think that it was the time most people start grieving the most after everything is over. People were not really around. So, I thought that's hard, if one does not have a lot of people around (case 1).

Current feelings and thoughts about the loss included the participants' all recent perception and impressions about the loss. Various participants said they missed the deceased. Several of them reported that they felt loneliness very much. One of the participants expressed her current feelings and thoughts as follows:

For me the word "widow" is a word that sounds cold. Most people think a widow as being old, I earned the title when my husband died, now my husband free from pain and in heaven where he abides, and I am just the widow, I am alone. I think that I must find the life without him until I am called to my final home. The days are long and the nights are too, life is much better when it was just with him. He was my comfort, my protector, my love. I can feel he is watching over me from above. Even though I sometimes feel near I can't stop my eyes flooding with tears. A widow, just one of many titles of mine, I am also a daughter, a sister, mother, aunt, a grandma, all those roles are fine but all those titles together don't feel the one I had with the deceased, "wife". That is the word that made her proud to say, I am his "wife" I wear his ring next to me own, hoping that it will help me. The word widow, a widow is the word says he is gone (case 5).

Category 8: Condolence messages (Variant). This category referred to messages that the bereaved heard from others for the purpose of expressing the feelings and thoughts upon the loss of the loved one throughout the process of death and funeral/memorial service. Several participants remembered that they were told “sorry for your loss”; “I understand your feelings”. Several participants were told that they would feel free to contact them when they need. Several participants mentioned that they had well-wisher kind of cards from the people who were either close to them or to the deceased. For example, one participant said:

Well, mainly people just expressing their feelings about my husband and their association with him and then there condolences to us. But to give you specifics, there are people there from all walks of life, so it was ever many different dialogues. All good of course (case 6).

Category 9: Metaphors and phrases (Variant). This category referred to participants’ own definitions of their experiences through a personal or common metaphor or a cultural saying. Several participants wanted to express themselves with their own metaphors. For example, one participant said:

I felt like I was in the bubble. The bubble was an imaginary safe place for me (case 1).

Another participant stated:

I don’t know it is like a rollercoaster because one minute you are up and the next minute you are down (case 2).

Category 10: Previous/Other loss experiences (Variant). This category included the information provided in the context of the losses the participant experienced through death. Several participants mentioned the other losses they had before or after the death loss they chose to talk about for this study. A participant’s definition of her loss after her husband’s death illustrated this:

My mother died two months after my husband but she would already been ill, so I sort of went through that, she would been sick for years and that loss was easier for me to accept, that loss was easier to handle or maybe it was just that I was already low so one more thing didn't hurt (case 10).

In sum, the first domain, loss and grief experiences and expressions yielded ten categories and six subcategories reflecting the participants' experiences, perceptions, and impressions with their own words. This domain included a variety of definitions from the background information of the deceased, bereaved, and others involving in the process, to the loss experience itself that included the funeral/memorial service, main points that mentioned by the participants, and their roles in how the participants thought and felt in general.

4.1.2 Domain 2: Coping

This domain yielded four categories that were named as social support, professional help, sharing the memories about the deceased with others, and coping mechanisms, rituals, and activities. Except for the category of professional help, frequency labels of these categories were general. The frequency label of professional help was typical. There were two subcategories under the category of social support; social support from the family members and social support from the others. These subcategories were labeled as general. The category of professional help had three subcategories that were called support groups, no professional help, and expectations from the professional help. These subcategories were labeled as typical, variant, and variant, respectively. In addition, the category of coping mechanisms, rituals, and activities included three subcategories that were called personal coping, familial coping, and religious coping. These subcategories were labeled as general, variant, and general, respectively.

Category 1: Social support (General). This category included the definitions of social support the participants perceived throughout the process. There were two subcategories that were defined under this category. The first one, social support from the family members referred to the participants' perception of social support from their family members. Various participants reported that they found their family members quite supportive after the death of their loved ones. Specifically, several participants said that they were given phone calls or visited more frequently than did before. Several participants told that they were helped in the home, garden shopping stuff. A definition of a participant would illustrate this:

They would come with water for me when I was upstairs even when I was standing around they just tap me on the shoulder, hand me a glass of water say drink it. They got me a chair, I just sat down and my children were definitely helpful, they have always been that way though, they are just remarkable children at their ages, and they were overseeing that (case 5).

The other subcategory under this category was social support from the others. It included the perceived social support provided by the people who were not members of the participants' family. Various participants stated that they felt the support by their close friends, neighbors, relatives, and church community that they regularly attended. The support they felt by the others could be illustrated as follows:

I had friends and family both they called her and take me to eat with them, and with her church friends that she I attend regularly and those people show compassion for me, and friendliness too and I found that all of that to be very helpful (case 6).

Another example that might define the support given by the relatives as follows:

Now all that is left in my family, my family is all deceased. My son, who is sixty-five, and he lives here in town, is not married. My nephew and his wife also live here in town. They are a very loving couple and they have just taken me under their wings so they have been very helpful to me. They have a personal feeling

toward me because I was always very loving to his dad and mother, even though they were in-laws, it was more like blood relation (case 7).

Category 2: Professional help (Typical). Professional help referred to the participants' thoughts and ideas about whether they sought or attend psychological support from a professional. There were three subcategories defined under this category.

As a typical-labeled subcategory, support groups included the participants' details about whether they attended to a support group for the purpose of coping with loss or not. Several participants mentioned that they participated to support groups to share their feelings and experiences upon loss of their loved ones. Those who attended a support group gave some information about the content of it. Several participants mentioned support groups that were held in the context of a program that were open to the public. A participant's experience of support group would illustrate this:

I attended Bridge program and talked about my loss. I think that helped me the most because my son was very extremely angry and I couldn't get him to talk to me but he would talk to the grad students working in the program. Thanks to the program I have become friends with several people and stayed friends with several people within the "Bridge group" and that helps because everyone in the program was going through similar things in life (case 4).

As a variant-labeled subcategory, no professional help reflected the participants' preferences of, unwillingness to not attending any professional individual or group help process. For example, one participant said:

I thought I should get some help at first but then I really did not think that I needed help at that point (case 3).

As a variant-labeled subcategory, expectations from the professional help included the participants' beliefs about how it would need to be like so that it could be perceived

as functional. Several participants defined their expectations from a professional help.

For example, one participant said;

I think that if I were to get professional help, I would hope that person that might be educated. It is also good to know that the professional had the similar experience, because I feel that one can relate to the other one in a better way, if one had that experience. I would assume that the person that I ask for professional help would know how to lead me saying the right thing or doing the right (case 6).

Category 3: Sharing the memories about the deceased with others (General). This category referred to participants' sharing behavior of the past memories and feelings and emotions in relation to those memories with others. Various participants told that they were willing to share the memories and talking about the deceased any time with their family members and/or other people such as neighbors, friends, or a stranger. Several participants believed that it was comforting, healing; keep people away from their fears. Few participants thought that it would not be helpful for them. A participant's definition might explain the role of sharing for her in her experience:

I think it helped just to tell my story a hundred times so that I understand exactly what I really went through, and the healing, I heal every time I tell my story (case 2).

In addition, a participant's definition that supported the above idea as follows:

The more I tried to explain the loss to other people the easier it gets. I have met some people I had to explain how things going on. I didn't say that I put one foot in front of the other one every morning, sometimes stumbled and sometimes keep going (case 5).

Along with the definitions emphasizing the meaning and role of sharing for them, one participant attributed a more cultural meaning in explaining the role and meaning of sharing for her:

The Irish tend to have a different attitude towards death it isn't that they aren't sad but they get together and tell stories about the person who is deceased and all the happy things and remember the stories of the deceased. I don't know if all families do that but I would put that sort of towards her Irish ancestry (case 8).

Category 4: Coping mechanisms, rituals, and activities (General). This category referred to the participants' efforts and actions to cope with loss of their loved ones individually (or privately), and descriptions of collective (e.g. cultural, religious) actions based on their observations and impressions. This category had three subcategories that were named as personal coping, familial coping, and religious coping.

The first subcategory was personal coping which was labeled as general, since it was applied to all cases. Various participants stated various kinds of personal activities that might be regarded as efforts to coping with the loss. Participants shared personal/private actions that they did such as keeping a memory, a diary, photograph albums, mementos, writing poems, talking to the deceased at the grave, reading self-help books or bible, gardening, and lighting a candle on the special days for the deceased. For example, one participant explained:

I have a room in there (in home) that has surrounded by pictures of him and the airplanes that he built and the airplanes that he flew. That's where I spend a lot of time that's where my desk is and so. I spend a lot of time in there. I like to pause at her table with the flag because there's a nice poem there. He also wrote a lot of poetry and I have it together in one book and I often read those, they are not all about him and me, they are about other people that they associated with over the years but he was at many times would write a poem to whatever the event was, those are very fond memories (case 3).

Similar to the description above, one participant explained her personal activity that she did once on their wedding anniversary day:

In the United States the 45th wedding anniversary is kind of a big deal and he died on their 43rd so when their 45th came around I had a very, very hard time. I just cried all day and I wanted to do something but I didn't want to share it with anybody else so I ended up going to town. I got a steak and a potato and so I went home and I put my nice tablecloth on the table and put two candles, set a place for each of them, cooked my steak and fixed my salad and potato. I made a dessert. I sat there at the table, turned the lights out, called the radio station and had them play a song for me and him. I ate my supper. That was very comforting for me. People ask me I could want them to go out with me. No, that's not what I need; I don't know what I need. I figured out finally on my own that it was a neat night for some reason or other, then I got tears in my eyes again, my whole world was just different, it is just like on Fridays the worst part is probably being home alone (case 8).

Another salient example that would define this subcategory would be as follows:

I think what I did is mostly lighting candles. Every time I think about him, I light a candle and say "this is for you" and definitely on Christmas I do it with my children. I think that candle is a signal of life, and it makes me feel good. In the evenings, when it is a nice evening and when the stars around, I sit outside and look up in the stars and think of him, and kind of talk to him. I know, maybe he is listening (case 9).

The second subcategory was familial coping that was labeled as variant, since it was applied to four cases. Familial coping included the activities that organized together as a family for the name of the deceased. Several participants stated that they gathered together on the anniversary days like the death of the deceased or other special days. They lit a candle all together at the graveyard; cooked a special meal that was the deceased's favorite; and talked about the memories with the deceased. A participant described one of her family's typical activities as follows:

I and my family celebrate her dad's birthday on his birthday. I just always feel like he is around, he is still around even though he is not there to talk to; I still feel his presence. I can't imagine what is like to feel like my dad's brother being the only child left out of seven kids. So, I think everyone goes through different emotions (case 2).

The third subcategory was defined as religious coping which was labeled as general because it can be applied to all cases. Religious coping reflected mainly personal coping efforts that contained the religious content. Various participants reported that they believed in God and Jesus, and religious belief took a significant part in their coping-related efforts and activities. They prayed for the name of the deceased, read Bible and religious books, and attended church, believing that the deceased's presence continued in afterlife. Several of the participants added that believing that the deceased in Heaven was comforting for them. A participant's description of the role of religion in her experience would illustrate this:

I think because the deceased believes Jesus Christ was his lord and master, I believe that, my family believes that when he died he went to be with Jesus, and I believe we will see him again in Heaven. So I think it may make the whole process so much easier. Loss is a bad thing, and thinking in that way is really a good thing (case 1).

In sum, the second domain, coping yielded four categories and eight subcategories reflecting the participants' social support systems, attendances, opinions and expectations about professional help, characteristics and content of personal, familial, and religious coping.

4.1.3 Domain 3: Changes and Adaptation

The last domain, changes and adaptation had three categories that were named as changes in life after the loss, support to others, learning from the loss experience. Among these categories, changes in life after the loss was a general-labeled category that had five subcategories: change in relationships, change in daily life or lifestyle, change in religious beliefs, personal/self-exploration, and moving to another place.

These subcategories were labeled as variant, general, typical, variant, and variant, respectively. In addition, the categories of support to others and learning from the loss experience were labeled as typical.

Category 1: Changes in life after the loss (General). This category reflected the physical and/or personal changes that the participants experienced after the loss of their loved ones. There were five subcategories that were defined under this category. The first subcategory of this category was change in relationships. Change in relationships included the changes in content of the participants' relationships with others or changes in their social network. Several participants reported that they spent more time with their friends, did activities that they had not made before or for quite a long time, experienced conflicts with other family members, and got weaker links with the family members and friends after the loss. For example, a participant said:

I go out with my friends a lot more now because I was with him before but now he is not at home anymore. I need to find other avenues of getting away, and people to talk to (case 8).

In addition, a participant's description below illustrated slightly different perception about the change in the content of her relationships with the family members and friends:

I think that my family members and friends have sort of drifted away to some degree. They were very good at first being in contact and then it got to the place well. In the course of time, it is just been more or less a weaning away from the situation. I know they care, but I can't go round telling somebody you care all the time. But I have been interested as far as my welfare is concerned so I am happy about that (case 7).

The second subcategory, change in daily life or lifestyle included the changes in routine or more dramatic changes that might be considered reflecting a different style

of living. Most of the participants mentioned various changes in their routine such as eating and cooking habits, family tasks, and church attendance. They commonly said that they began to do home stuff that they had not done before because they were the deceased's task. Few participants said that they did not have any change in their routine after the loss. One participant explained the financial changes in her life that negatively affected her lifestyle. A typical description for this subcategory would be as follows:

My life has changed in the way I cook. I don't cook anymore. My life has changed in doing little chores around the house. I hadn't ever changed the light fixture of the bulb and the light fixture. I have set up and take a notice just how fortunate I had been to have such a good mate (case 6).

In addition, a participant's description would illustrate the change in style of life:

Now I have just sort of ventured off doing some things that as a couple we did not necessarily do. There were things that he liked to do that I didn't and vice versa. I think that is just life, I am not perfectly matched in everything, I am not attached at the hip, I am now very active in my church in different ministries and I have been a freelance writer and editor as a side thing for years but now I am doing that and I like that a lot (case 10).

The third subcategory, change in religious belief included the participants' state of a change in religious/spiritual belief or participation before and after the loss of their loved ones. Several participants reported that they did not have any change in religious belief or religious participation before and after the loss. Only one participant claimed that her religious belief got even stronger after the loss experience. A participant described spiritual change in her as follows:

I think that I have grown. I think I have become more faithful than I ever was before because I am now dependent on myself rather than on my husband. It was good that he was willing to go to church and believe in what we were teaching, not to walk out like a lot of people do if they get mad. He was very good about embracing what was trying to be done, religious-wise, according to

the Bible teachings. And I just feel like he has been a good claimer for me as well because knowing that he believed, that enforces my belief also.

The fourth subcategory, personal/self-exploration referred to some changes in personal characteristics. Several participants stated some changes in their understanding and behavior such as being more appreciative, self-confident, and self-sufficient. For example a participant described her situation as follows:

I think it has just evolved that I am pretty self-sufficient, more of a minimal, minimalist that I don't require as much to make me happy from a physical standpoint because I have become more aware spiritually of what life is all about or what it should be about (case 10).

The fifth subcategory that was defined under the category of changes in life after the loss was moving to another place. It referred to moving to another town or city to live, especially to where a family member that needed a close interest or care lived. A participant stated that she thought that she needed to leave where she had been living with her father. She explained her situation as follows:

I am more aware of death of my dad because I live in his house. I know I wouldn't be living in his place if he was still alive and living in the house. It is like I have a daily reminder that I am here and my dad is not here (case 2).

Category 2: Support to others (Typical). This category referred to the participants' help behaviors for either their family members (e.g. mother) or others such as friends, colleagues, neighbors, and any person whom they knew that experienced loss recently.

As an example of this, a participant said:

I have a neighbor across the street for instance, he is 91 years old and he lost his life in last January, and he has grieved. He knew I was grieving and we had many conversations about our mates. There are other friends, that I made back in high school and we have maintained the relationship all these years and some of them have lost their mates. So together we understand what one another have come through (case 6).

In addition, several of the participants mentioned that they became a part of public organizations in a funeral home, church, and the other places where help organization were serviced. They reported they let others know what was done in those organizations. A participant's description would illustrate this:

There is a lady whom I used to work with whose my husband died recently. I reached out to her. I and my husband were raising her grandson who looks about fourteen years old so I gave her the funeral home activity information suitable for his age group. I also told her about the Bridge program, gave her some contact information of the program. I just tried to tell her it takes time and there are resources out there to try to help her, try to understand what is going on (case 4).

Category 3: Learning from the loss experience (Typical). This category referred to the change in personal perspective about death and life and other related concepts. Various participants stated that they had perspective changes such as coping/dealing with the loss, openly share the experience, listening to others more, being more positive, enjoying life and seizing the day. A participant's description would illustrate this:

Coping. I think I learnt to cope. I think that I learn that life goes on in a different manner. I don't ever get over, missing that person but it gets easier to deal with as the days go on and you heal the best that you can heal. It is a journey and as the time goes on, my journey gets easier. I never give up on missing that person or wishing they were still here. But it is easier than it was at day one compared to day two hundred. My journey gets easier, and I make my own new memories with my family. That is what life is all about. My family keeps my memory alive and that is basically what I learnt (case 2).

In sum, this domain yielded three categories and five subcategories reflecting the personal, interactional, familial, and philosophical/spiritual changes or transformations of the participants. As can be seen in the results of this domain, changes in participants' life varied. Changes were observed to have role in adaptation to loss of the participants.

4.2 Results of the CQR 2

In this section, results related to consensual qualitative analysis of the interviews conducted among the participants from Turkey (n = 10) were presented. Results of the categories/subcategories under each domain for the CQR 2 were given in Table 4.2.

Table 4.2

Domains and Categories/Subcategories Revealed from Cases of Turkey

Domain	Category/Subcategory	Frequency Label
Loss and Grief	Closeness with the Deceased Person	General
	Physical Closeness of the Deceased Person	General
Experiences and Expressions	Emotional Closeness with the Deceased Person	General
	Personal/Familial Background Characteristics of the Deceased Person	Typical
	Personal/Familial Characteristics of the Bereaved Person	Typical
	Story of the Death & Dying	General
	Reason of the Death	Typical
	Funeral Ceremony	General
	Funeral Details & Procedures	Typical
	Gender Roles	Variant
	Feelings, Thoughts, and Experiences	General
	Feelings, Thoughts, and Experiences Before the Loss	Typical
	Feelings, Thoughts, and Experiences During the Funeral	General
	Feelings, Thoughts, and Experiences After the Loss and Funeral	General
	Current Feelings, Thoughts, and Impressions About the Loss	General
	Expressions of Mourning	Typical
	Personal/Cultural Metaphors and Phrases	General
	Previous/Other Loss Experiences	Typical

Coping	Social Support	Typical
	Receiving Social Support	Typical
	Support Messages	Variant
	Care/Close Interest	Typical
	Condolence Visits	Variant
	Professional Help	General
	Receiving Professional Help	General
	Counseling Needs/Quality of and Expectation from Professional help	Variant
	Sharing Emotions and Memories About the Deceased with Others	General
	Personal Coping/Rituals	General
	Religious Coping	Typical
	Familial/Cultural/Traditional/Religious Rituals and Activities	General
	Changes and Adaptation	Change in Life and Routine After the Loss
Keeping Busy		Variant
Support to Others/Strengthening Bonds with the Family Members		General
New decisions and Preferences		Variant
Learning from the Loss Experience		General
Change in Attitudes Towards Death/Loss		Variant

As seen in the Table 4.2, CQR 2 results revealed three domains which were labeled as loss and grief experiences, coping, and changes and adaptation. The first domain, loss and grief experiences included five general categories and five general subcategories; six typical categories and one typical subcategory; and one variant category. The second domain, coping had four general categories and one general subcategory, two typical categories, and two typical subcategories, and three variant subcategories. The third domain included two general categories, one typical category, and three variant subcategories.

4.2.1 Domain 1: Loss and Grief Experiences

As mentioned above, the domain yielded five general categories which were named as closeness with the deceased person, story of the death and dying, funeral ceremony, feelings, thoughts, and experiences, and personal/cultural metaphors and phrases. Among these general-labeled categories, closeness with the deceased person had two general subcategories which were named as physical closeness with the deceased person and emotional closeness with the deceased person. In addition, the category of feeling, thoughts, and experiences included the subcategories of feelings, thoughts, and experiences before the loss which was labeled as typical in frequency label; feelings, thoughts, and experiences during the funeral which was labeled as general in frequency label; feelings, thoughts, and experiences after the loss and funeral which was labeled as general in frequency label; and current feelings, thoughts, and impressions about the loss which was labeled as general in frequency label. The domain included six typical categories that were named as personal/familial background characteristics of the deceased person, personal/familial characteristics of the bereaved person, reason of the death, funeral details and procedures, expressions of mourning, and previous/other loss experiences. The domain indicated two variant categories which were named as condolence and gender roles.

Category 1: Closeness with the deceased person (General). This category had two subcategories; physical closeness with the deceased person and emotional closeness with the deceased person. Physical closeness referred to the actual affinity or relation with the deceased person. Deceased persons' physical closeness with the participants varied. Three out of ten participants reported that the bereaved persons were their younger or older brother. Three participants reported that they had lost their

grandmother or grandfather. Each of other four participants reported to experience different death losses; that is, loss of father, mother, husband, and very close friend.

The other subcategory under this category was named as emotional closeness with the deceased person. Emotional closeness with the deceased person referred to the participants' subjective perspectives about the relationship that they had with the deceased person. Participants' description of their tie with the deceased person varied. Specifically, they mentioned that they had strong, spiritual, conflictive, formal, distinct, unique, respectful, very close, and moderate relationships with the person they lost. Among the variety of descriptions, for example, one participant having loss of her older brother said:

Actually, we did not have a quite good relationship. At times, we had disputes. I think that is because, he was a man, and we were close in terms of age, and we had different expectations from life. Plus, we grew up in different homes; I grew up in my grandmother's home, while my mother was looking after him. We became closer in the last 4-5 years before he died but it was not that much good as it should be. So we had conflicts very much (case 2).

Another participant described more clearly positive feelings about the tie she had with the close friend she lost:

I miss her; she had a unique meaning for me. We had a 28-year background; we grew up together (case 9).

Category 2: Personal/familial background characteristics of the deceased person (Typical). This category included the participants' definitions of the deceased persons in terms of their personal characteristics, such as how they were like to be as persons, their occupations, life experiences, works, hobbies, and their relationships with the society. For example, one participant explained:

He was 73, when he died. He was a conservative and quite religious person. He was so naive and so easygoing person. He did not live that much good life. There was not much enthusiastic life experience in his life, maybe he passed away in peace, I don't know. He was a good believer, fabulously good believer (case 1).

Category 3: Personal/Familial characteristics of the bereaved person (Typical). This category included the personal background information of the participants themselves. Several participants explained their story in the family they lived, their environmental conditions, and their personal characteristics such as their life perspectives, personal preferences and attitudes, or their religious orientations. For example, one participant described:

I am the third one in among the siblings. I have an older sister who is 5 years older than me, one more sister who is 2 years older than me. My brother was 1.5 years younger than me. I also have one sister who is younger than me. But if we were to look at in terms of emotional maturity, I would say I am the second. We are generally more logical persons with my older sister, the oldest one, than the rest of the siblings in the family. We can be more responsible persons among all of the siblings when needed. The other sisters are more emotional, feeling-oriented (case 8).

Category 4: Story of death and dying (General). This category referred to the background information and process of the dying and death of the deceased person. It also included the expression of how the death was like to be for the bereaved participant. Participants' last interactions and dialogs with the deceased, last events they involved together, notification of the death, and informing others about the death were also included in this category. Various participants talked about around the times that the death occurred and how they got notified. For example, one participant specified:

Actually she did not stay in the hospital, just less than a month maybe. But she was in need of care and unconscious. She was such an active person that she couldn't stay calm, couldn't rest for a long time. At times she moved the serum hanger so I had to check it all the time and I got exhausted and sleepless. It is

comfortable to see this ended, yes it is not a good thing but that is how I feel (case 5).

Category 5: Reason of the death (Typical). This category included the actual reason that killed the deceased person. Various participants reported that their loved ones died due to various reasons such as cancer, heart attack, accident, unknown illness, and suicide. Of the ten participants, seven participants mentioned the reason of the death. For example, two participants mentioned cancers such as lung cancer, and gallbladder tumor and related complications. Four participants said that they unexpectedly faced with the death of their loved ones. For example, one participant stated:

It was gallbladder. Doctors said it was a rare type of tumor. The tumor was realized at the very last phase of the illness (case 6).

Another participant emphasized that her loss unexpectedly occurred:

An infection was notified in the gallbladder that triggered the heart complications. I guess the illness was specified very lately before he died. His death was unexpected in this way. The first days everyone was just curious about the way he died. The dialogs were almost totally related to the way he died (case 8).

Category 6: Funeral ceremony (General). This category was related to whether there was a regular ceremony for the deceased, whether the bereaved was involved, and few other characteristics that describe the ceremony itself. Various participants explained that they participated to the funeral ceremony whereas few specified they could not. For example, one participant stated:

The funeral was too crowded, and I felt discomfort in this crowd. This is totally personal thing. Everyone was discussing about the rituals, and the way that they should be done (case 9).

Another participant described:

I situated at a place where I can watch part of the ceremony at the mosque yard for the first time in my life (not actively participated) (case 8).

Category 7: Funeral details and procedures (Typical). This category referred to the specific procedures that were applied for the funeral beforehand and procedures followed right after the ceremony, such as washing the deceased's body, wrapping with a shroud, put the deceased body into a coffin, funeral prayer at the mosque, a short visitation of the deceased at the mosque yard, burial and burial prayer at the cemetery, and going back to the deceased's home, and welcoming the condolence visits. Several participants briefly described the procedures, whereas the others mentioned just some parts of it. For example, one participant briefly explained:

All of the regular procedures that are performed for a funeral were completed of course. I mean, excavation of the burial place, taking the deceased body from the morgue, taking him to the cemetery, funeral prayer at the mosque, burial, coming back to home, and welcoming the condolence visits. My mother told these all. These are the common procedures that are followed in Turkey (case 1).

Category 8: Gender roles (Variant). This category referred to cultural and/or familial gender role differences that the bereaved mentioned in her experience. Several participants emphasized the gender-related roles especially in terms of funeral tasks and condolence visit settings at the funeral home. For example, a participant explained:

In our town women are not allowed to involve in the ceremony at the cemetery. I and several relatives of mine did visit the grave but this was because we reached the town afterwards, after the burial ceremony was completed (case 5).

Similarly, one of the participants emphasized the gender role difference, implying her feelings about that:

We couldn't get in the mosque yard. In our city, women are not welcomed to involve in the ceremonies. We, as women, stayed in our cars and watched everything from the entrance gate of the mosque (case 8).

Category 9: Feelings, thoughts, and experiences (General). Feelings and thoughts reflected the participants' personal impressions and evaluations of the self and others, and the whole thing that they experienced beginning with the illness that their loved ones were diagnosed, or the notification of death that the participant heard at the very first time. Experiences included personal impressions that the bereaved participants had throughout their active participation to the process. This category had four subcategories that were named as feelings, thoughts and experiences before the loss (typical), feelings, thoughts, and experiences during the funeral (general), feelings, thoughts, and experiences after the loss and funeral (general), current feelings, thoughts, and impressions about the loss (general).

The first subcategory, feelings, thoughts, and experiences before the loss covered the time period from the diagnosis or death notification to the funeral day. Participants' feelings included pain, despair, being angry with the deceased or others, isolation, emptiness, numbness, shock, guilt, regret, sadness, anxiety/worrying about the health status of the deceased, irritation, and being frightened. Participants' thoughts at that time period were confusion, meaninglessness, recalling the last dialogs or past memories with the deceased, and thinking about the last tasks to be performed for the deceased. Participants' experiences at that time period were giving others a call for the death notification, witnessing others' clamors and screams upon the death notification, seeing others crying, getting numb and tired (fatigue), helping others feel okay, having a trip to the city where the funeral ceremony is made, hearing others planning for the near future, and receiving the death notification. One of the participant descriptions

would exemplify this with all of the aspects of the subcategory, including the feelings, thoughts and experiences:

I was at the kitchen, and husband was in front of me sitting, I received a phone call and I heard my grandfather died. I was speechless, I don't know how to explain it, and probably it was the moment of shock for me. I had a feeling like emptiness, like losing the body functions at that moment (case 1).

The second subcategory under this category was feelings, thoughts, and experiences during the funeral. This subcategory referred to the participants' descriptions of their self and others and funeral, during the funeral ceremony or funeral day. The common context of the feelings, thoughts, and experiences for the various cases were their relatedness to the deceased, their inner experiences, the process of preparation for the funeral, the setting and the surrounding people at the cemetery and/or funeral home, customs and expectations of others and so on. Various participants mentioned a variety of feelings. They reported that they felt pain, numbness, shame, guilt, emptiness, irritated with the customs, fatigue, isolation, worrying about others, suffocation, sadness, comfort, regret, denial, relief, disbelief, and being proud of the deceased. Similarly, thoughts included avoiding from being at the cemetery setting at the time of the funeral, avoiding saying farewell to the deceased, repetitive thoughts such as "everyone is going to die", thinking about how to tell the grandfather's death, desire to be left alone, questioning the meaning of the funeral, and meaninglessness. Thoughts were commonly focused on the participants themselves, to the deceased, others, tasks of the funeral, and the whole setting at the funeral ceremony and funeral home. In addition, experiences might be grouped under the experiences such as seeing relatives crying at the funeral home, being busy with the funeral tasks, crying beside the casket, seeing people crying and hugging each other, promising the deceased for some tasks, conflicts with the relatives, interfered/disturbed by others at home, being

uncomfortable with the others' looking, being controlled by others, nice conversations about the deceased, having meal at the funeral home, touching the deceased body, seeing people praying at the funeral, hearing screams and clamors, seeking for a relief, and roasting halva at the funeral home. A participant's thick description would explain this subcategory in detail:

The mosque community gathered together at the mosque yard for the funeral pray of the deceased. They prayed, we watched the whole pray. One would feel bad at the moment of burying, not at that time of the last pray for the deceased. This is because you know that it was not reachable anymore, and you have to accept this reality. You come to understand the reality of everything at that very moment. I clearly remind the moment of burial. I can hear the screams, and clamor of the sisters, mother, and the deceased's family members. You faced with the reality of his absence right after the burial ends and everyone leave from the setting. But you feel as if you deny the reality again. You feel like you touch the ground, the soil to accept that he is gone. It was probably the touchiest scene that I remember for the funeral day. I don't know how long we stayed there; people left and we, as the closest ones, stayed there. We hugged with each other and cry. Several people approached us and said that we would better to leave the graveyard anymore, so that the others around would not get disturbed. They added that this was required for the deceased to get comfort in his new place. I guess of course all the efforts they showed were just for consolation. We got back to home. I don't know the other details. But I think I had crying fits for several days. It was such a traumatic thing that I had to stay at the hospital, not only for this but also I had a problematic pregnancy at those times (case 8).

The third subcategory under this category was feelings, thoughts, and experiences after the loss and funeral. Feelings and thoughts about the loss and funeral after the funeral referred to the participants' descriptions of impressions of their self and others, and funeral after the funeral day. Various participants mentioned variety of feelings such as inadequacy, depressed, emotional pain, rebellion, despair, sadness, hope, guilt, regret, being angry with the deceased and other family members, yearning, loneliness, isolation, denial, fear, blaming others, ambivalent feelings such as pain,

sadness and happiness at the same time. In addition, the thoughts that the participants reported were questioning the self, life and death, intrusive thoughts such as visual images of the funeral, burial, and the deceased; repetitive thoughts about the death of self and others, suicidal thoughts, conflicting thoughts about the religion, and thinking about the deceased. They had experiences such as hearing her mother's nervous breakdown from others at the funeral, expressing condolences to others, crying regularly for three or four months, somatic heart ache, stress responses, avoiding talking about and reminders of the deceased, social pressure, keeping busy, refusing the support of others, sleep disturbances, efforts for adjustment to new life, crying fits, remembering the memories of the deceased. The contexts of those feelings, thoughts, and experiences varied as well. A code example of this subcategory was as follows:

I thought of her all the time I am alone, I repetitively thought of her feelings and experiences when she was alive. I felt guilty at first. Because she gave me a call and told me that she was not good and in need of help. We were talking on the phone every day three weeks before she died, but we couldn't meet. Our last phone talk was three days before she committed suicide. We were sure that she had given me signs of involving in her depressive mood again. But we couldn't reach her in any way for a week. I blamed myself all the time because of that. I have given up blaming myself for around six or seven months (case 9).

The last subcategory under the feelings, thoughts, and experiences category was current feelings and thoughts, and impressions. This subcategory included the participants' all recent perception and impressions about the loss. Various participants said they missed the deceased. In addition, they commonly felt regret, sadness, and guilty. Several participants reported to think that they were critical about the meaning of life. Several participants described their impressions about themselves and others and shared some of their impressions such as believing that everything would have been better, desire to hug and tell something to the deceased, difficulty accepting the loss, remembering the funeral day details, dreams about the deceased, remembering

the dialogs with the deceased, acceptance of death, and seeking the deceased' presence. One of the participants expressed her current feelings, thoughts, and impressions as follows:

I mean, feelings are still intense, actually endless. I just get used to live with them, nothing other than that. I belatedly realized that I am living the things in the counseling books. Are they still going on? Yes, they are. As I said, I haven't accepted him to die yet. I am still seeking his presence. I think that he was person that makes us a unit as an extended family. I really miss him. I hope he is resting in peace now. That's it (case 6).

Category 10: Expressions of mourning (Typical). This category referred to the displayed emotions, meaning the observed behaviors regarding loss that the participant and other bereaved persons around her experienced throughout the process. Various participants reported that they displayed their emotions related to loss of a loved one by crying silently and cuddling with the closed others. They also shared their observations about the other people at the different settings and reported that they heard clamors and screams, and saw frantic people around lamenting and crying out loud with a profound sorrow. Several participants emphasized that they felt pressured, since the others' eyes were on them to control what and how they were doing things and how much they were displaying their emotions and whether they were crying enough or not. A description of one of the participants would explain this category in detail:

Then we waited for the doctors to come and give some pills or inject tranquilizer. Doctor came. It was quite weird for me. He asked me where the other sibling of the deceased was. Because my older sister were lamenting and crying out loud, her reactions were unbelievable. She screamed lying on the ground. I said it was me, the other sibling of the deceased. Doctor said "okay then, let me give you some tranquilizer. I said I did not want to have it. He got surprised and looked at me for a while. He said nothing and left. I don't forget his look (case 2).

Category 11: Personal/Cultural metaphors and phrases (General). This category referred to participants' own definitions of their experiences through a personal or common metaphor or a cultural saying. Various participants wanted to express themselves with their own metaphors or culturally common sayings. For example, one participant described:

I had many death losses; I lost my dad, my close friend, members of my extended family. But this time I had a feeling like, like someone I don't remember said, "A candle lights and always burns inside". That is definitely right, what remained me from the pain of my brother's death is a burning candle inside. I mean, things haven't finished in me, still going on like a little voice whispering me (case 8).

Category 12: Previous/Other loss experiences (Typical). This category included the information provided in the context of the losses the participant experienced through death. Several participants mentioned the other losses they had before or after the death loss they chose to talk about for this study. Several participants elaborated their other experiences and made some comparisons between the previous/other losses and the current one. A participant's description of her loss before her grandmother's death illustrated this:

I mean, I would make a comparison between my grandfather's death and grandmother's death. It has been twenty years from my grandfather's death. One thing I remember from that loss is that TV in our home was not opened for a while. We did not watch TV for a week after my grandfather's death. It was like silent agreement between us, nothing said for that but we did that. I don't remember we did this after the death of my grandmother (case 5).

In sum, the first domain, loss and grief experiences yielded twelve categories and six subcategories reflecting the participants' experiences, perceptions, and impressions with their own words. This domain included a variety of descriptions from the background information of the deceased, bereaved, and others involving in the process, to the loss experience itself that included the death and dying process, death

notification, funeral, funeral home, interactions between the participant and others, and all the main points that mentioned by the participants.

4.2.2 Domain 2: Coping

This domain yielded four categories that were named as social support, professional help, sharing emotions and memories about the deceased with others, personal coping and personal rituals, religious coping, and familial/cultural/traditional/religious rituals and activities. Frequency labels for these categories were general for the professional help, sharing emotions and memories about the deceased with others, personal coping and rituals, and familial/cultural/traditional/religious rituals and activities; typical for social support, and religious coping. There were four subcategories of social support; receiving social support and care/close interest that were typical in terms of their frequency labels; and support messages and condolence visits that were labeled as variant in terms of frequency. In addition, the category of professional help had two subcategories; receiving professional help which was general in terms of frequency label; and counseling needs/expectation from professional help which was labeled as variant in terms of frequency label.

Category 1: Social support (Typical). This category included the definitions of social support the participants perceived throughout the process. There were four subcategories that were defined under this category. The first one, receiving social support referred to the participants' perception of social support from their family members, extended family members, and others who had close relationship with the participants. Several participants believed that they did not get any support from

others. Among them, few participants also emphasized that they did not even want to get it, nor had any supportive environment, whereas the several participants expressed that they did get support from family and extended family members, especially at the times that the prolonged condolence visits lasting around one-two months occurred. Therefore, for those who believed and wanted to have social support, the nature of the support reflected a feeling of unity with their extended families. On the other hand, for those who refused to get support from others, they rather preferred to isolate themselves from others, since they did not believe to get support as they wish to have. To illustrate, one participant described her supportive environment as follows:

First of all, you are not alone. There are people who shared your pain. You support each other well. What else, in little towns, graveyard visits are very common. You see people visiting their loved ones at the grave all the time, praying or cleaning up their loved one's grave. I mean, you never stay alone. You have people beside you all the time. Do you know what I mean? You may not want to cry for the deceased but you see people crying for the deceased. You see people talking about the deceased and you feel like get supported (case 6)

Another participant who had a different perspective of social support stated:

Yes, maybe I believe it but I think the person itself has the main role for coping with a loss. Social environment thinks that she did not experience pain for long, it should be appreciated that she died before she needs palliative care. So, I think I deal with the process alone; I haven't received any support from others (case 10).

The second subcategory, support messages reflected the content of the messages received from the others. It included what participants heard from others for the purpose of condolence and support, and how they perceived them. Several participants making descriptions about the support messages mentioned that they commonly heard "classical" condolence, "sorry for your loss". They also commonly

reported that the condolences or any other message were not helpful. To illustrate this, one participant explained:

A classic, "sorry for your loss", or "God rest her". I mean, these words don't make any sense to me. They are just said for showing an interest, efforts for attending. Formality; someone gives a call and says "sorry for your loss". So it doesn't make any sense (case 10).

The third subcategory, care/close interest included surrounding others' performed efforts to understand, help, and support the participants either in the funeral or in the whole process. It reflected the participants' needs and expectations from others, in terms of the approach they desire to be shown as well. Several participants described that they got helped when they needed, and there were people around to share. One participant said that she was expecting interest of others that she did not actually get.

A participant's description about the care/close interest would illustrate this:

Even if I preferred to stay alone in this process, my friends' interests, either physically or emotionally, made me feel I am not alone. The presence of my spouse and my daughter also helped me for coming through this process. Because I guess the hardest one is to be alone. What I mean with this, as I said previously, I think that death loss should be come through individually. But if you see people around when you need it, then you are not alone. I am quite sure that I experienced and experiencing this (case 3).

Another participant expressed her expectations about getting close interest at the funeral day:

At the funeral you expected to get a warm approach from my close people. I would have expected a more compassionate interest, but I didn't get it (case 4).

The last subcategory of this category was condolence visits. Condolence visits included the visits to the deceased's home or a single family member's home made by all the people for the purpose of sharing their sadness with the deceased's family.

Various participants reported that they welcomed the guests visiting them for the purpose of condolence. Participants reminded that some customs in those visit were followed such as offering some treats to the guests or having a meal together, praying, and reading some passages of Quran. Plus, the guests told their memories with the deceased and appreciated the deceased's positive characteristics. Few participants emphasized that the condolence visits continued even months following the loss. The visits mostly were in the first month of the death, however, few participants told that, as a custom, they were visited for the purpose of memorializing the deceased's name in the anniversary days, especially the for first anniversary. Neighbors, relatives, friends, colleagues, city/town residents etc. were mentioned as the visitors. For instance, a participant told:

We had many visitors for condolence; the visitors were telling how nice person the deceased was. Mostly, daily life was shared, and then they prayed out loud and we all involved them. We offered some meal to them and they went. Some of them told their funny memories about the deceased to make us laugh but I just smiled and back to sorrow again (case 7).

Category 2: Professional help (General). Professional help referred to the participants' thoughts and ideas about whether they sought or attend psychological support from a professional. In addition, they explained their expectations about how they feel being understood by the professional helper, if they were to have any psychological professional help. There were two subcategories defined under this category; receiving professional help and counseling needs/quality of expectations from professional help.

The first subcategory, receiving professional help indicated the participants' explanations, opinions, decisions and evaluations their options about attending professional help. Various participants reported that they did not get professional help. Participants noted that they did not get it for some reasons such as not believing

its benefits, not ever thinking it as an option, and preferring to deal with the experience individually. A participant reported that she wanted to apply for it; however, she was convinced about its ineffectiveness. Few participants said that they contacted a professional to help the family members (e.g. children). Only one participant reported that she contacted a psychiatrist to find a solution for her sleep problems. For example, a participant shared her thoughts about attending a professional help as follows:

It is not directly related to this experience but sometimes I contemplate about the whole thing. Yes, I sometimes think that I can't deal with the things but I haven't ever thought about applying to an expert to tell my story (case 5).

The second subcategory of professional help was named as counseling needs/quality of expectations from professional help. It included the participants' expectations from a professional helper, premising that they would attend it. Several participants stated that they would feel get helped if they were to get empathy, appropriate body language such as eye contact, understanding behaviors such as tapping the shoulder, or just telling their story. They would expect to trust the helper, and be sure that the helper had the same experience. For example, a participant explained:

Of course I would like him/her to listen to me. I mean, I will tell my private story and let it go. So, I don't want to hear advice, just tell my story and feel that I am being understood. Maybe he/she would motivate me to tell everything (case 10).

Category 3: Sharing the emotions and memories about the deceased with others (General). This category referred to participants' sharing behavior of the past memories and feelings and emotions in relation to those memories with others. Various participants told that they were willing to share their feelings such as pain and yearning. They told that they shared memories and talking about the deceased any time with their family members and/or other people such as extended family members, neighbors, and friends. Sharing provides with them reminding the deceased's nice, positive, and funny memories.

Several participants believed that it was comforting, while several participants found it irritating. A participant's description might explain the role of sharing in her experience:

For some time later, we talked about parts of our past memories of my dad; our unpleasant or nice memories that made us or our dad angry, enjoyable, or painful. We have been still talking a lot. At times my mother says it would be like this, if he were to be here now, wish he were here, but is not here. Even if this makes me feel sometimes bad, I continue talking about him. My daughter often reminds him and I observe that she is listening to me carefully when I am talking about her grandfather (case 3).

Category 4: Personal coping and personal rituals (General). This category referred to the participants' efforts and actions to cope with loss of their loved ones individually (or privately). Various participants told that they did privately memorialize the loved one. Several participants mentioned that they had increasing, repetitive thoughts about death in general. Several others kept some memories of the deceased for the purpose of reminding the loved one. Graveyard visits, cleaning up the grave, distributing something (e.g. food, scholarship etc.) for the name of the deceased, and daily lamenting were among the rituals reported to be performed by the participants. Few participants reported that they kept the relationship with the deceased by conversing with him/her at the grave. For example, a participant explained:

I was lamenting for him and other persons that I lost in my life for half an hour everyday (case 1).

The same participant explained the way she thought about death after her grandfather died:

Even if he seemed satisfied with his life, I kept thinking that I wish he would have had a different life. His thought made me so sad. As I see an old person, I kept thinking that you are going to die, I am going to die, everyone going to die, and I continuously have these thoughts in my mind (case 1).

Similarly, several other participants reported that they made some charities for the name of the deceased:

Maybe little things, but I give some treats to the children to make them happy (case 4).

I donate some money regularly to support several students' academic career (case 6).

Category 5: Religious coping (Typical). This category reflected mainly personal coping efforts that have religious content. Various participants reported that they believe in God and make some personal religious activities for their and the deceased's comfort in the afterlife. Several participants told that they were not a good believer. They emphasized that religious activities would be good help and things would be easier for them, if they were to believe. A participant's description of the role of religion in her experience would illustrate this:

Yes I prayed for him, for his comfort in his place now, for his sins to be forgiven. Prayers that intended to help him go to heaven. Then I make wishes for my loved ones who are alive. At last I make wishes for myself. This is what I am doing every day for about half an hour like a ritual (case 8).

Category 6: Familial/cultural/traditional/religious rituals and activities (General). This category referred to all the activities that were collectively made for the name of the deceased. Various participants mentioned the cultural/religious activities such as 7th day prayer, 40th day, 52nd day prayers, mawlid, anniversary prayers, distributing halva and some other special/local food, visiting the grave on the special days such as eid days and anniversaries, and charities for the poor. Several participants reported that collective activities helped, whereas several others said that those activities did not help them. A participant's description of the collective ritual she involve in as follows:

We buried him beside my father's grave. In our town and around, grave of the deceased are visited every day for a week to be sure that the deceased gets used to his/her place; this is how is believed there. So, the grave was 60 km away from our home; we visited the grave every day for a week (case 8).

The same participant mentioned a prayer with a special name that was special to her place:

In our town, people make a special prayer on the 7th day of the death. Ours was organized at our local mosque. We prayed for him and then we offered rose water and candies for the participants (case 8).

Similarly, a participant shared a custom that was performed in a nearby city of where she was from. She said that in that place some people were hired for lamenting for the name of the deceased. There were tents built in the central places of the city, and people lamented for the deceased there (case 1). This was not performed for her loved one, but this was what she wanted to share as an anecdote.

In sum, the second domain, coping yielded six categories and six subcategories reflecting the participants' social support systems, opinions and expectations about professional help, characteristics and content of personal, familial, cultural, traditional and religious coping. Participants explained variety of coping mechanisms that were embedded in family, culture, and religion all together.

4.2.3 Domain 3: Changes and Adaptation

The last domain, changes and adaptation had six categories that were named as change in life and routine after the loss, keeping busy, support to others/strengthening bonds with the family members, new decisions and preferences, learning from the loss

experience, change in attitudes towards death/loss. Among these categories, support to others/strengthening bonds with the family members, and learning from the loss experience were general-labeled. Change in life and routine after the loss was a typical-labeled category. In addition, the categories of keeping busy, new decisions and preferences, and change in attitudes towards death/loss were labeled as variant.

Category 1: Change in routine and life after the loss (Typical). This category reflected the physical and/or personal changes in their life that the participants experienced after the loss of their loved ones. Several participants reported that they had major changes in their lives such as finding a job for the first time and changing the habits and social behaviors. A participant mentioned that she had a newborn baby that was facilitator for the pain of her brother's death. Several participants expressed that they changed their routine for a short while and they had to get back to their previous routine. For example, a participant explained:

My life changed seriously. As I always said, my mother was like the colors of rainbow for me. I isolated myself from many things. It was like I had my energy from my mother and she is gone, I don't have energy for anything now. I was such an extraverted person, but I became a home-person after the loss. People who know me said the same thing; that I changed seriously. Some people said that I still had had the mourning. I did not accept it because I have already come through. Everyone said the same thing, that I have changed (case 7).

Category 2: Keeping busy (Variant). This category included the responsibilities and working behaviors of the participants that had a role in adjusting to the life again after the loss. Several participants stated that they got back to the daily life as soon as possible to adjust the life without the loved one. For example, a participant said:

I had to get back to the daily routine as quick as possible, and 4-5 days later I did it. Nowadays I am not thinking about it much; I am just keeping busy with my stuff (case 9).

Category 3: Support to others/strengthening bonds with the family members (General). This category referred to the participants' help behaviors for either their family members (e.g. mother, child) or others such as friends, and extended family members. Various participants reported that they took more responsibilities in their families or extended families for the sake of the deceased. Few participants, for example, provided with the deceased's kid/s a more safe and secure environment, financial, and educational support. Several participants said that they supported others by modeling, with psychological support, and with contributing to the plans of the deceased's family. As an example of this, a participant said:

I don't think that things changed much. But I am sure that we are giving call to each other. We, as the family members, got much closer to each other. We much more love each other. Maybe we are worrying for each other more. That is it (case 6).

Category 4: New decisions and preferences (Variant). This category referred to the preferences that the participants made for themselves and life to adapt to the lack of the deceased. It included personal decisions made to have different roles in the relationships, different approach to people, and involving in social life. A participant, for example, stated that she was more of a peaceful person in her relationships with people:

Even though it is hard to do, I try to be quieter when tension is up between me and my loved ones. This is what I try to do to people that would be painful to loss (case 5).

Category 5: Learning from the loss experience (General). This category referred to the change in personal perspective about death and life and other related concepts. Various participants stated that they had perspective changes as they were coping/dealing with the loss. They emphasized some aspects of their perspectives

change on death, life, and reality such as being more, difficulty dealing with the pain of loss, holding on to life with higher motivation, feeling of maturity, accepting the reality of loss, being nice to other loved ones, reminding the reality of death, and avoiding from being offending person. A participant's description would illustrate this:

I am trying to take the things easy; I don't even understand people's passion of buying new things like a home, car, or phone. They don't make any sense to me anymore. Just a simple life that makes my basic needs are met as human. But people want more. You know, I learned that shroud has no pocket. Everything you have here stays here, that's what I learned (case 10).

Category 6: Change in attitudes towards death and loss (Variant). This category referred to the participants' perspective change in relation to loss, death, and related concepts. It included thoughts, feelings, and attitudes such as thoughts about everyone is going to die one day, understanding the nearness of death, living the scenes of own loss again when going to a condolence visit, fear of the loss of the other loved ones, wondering her own death. For example a participant shared:

I didn't experience such close loss before. I was just a little kid when my grandfather had died. Yes, death is so close, that what I have now from this one, death of my grandmother (case 5).

In conclusion, the domain of changes and adaptation indicated six categories summarizing the Turkish participants' changes and transformations they lived after their loved ones' death. Participants emphasized that their perspectives to life changed after their loved ones died, in terms of personal characteristics, social and familial interactions, spiritual and philosophical understanding.

4.3 Summary of the Results

In this section of the results chapter, summary of the results of CQR 1 and CQR 2 were given respectively.

4.3.1 Summary of the Results of CQR 1

CQR 1 indicated the study conducted among the participants from the United States (n = 10). Findings described the American participants' experiences and expressions of death loss and grief, coping resources/mechanisms, and adaptation to loss of loved one. Overall, participants' descriptions of their experiences and expressions of grief included closeness with the deceased person, personal characteristics of the deceased and bereaved, story of their loved ones' death and dying process and the reason of their death, their loved ones' last journey and the procedures followed throughout the journey, participants' feelings, thoughts, and impressions through the whole process of their experience, condolences they received and interactions they had and observed, metaphors and phrases they used to express their experience, and their other loss stories. Participants' coping resources and mechanisms included their perceptions and impressions of social support they had from the other family members and from the other people, their thoughts, opinions, and expectations about professional help for their grief, their interactions with their own grief and with others related to grief in the context of expressing the memories, emotions, thoughts, and beliefs through personal, familial, cultural, and religious rituals and related activities. Participants' adaptation to loss included personal and interactional changes and their characteristics, along with the participants' perspectives and evaluations of physical, personal, spiritual, philosophical, and social consequences about post-loss process of their loved ones.

Overall, participants of the CQR 1 suggested that they experienced death loss of loved one who was emotionally close to them, indicating warm and unique relationships. Therefore, background characteristics of the deceased itself, and background characteristics of the familial relationship with the deceased had unique and critical roles in the experience descriptions of the bereaved participants. Similarly, participants reported that their loved ones' reasons of death reflected relatively expected process, having a dying background story resulting from various fatal illnesses. In those background stories, various participants explained the experiences of diagnosis of the illness and hospice process that ended up the death of the loved one. Following the death, participants involved in a process beginning with the planning of last journey of the deceased and procedures of the funeral and/or memorial service. For the American participants, they varied; namely, burial at the cemetery, burial after cremation, and only cremation. Specifically, few participants continued their physical and emotional bonds with the deceased in a transformed form whereas the others preferred to have their loved ones' existence at the grave. Throughout the experience, participants had beginning loss and grief responses basically including the normal reactions such as anger and numbness, and some blurred thoughts before the last journey of the deceased loved one; and numbness, shock, confusion, sadness, anxiety, emptiness, hate and uncomfortableness during the last journey. In long-term, participants begun to grieve with accompanying responses including relief, yearning/missing, and loneliness that were slightly different feelings and thoughts from the first reactions. After the loss, they received some condolences from others including colleagues, acquaintances, relatives, and the communities that they were involved. "Sorry for your loss" and "I understand your feelings" were the messages that they were commonly given. To express their experience in a creative or cultural way, several participants used metaphors that they generated. Several

participants recalled their previous losses to describe their current experience. They got support from different resources; from the surrounding place where they lived and from the communities to which they belong. They mentioned their family members, close friends, neighbors, relatives, and church communities that they regularly attended. Several of them joined the support groups which reflected the encounter group characteristics based on their descriptions. Several of them displayed willingness to share their memories with people whom they got support. They involved in coping process by using some personal, familial, and religious coping-related elements, along with the resources mentioned above. Among those resources; keeping a memory, a diary, photograph albums, mementos, writing poems, talking to the deceased at the grave, reading self-help books or bible, gardening, and lighting a candle on the special days for the deceased were the activities that they commonly performed as a means of personal coping. On the other hand, few participants reported to use the family as a coping resource. In contrast, religious belief was used as a very common way of coping. They experienced some personal, familial, physical changes with the influence of the loss. Adaptation was achieved through those changes. For example, personal changes included change in lifestyle, the degree of religious belief and participation, and self-exploration. Familial characteristics led several of the participants to take some actions or make new decisions about moving to ensure the family members to cope with loss together. Therefore, participants themselves became a part of coping resources for their family members. In the process of transformation to a new self, environment, and life, they explained what they learned from this experience in essence.

4.3.2 Summary of the Results of CQR 2

In CQR 2 contained the study conducted among the participants from Turkey (n = 10). Findings delineated the Turkish participants' experiences and expressions of death loss and grief, coping resources/mechanisms, and adaptation to loss of loved one. Overall, participants' descriptions of their experiences and expressions of grief included closeness with the deceased person, personal and familial characteristics of the deceased and bereaved, story of their loved ones' death and dying process and the reason of their death, their loved ones' funeral and its details and procedures followed throughout period of post-loss, participants' feelings, thoughts, interactions, and perceptions through the whole process of their experience, specific cultural behaviors peculiar to mourning, metaphors they used to express their experience, cultural sayings they heard, and their other loss stories. Descriptions aside, Turkish participants' definitions indicated a different category from the American data under the loss and grief experiences domain, which was named as gender roles. Participants' coping resources and mechanisms included their perceptions and impressions of social support they had from the family members, extended family members and from the other people (e.g. neighbors, acquaintances), their thoughts, opinions about, and expectations from professional help for their grief, their perceptions about their own grief and interactions with others related to grief in the context of expressing the memories, emotions, thoughts, and beliefs through personal, familial, cultural, and religious rituals and related activities. Participants' adaptation to loss included some personal and familial coping efforts, personal and interactional changes stemming from those efforts and the natural, expected changes due to the loss itself and their characteristics, along with the participants' attitudes towards the physical, personal,

spiritual, philosophical, and social consequences about post-loss process of their loved ones.

Overall, participants of the CQR 2 suggested that their emotional closeness with the deceased loved one varied. Several of the participants defined that they had a strong, very close emotional bond with whom they lost through death, whereas the several others explained that they lost a physically close person with whom they had spiritual, conflictive, formal, distinct, unique, respectful, and moderate ties. However the nature of their relationship with the deceased was, personal characteristics of the bereaved, background characteristics of the deceased, and background characteristics of the familial relationship with the deceased had unique and critical roles in the experience descriptions of the bereaved participants.

Similarly, participants reported that their loved ones' reasons of death varied. Several participants mentioned that the death occurred due to a fatal illness, while several others had losses resulting from an accident, suicide, and a trauma in the deceased's body, reflecting the unexpected nature of the death. In their loved one's dying and/or death stories, various participants explained the experiences of diagnosis of the fatal illness that led the deceased to a fast ending. Several participants emphasized their experiences in the period of death notification. Following the death, participants involved in a process beginning with the death notification, either by receiving the news by phone, or informing others about the incident. From the death notification to the funeral day, participants were involved in a fast period of preparation to funeral and burial ceremony including social and cultural/religious procedures. For the Turkish participants' losses, the procedures reflected nature of regular Turkish funeral; that is, a fast gathering of the people, and the burial at the cemetery following

the cultural/religious procedures as soon as possible. Few participants emphasized that they unwillingly missed the funeral ceremony. For the ceremony and the funeral day details, several participants emphasized the gender roles they observed. Gender roles contained the specific tasks and roles of the women and men in the funeral ceremony and condolence visits at the deceased's home. In other words, several participants shared the separated tasks the women and men involved based on the customs embedded in the culture. Throughout dying and death experience, participants had loss and grief responses basically including the reactions such as pain, despair, being angry with the deceased or others, isolation, emptiness, numbness, shock, guilt, regret, sadness, anxiety/worrying about the health status of the deceased, irritation, and being frightened. Specific to the funeral day, they reported feelings and thoughts such as pain, numbness, shame, guilt, emptiness, irritated with the customs, fatigue, isolation, worrying about others, suffocation, sadness, comfort, regret, denial, relief, disbelief, and being proud of the deceased. In relatively long-term, participants mentioned the responses such as inadequacy, depressive mood, emotional pain, rebellion, despair, sadness, hope, guilt, regret, being angry with the deceased and other family members, yearning, loneliness, isolation, denial, fear, blaming others, ambivalent feelings such as pain, sadness and happiness at the same time. Among those responses, feelings such as yearning, regret, sadness, and guilt remained currently at the time of the interview. Participants' expressions and observations of mourning in the funeral period included the displayed emotions such as crying silently and cuddling with the closed others. Plus, they heard clamors and screams, and saw frantic people around lamenting and crying out loud with a profound sorrow. Several of the participants preferred to use a metaphor to express their experience in the interview. Several participants made a comparison between the previous/other experiences of loss and current loss as well. They got support from different resources;

namely from their family and extended family members. In addition, they felt the support of their broader social networks such as neighbors and acquaintances via condolence visits which was a custom commonly followed. However, several of the participants reported to isolate themselves from those customs, since they did not believe the support of them. Various participants reported that they did not get professional help. They explained that if they were to attend a professional help process, they would expect empathy, trust, and displaying some understanding behaviors from the professional helper. As a coping resource, various participants used their social networks such as family members and/or other people such as extended family members, neighbors, and friends. Other than social network, participants used personal resources and involved in behaviors and activities such as graveyard visits, cleaning up the grave, distributing something (e.g. food, scholarship etc.) for the name of the deceased, and daily lamenting. As a coping resource, several of the participants used religious belief, whereas several others did not prefer to follow any religious principal in dealing with the loss. They eagerly or unwillingly involved in the cultural activities such as 7th day prayer, 40th day, 52nd day prayers, mawlid, anniversary prayers, distributing halva and some other special/local food, visiting the grave on the special days.

Adaptation was achieved through some coping efforts using the different sources of coping as exemplified above. In summary, personal changes included change in routine such as finding a job and changing the habits and social behaviors; so that they could be keeping busy them to get used to the new life. Familial experiences led some of the participants to make some new decisions. For those changes to occur, they made some decisions and preferences and took more responsibilities in their families or extended families. Therefore, participants themselves became a part of coping

resources for their family members. In the process of transformation to a new self, environment, and life, they explained what they learned from this experience in essence.

As a brief summary of the results, there were commonalities and differences found in the two CQRs. In general, emotional grief reactions among both American and Turkish participants involved feelings such as numbness, shock, denial, yearning, and loneliness. However, there were some differences observed between the data, in terms of the expression. Expressions, namely the results of manifestations of feelings in grief experiences involved crying and hugging for the American participants, while it included behaviors such as lamenting, screaming, shouting, along with crying and hugging, among the Turkish participants.

A salient difference between the data was related to the tasks and expectations from the bereaved either in the funeral or in the other parts of the experience. In other words, there were gender role expectations based on either the religious principles or cultural customs through the funeral and condolence visits among the Turkish participants, whereas American participants did not report any gender role behaviors attributed to the women during their experience. For example, Turkish participants were expected to stay away from the grave and watch the ceremony from a distant place. Other than gender roles emerged in the Turkish data, there were differences in terms of benefiting from the coping resources. Specifically, support resources of the bereaved participants' social environments seemed to be similar at the first look. In other words, those resources included family members, relatives, friends, neighbors, and colleagues in common. Additionally, American participants reported that they benefited from the community services for having social support network. For Turkish

participants, social support was more likely to be dependent on the family and extended family, social norms and rituals. For the rituals, there were variety of personal rituals among both data; however, social and collective rituals seemed to play important role in the experiences of Turkish data. This was also valid for the religious coping. In other words, both cultural data were common in terms of the use of religious coping rituals and mechanisms. They differed in that the Turkish participants reported different types of collective rituals than did the Americans. Another difference between the two data was about the professional help. Whereas the American participants sought professional help and attend to the support groups in hospice and church communities, Turkish participants only thought to seek professional support for themselves and others, in case any symptomatic problem. In terms of change and adaptation process, there were similarities in terms of spiritual change and learning from the experience. For example, they commonly reported that they tried to be more empathic and nice to others, and that they tried to hold on to the life. Apart from the similarities, there were differences that emerged from the data in terms of change and adaptation. For example, Turkish participants reported that they experienced a change in the attitudes toward death. Similarly, Turkish participants reported that they had a change in the family relationships; namely, their bonds with the extended family members were strengthened. American participants did emphasize the improvement about the family networks. However, they did not report any increased network with the extended family members, as it was for the Turkish participants.

Therefore, there were commonalities and differences between the American and Turkish data. The results were discussed with the existing literature in the next section of the study.

CHAPTER V

DISCUSSION

In this chapter of the study, results of the study were discussed in five sections. An overview of the results was given in the beginning section. Then, discussion in relation to the results of the first, second, and third research questions were presented in the second, third, and fourth section, respectively. The fifth section covered the implications for research and practice.

5.1 Overall Discussion and Conclusion

Overall, the aim of this study was to describe the experience and expressions, coping resources and mechanisms, and change and adaptation processes of the participants from two different cultures. The motivation of the study comes from the fact that the current related literature mostly reflects the mainstream western formulations of grief and bereavement experiences. Researcher emphasizes the role of culture on human's psyche warns that western based understanding of grief may be biased. That is, the people with non-western cultural background may or may not share the same experiences and thereby presumptions of current theoretical frameworks may be misleading. In order to realize the goal of the study, this qualitative study was designed to examine in depth experiences of groups of North American and Turkish participants' grief experiences. The participants of the study were selected among women of varying ages for at least two reasons. First, regardless of cultural

background, gender differences has been observed in grief and bereavement experiences (Martin & Doka, 2000; M. S. Stroebe, 2001; Versalle & McDowell, 2005). Second, female participants are known to be more expressive which an important characteristic for the sake of obtaining reliable qualitative data. Therefore, studying with female participants would help us to focus on cultural upbringings by avoiding differences that may come from gender roles and expectations.

Consensual Qualitative Research (CQR) was conducted to explore the American and Turkish qualitative interview data individually. The first CQR, namely the CQR 1 was carried out for the qualitative data obtained from the American participants (CQR 1) (n = 10), whereas the CQR 2 was conducted to explore the qualitative data gathered via interviews with the Turkish participants (n = 10). The results indicated that various categories were clustered in three domains. These were; (1) loss and grief experiences, (2) coping, and (3) changes and adaptation.

The first domain, loss and grief experiences commonly involved categories indicating the experiences throughout the whole process of bereavement. Personal and social experiences, and expressions of them included the physical and emotional closeness with the deceased person, personal characteristics of the deceased and bereaved, reason and mode of the death, story of death and dying, funeral details and procedures, feelings and thoughts and impressions, metaphors, and previous/other losses that they had.

Participants from the American and Turkish cultures differed in terms of several categories. For example, the category of gender roles emerged from the Turkish data was not observed in the American data. Similarly, the category of condolence

messages did not emerge as a category in the Turkish data. The experiences of the participants, and their observations showed that the experience in general had similar and different qualities between two cultures. For example, expressions of mourning throughout the death notification, funeral ceremony, and condolence period differed in that American participants themselves and their observations commonly showed that they seemed to be quieter in terms of emotional expression compared to the Turkish participants themselves and their impressions of the surrounding others. The American participants reported observations such as hugging and crying at the funeral home and at the graveyard; Turkish participants, on the other hand, reported numerous expressions of mourning such as lamenting, planned collective lamenting sessions, nervous breakdowns and so on. Similarly, the American and Turkish participants commonly mentioned a numerous “normal” grief reactions in their experiences. They differed in that the Turkish participants presented a repertoire involving slightly higher number of expressive behaviors. Regardless of how the bereaved experiences individually, he/she involves in a social manifestations of grief somehow. Therefore, social expressions of grief as mentioned above show that grief is a social experience, as well as it has personal elements.

The second domain, coping commonly involved social support, professional help, sharing the past memories, and coping through the personal, familial, and religious resources and rituals. In other words, to a certain extent, the American and the Turkish data showed similar patterns in coping, from a broader lens. However, they differed in terms of benefiting from the professional help. For example, several of the American participants attend support groups held for the purpose of coping with grief. On the other hand, Turkish participants whom searched for professional help for themselves or others applied to the psychiatric services. American and Turkish participants’

reports showed that they commonly had social support resources such as relatives, friends, acquaintances, and neighbors. The American participants indicated a supportive environment providing with them assistance especially for the daily activities. Parallel with the American participants, Turkish participants also reported to benefit from those resources. However, several of the Turkish participants did not believe the benefits of the social support given by the others. They just preferred to take care of others rather than accepting the help of others.

The patterns and the role of social support seemed to be more dependent on the social norms in Turkish culture. This was because; there were condolence visits to the deceased's home even long after the deceased's burial in the Turkish culture. Those visits included social and religious rituals that were collectively performed. Those who unwillingly took part in those activities kept distance between them and others in their experience. However, the American participants did not report such visits; rather, they eagerly attended to community activities such as regular church prayers, family and/or community meetings. Participants from both cultures reported that they willingly shared their emotions and memories regarding the deceased and there was not any cultural limit or barrier to do that.

The third domain, changes and adaptation commonly involved change in routine after the loss of loved and changes in the life perspective and/or style. Participants from both cultures reported several major changes in their lives in terms of social behaviors. For example, they reported that they involved in some social activities more frequently than before. Therefore, their social networks changed. Several of the American participants also reported that the place they live changed; namely, they moved to other towns or cities, whereas no Turkish participants mentioned they moved to

another place after the loss. All these changes might indicate a significant shift in the routine that result in positive or negative consequences in terms of adjustment.

Other common category that emerged from Turkish and American participants reflected a perspective change in the life. This referred to the personal perspective to life. Participants commonly mentioned that they became more peaceful and positive in their relationships with others, and they perceived the life more valuable. In this sense, it was observed that participants from both cultures had change in the social relationships. For example, the American participants reported that they became more helpful to surrounding others such as family members, neighbors, colleagues and so on. Similarly, Turkish participants showed closer interest to others such as family members, friends, and extended family members. However, the nature of the closer interest differed in that it reflected rather a preference on individual help and support behaviors among the American participants, whereas it included a direct involvement in family members' and/or extended family members' lives among the Turkish participants. In other words, the American participants were more likely to show a close interest to others who have similar loss experience. However, Turkish participants assumed some roles of the deceased to show their help and support to the other family members. That is to say, the American participants seemed to show help and support behaviors in more individualistic way, whereas the Turkish participants were more likely to interfere in each other's life to compensate the absent role of the deceased.

Another difference that emerged from the data was changing attitudes towards the death. Different from the American participants' experiences, several of the Turkish participants asserted that their fear of further losses, anxiousness regarding their own

death and further losses showed an increase after the death loss of their loved one. American participants did not report any attitude change regarding death and loss, other than only a few participants that mentioned the facilitator role of present loss, on the acceptance of further losses they experienced afterwards. Therefore, there were some main similarities and differences between the experiences of the participants from both cultures. They showed different social structures in some ways that had roles in their loss experience. From this perspective, this study was thought to allow for discussing the personal and sociocultural similarities and differences of the two cultures, in the context of the theoretical concepts and models suggested by the thanatology, specifically grief and bereavement counseling literature. This was because; some concepts and theoretical perspectives in the bereavement and grief literature were suggested to be discussed from the different cultural perspectives (Gillies & Neimeyer, 2006; Neimeyer, Prigerson, & Davies, 2002; M. S. Stroebe, Hansson, Stroebe, & Schut, 2001). That is to say, contemporary models (e.g. Dual Process Model, Meaning Reconstruction Model) suggested that cross-cultural and/or culture-specific studies required to better understand the grief phenomenon in the environmental context.

Above explains the overall discussion of the findings. The next three sections deal with the discussion regarding each research question in detail. Specifically, discussion in relation to the experiences and expressions, coping, and changes and adaptation are given under the next three titles.

5.2 Discussion Regarding the Experiences and Expressions of the American and Turkish Participants

Experiences and expressions of bereavement and grief was the first domain that emerged in both CQRs. The first category, closeness with the deceased person had two subcategories; physical closeness of the deceased person, and emotional closeness with the deceased person. Results indicated that physical closeness with the deceased person among the American participants varied. Specifically, various participants reported the death loss of husband. In addition, several participants reported a parent loss. For the Turkish participants, however, the loss of loved one showed more variety. Specifically, younger and older brother, grandparents, parents, friend, and husband were the loved ones that lost by the Turkish participants.

The second subcategory of the first category was emotional closeness with the deceased person. The participants of the study reported that they had close, warm, and unique relationships with their loved ones. Guarnaccia, Hayslip, and Landry (1999) suggested that the bereaved person's emotional closeness with the deceased was a significant predictor in his/her adaptation to grief and bereavement. Having loss of a close relationship might imply that the lost relationship with the deceased could have a role in terms of the emotional state of bereaved later on. As a concept suggested by the Attachment Theory (Bowlby, 1980) and The Meaning Reconstruction Model (Neimeyer, 1998, 2001) continuing bonds might be associated with the emotional closeness. This was because, there was an emotional investment between the deceased and bereaved already, and once a part of that pre-existing bond disappears, the other one, meaning the bereaved might be disposed to keep those bonds alive somehow. These models commonly discussed how the bonds that the bereaved has with the deceased are maintained following the loved one's death.

The category of story of death and dying mainly included the background information about the diagnosis of the illness for those who suffered from a serious illness that lead to process of “shutting down” of the body, story of the occurrence of the death for all, and the notification of the death among all the related people. American participants specified that after the diagnosis of the illness, the deceased was put in the hospice where the death occurred. Any Turkish participant did not specify any hospice and/or palliative care experience, since there were no such services in Turkey. Several researchers discussed the notification of the death in relation to the sudden death losses (Kristensen, Weisæth, & Heir, 2012; Steward, 1999). They argued that the death notification could be critical in terms of its possible long-term consequences for the bereaved. This would be the case for the several of the Turkish participants of the study. Several of the Turkish participants were notified via phone call about the death of their loved ones. Similarly, the American participants mentioned that they were notified by the doctors about the fatal illness. The common reaction that they reported was “shock”, as the stage theory of Kübler-Ross (1970) specified. Turkish participants elaborated the tasks and procedures that they needed to follow, after the death occurred. As Yasien-Esmael and Rubin (2005) specified, this could be due the fact that the Islamic customs required the deceased body to be buried as soon possible after the occurrence of the death. As many of the Turkish participants mentioned, this created an emotionally chaotic atmosphere and confusion for them as if they got stuck in between the reality of loss and management of the process including a series of the tasks of arrangements for the burial ceremony. Therefore, a rush of the incidences might cause a “suspension” of the inner experiences of the bereaved, with the impact of the cultural/religious customs and practices. For the American participants, the arrangements took relatively longer time, since Christian customs allowed a relatively longer time for the arrangements of disposal of the deceased body.

Experiences related to the funeral ceremony and funeral day varied among American and Turkish participants. O'Rourke, Spitzberg, and Hannawa (2011) suggested that the funeral could have complex parameters that might have role in bereaved person's perception of a good funeral. This could in turn, affect the whole bereavement and grief experience of the bereaved. Some of these parameters fit in with the participants' descriptions about the funeral day experiences. These were, for example, religiosity, involvement in the roles and tasks of the funeral, and the funeral context. The participants' funeral experiences seemed varied and personal. This finding was parallel with the suggestion of the Hayslip, Booher, Riddle, and Guarnaccia (2006)'s study explaining that the individual's attitude toward the funeral ritual might affect the benefit perception from the funeral ritual. They exemplified these benefits as the feeling of comfort and a likelihood of public expression of grief and feelings related to loss and the deceased. There would not always be a positive outcome of the funeral for the bereaved. Intensity of the feelings of grief and attending to the rituals performed beforehand could affect the bereaved person's positive perception about the funeral. American participants were more likely to get positive outcomes, according to their satisfied descriptions of the funeral day experiences. In other words, their satisfaction with the funeral rituals and funeral ceremony helped them have the feeling of comfort related to the funeral day experience. This idea was supported by Hayslip, Booher, Scoles, and Guarnaccia (2007)'s inferences that explain the relationship between less difficulty experienced during the funeral and more adaptive adjustment to loss, and less death anxiety. From this point of view, American participants reported that they felt quite comfortable about the funeral/memorial day experiences, and did not specify any negative attitude such as death anxiety. American participants reported more customized funeral/memorial services. However, Turkish participants mentioned more culturally determined forms of funeral ceremonies. That

is to say, customized funeral/memorial ceremonies and activities might have provided with the American participants a more control over the rituals and activities. However, Turkish participants were more likely to be exposed to the predetermined social (or religious) forms of funeral ceremony. Therefore, as Hayslip et al. (2007) mentioned, potential difficulties experienced due to the lack of control over the activities might lead several of Turkish participants to be unclear about the funeral satisfaction. Several Turkish and American participants emphasized that what made the funeral satisfying for them was the high numbers of people attending to their funeral ceremony. However, there was not a certain criterion to determine whether a funeral was crowded enough or not. A Turkish participant reported that the attendees were several thousand persons, which could be regarded as crowded. On the other hand, an American participant told that there were two or three hundred persons in the funeral, which was very crowded according to her. Therefore, Hayslip et al. (2006)'s emphasis on the perceptual nature of the funeral outcome might be exemplified with this difference in the interpretation.

Gender roles in the funeral tasks and rituals, and the ceremony itself were the categories of Turkish data, whereas they were not classified as categories or subcategories, in the experiences of American participants. This was because; the ceremony and the roles and tasks of the bereaved participant were more comprehensive in the Turkish data, than they were in the USA data. Other than some differences and stereotypes attributed to the genders in terms of the reactions to loss and coping, (e.g. Lawrence, Jeglic, Matthews, & Pepper, 2006; Martin & Doka, 2000; Nolen-Hoeksema, Parker, & Larson, 1994) there were differences in the funeral tasks as well, as evident from the several Turkish participants' descriptions of the funeral day experiences. For example, several of them reported that women traditionally were

not allowed to directly participate to the burial ceremony. Instead, they were given limited opportunity to follow the burial rituals from outside of the grave. The women were attributed to show mourning behaviors such as lamenting, shouting, crying out loud (Rubin & Yasien-Esmael, 2004; Yasien-Esmael & Rubin, 2005). Traditionally, the deceased body was taken a bath prior to the burial ceremony. This religious tradition had a gender role implication as well, since the bathing was performed by the same-sex person with the deceased (Venhorst, 2012). Several Turkish participants mentioned that they involved in bathing the deceased body. They also reported that men and women were gathered together separately at the deceased's home. All these practices were culturally determined based on the religion and/or customs and seemed to make differences in the experiences of the Turkish participants, compared to the American participants. For example, meeting separately at the funeral home for condolences and for the performing of the rituals might imply that the women socialized with each other with the same-sex resources, creating a different subculture for the experience of loss and coping. As discussed by Lalande and Bonanno (2006) and Suhail, Jamil, Oyeboode, and Ajmal (2011), those culturally determined experiences might include evidence for the cultural influence for the bereaved in terms of how the bonds would continue with the deceased and in turn, adaptation to the loss. This was because, specific roles and tasks performed throughout the funeral day such as witnessing and/or involving in bathing the deceased body, participating the rituals with the same-sex group of people at the funeral home might have role in creating difference in the experience of the bereaved. The way of interactions with the deceased body and surrounding others during the practices and rituals might contribute to the difference in the experience. From this view, the suggestion of the relationship between cultural practices and continuing bonds might be supported (Lalande & Bonanno, 2006).

For the American participants, funeral practices differed. Specifically, they either bury or cremate the deceased body. Although there was a mainstream process (e.g. visitation, memorial service, burial, and/or cremation) for the last journey of the deceased in the USA as explained by the participants, different ways of performing it were reported by the participants. These were burial at the cemetery, burial after cremation, and cremation and keeping the ashes in a special way at home. These different practices might remind of what was discussed by Ramshaw (2010) and Winkel (2001), examining the personalization of the funeral ceremonies and rituals. According to them, different practices and specific rituals performed for the sake of the deceased and/or based on the bereaved persons' requests were influenced by the culture and trends (Roberts, 2010) in a broader context. In addition, as the several of the American participants asserted, financial and practical reasons might lead to the decision made for the funeral practices (Hayslip et al., 2007; Roberts, 2010). They decided cremation for the disposal of the deceased body since it was thought to be more practical and affordable than funeral ceremony with burial. Most of the American participants reported that following the burial, cremation, or memorial service, they had a meal in a restaurant with the acquaintances of the deceased. The definition that they made for this meeting was "celebration of his/her life". This attribution was discussed in the literature as rather a western way of cultural attitude toward the funeral day (Adamson & Holloway, 2012; Emke, 2002; Ramshaw, 2010). The positive attribution made by the American participants helped them use a more positive language for the experience and the deceased. It is interesting to note that attitude toward the death turned to be negative for several of the Turkish participants, whereas American participants did not report such a negative attitude. Language used in the expression of the death and loss might contribute to reduce the death related negative attitudes and death anxiety. From this view, Niemeyer's (2001) suggestion of

cultural factors' influence on the loss experience might be supported. Brennan (2008) emphasized the importance of the language in the meaning making and contended that the language is the "vehicle of mourning" (p. 5). Therefore, using a positive language might help decrease the death and loss related negative attitude.

Along with the social and cultural, and contextual aspects of the loss including the diagnosis, death notification, and funeral day experiences, there were experiences that could be discussed in the context of personal feelings, thoughts, and impressions throughout the process. In order to better understand the differentiation of the personal experiences along the whole period, the feelings, thoughts, and impressions that were described by the participants were classified based on the funeral day, and they were labeled as feelings, thoughts, and impressions before, during, and after the funeral process, along with the current ones.

Prior to and during the funeral, emotional and cognitive reactions to loss briefly involved numbness, shock, confusion, sadness, worry, emptiness, speechlessness, sensitivity, hate, and being uncomfortable during the funeral/memorial day, and imagining living without the deceased, for the American participants. Similarly, emotional and cognitive reactions to loss prior to and during the funeral included pain, despair, anger, isolation, emptiness, numbness, fatigue, shock, denial, guilt, regret, sadness, worry, irritation, confusion, and meaninglessness, for the Turkish participants. As Worden (2009) emphasized, all the above emotional and cognitive reactions reported by the American and Turkish participants were "normal" grief reactions to loss of loved. However, apart from the emotional and cognitive reactions, there were observations and experiences reported by the Turkish participants including giving others a call for the death notification, witnessing others' clamors and

screams upon the death notification, seeing others crying, getting numb and tired, hearing others planning for the near future, and receiving the death notification. In addition, they reported that they experienced irritation with the customs, questioning the meaning of the funeral, desire to be left alone, interference by others at funeral home, discomfort with the others' looks, and a feeling of being controlled by others. Although some contextual differences emerged between the experiences of the Turkish and American participants, it seemed in broader view that Turkish participants attributed to the feelings, thoughts, and beliefs that were interrelated with social environment more than the American participants were. This might remind of the individualism-collectivism paradigm (Rosenblatt, 2008; Splevins, Cohen, Bowley, & Joseph, 2010; Valentine, 2009). This was because; as Rosenblatt (2008) emphasized, the boundaries between the person and the social network seemed unclear, according to the several Turkish participants' reports. Turkish culture was attributed to the collectivist culture, whereas the American culture was rather associated with the individualism. Therefore, difference between the participants' descriptions from two different cultures might be explained by the individualism-collectivism paradigm. This could also enable grief research to examine Turkish cultural aspects in terms of bereavement and grief, and to discuss the similarities and differences of the other cultural studies suggesting further cross-cultural studies (Dutton & Zisook, 2005; Rosenblatt, 2008; Splevins et al., 2010; Yang & Chen, 2002).

Throughout the post-loss period including the time of the interviews, participants from both cultures commonly reported secondary impacts of loss such as loneliness and isolation (W. Stroebe & Stroebe, 1987), and impacts that emerged in long-term (e.g. missing the deceased). In addition, Turkish participants mentioned some feelings and thoughts that might contribute to the maladaptive adjustment to grief such as intrusive

and repetitive thoughts (Horowitz et al., 2003) about death, visual images of the funeral, burial, and the deceased, and suicidal thoughts. These might be regarded as the risk factors in terms of mental health according to the criteria suggested by Horowitz et al. (2003). This might be due to the personal factors such as personal characteristics of the bereaved and the nature of the relationship with the deceased (Raphael, Minkov, & Dobson, 2001), and social and contextual factors that were rather related to the bereaved person's interactions with the others. In other words, the role of social and contextual factors might be considered as well, since several of the Turkish participants experienced some negative interactions with others, and had negative attitudes toward the cultural and religious practices. Therefore, social and contextual factors would be considered to be important, along with the personal factors (M. S. Stroebe, Stroebe, & Hansson, 1993).

Participants used personal metaphors and cultural sayings to describe their experience of loss. American and Turkish participants commonly used personal metaphors such as bubble, rollercoaster, journey, candle, rainbow, foggy clouds, and puppet, to describe their experience, the meaning of death and their relationship with the deceased. All the metaphors mentioned were quite personal which reflected the subjective world of meaning making. Therefore, metaphors used across cases did not have any common or cultural meaning. However, each of the metaphors could be discussed using the bereavement and grief models. For example, one of the American participants used a bubble metaphor to express her "imaginary safe place" where she can be alone and isolated to review what is going on in and around her after her father died. She was trying to make sense of everything to find an appropriate pathway to her new life. In narrative therapy, as Neimeyer (1999) suggested, the bubble metaphor could be used to write a diary specific to the experience. Similarly, the metaphor of

rollercoaster, which was told by one of the American participants, typically illustrated the oscillation between the loss-oriented and restoration-oriented coping process (M. S. Stroebe & Schut, 1999). The metaphor she used revealed the stressors she faced. This can help the counselor formulate the case in the counseling process. Rollercoaster metaphor can help which stressor(s) cause the volatile mood in her experience.

Along with the personal metaphors, most of the Turkish participants referred to the cultural sayings that they personally knew or heard from others. These cultural sayings mostly attributed to the deceased and the state of the deceased in the afterlife. Regardless of their source, namely personal and cultural, metaphors and sayings could be useful in the grief counseling (Nadeau, 2006), since they could facilitate to express the intense feelings, thoughts, and emotions in a more special way than regular descriptions (Neimeyer, 1999). There could be different ways that were creative and therapeutic, to help the bereaved clients express themselves in the counseling (Symington, 2012). As discussed for the personal metaphors above, cultural sayings could be encouraged to increase the meaning in the expression. To achieve this, counselors might improve their own repertoire so that they can use in the grief counseling and help the bereaved client have the feeling of being understood.

Turkish and American participants commonly mentioned previous/other loss experiences in the interviews. There were similarities between the Turkish and American participants' descriptions and evaluations of the previous/other loss experiences, rather than the differences. Specifically, previous/other loss experiences contributed to the participants' current loss experiences either positive or negative way. For example, those experiences caused to trigger intrusive thoughts and negative attitudes toward the death. However, there were also positive contributions that help

making sense of the loss, such as developing some perspectives on helping at-risk others who were potentially close to death. In addition, participants commonly reported that the previous/other loss experiences helped go through the pain of current loss, facilitated personal growth, positively changed the personal attitude toward the expression of the grief. Changing personal, familial, and cultural rituals and expressions of grief in the course of time were emphasized as well. Moreover, a participant's idea that the lack of previous experience caused ambiguity in dealing with the current loss emphasized the contribution of the previous experiences. Therefore, previous/other loss experiences might be associated with either increase in the risk of maladaptive symptoms and strategies such as prolonged intrusive and repetitive thoughts (Horowitz et al., 2003), or contribution to the positive outcomes and personal growth (Boyratz & Efstathiou, 2011; Boyraz, Horne, & Sayger, 2012). In other words, previous/other loss experiences might not only be discussed as risk factor but also considered to be facilitator for the positive outcome. Personal and social factors could form the outcome (Boyratz et al., 2012).

In sum, loss experiences and expressions of grief among the American and Turkish participants revealed some similarities and differences. Their descriptions referring to the personal, cultural, and contextual factors were discussed with the help of existing bereavement and grief literature. Loss experiences indicated that various individual experiences of death and dying, death notification, funeral, funeral home, and condolences could have similar and different patterns caused by the social context between two cultures. Specifically, USA participants' reports frequently referred to the personally determined experiences of loss, whereas the Turkish participants indicated socially determined ways of experiences including rituals, some social and religious norms, gender roles and so on. Expressions of the loss showed a different pattern

between the US and Turkish participants as well. As expression, Turkish participants at many times referred to ritualistic forms of loss expression. Those differences were thought to have a potential to determine the way the individuals grieve, and the different patterns between the cultures may lead to different grieving experience of the individual in general.

5.3 Discussion Regarding Coping Process of American and Turkish Participants

Coping was the second domain that revealed by both CQRs. The first category was social support for the American and Turkish data. The common aspects of the social support for the American and Turkish participants were that they received social support from the family members and others including friends, neighbors, and acquaintances mainly in terms of daily life. The American participants commonly reported that they had supportive network of family members, friends, neighbors, and acquaintances. Several the Turkish participants experienced the similar supportive environment. However, several others reported that they either had little support or did not want to have social support. The American participants emphasized that they received social support from their family members in terms of the daily activities. They were helped in home stuff, gardening, shopping etc. For the Turkish participants, however, the content of social support showed relatively more variation. Specifically, most of them had stronger ties with their families and extended families in a supportive environment, while several of them were not willing to accept any support. In other words, the participants from two cultures reported somewhat different characteristics in social support: As an example of the cultural difference between the American and Turkish participants, condolence visits emerged from the Turkish data as a different dimension of the social support. Condolence visits in the descriptions of

Turkish participants reflected a “unique” form of culturally prescribed support. It included cultural (e.g. offering halva to the guests) and religious rituals (e.g. reading specific verses of Quran) that determine the form of condolence. In addition, the visits naturally had some messages given to the bereaved hosts related to the loss. Several of the participants reported that they felt the support from those visits. Personal preferences and characteristics and social settings determined whether they had the feeling of support or not. In that sense, participants from the American culture referred to the facilitator role of social support in daily life and activities by getting help in regular stuff, checked on a daily basis, and by receiving phone calls more often than before. On the other hand, several Turkish participants emphasized the family ties, and more interference with each other’s lives, by means of social support. In other words, they showed more of collectivist characteristics rather than individualized experience. In addition, several Turkish participants preferred to be left alone. Therefore, perceptions and characteristics of social support revealed relatively different aspects within the Turkish participants, and between the participants from the American and Turkish cultures. The different aspects might be discussed in the context of individualism/collectivism paradigm. For example, several Turkish participants reported that they would want to have more space to be alone, but they could not. In grief counseling, such bereaved clients can be encouraged to personally experience the bereavement and grief. This might be achieved using the personal metaphors in the help process. In addition, it seemed that social support that was given by means of collective rituals and condolence visits reflected culturally determined loss-oriented coping mechanisms. Rituals and cultural organizations, if they are to help, might allow for the bereaved persons to have options about how they would be organized; otherwise, the bereaved might not adopt the way the society grieves, and do not feel the support from those collective activities. Therefore, for those who do not

perceive the support of the collective activities might be encouraged to involve in personal activities through the use of personal metaphors and personal rituals.

Bereavement and grief literature suggested that the positive role of social support in the bereavement outcome is not clear (W. Stroebe, Zech, Stroebe, & Abakoumkin, 2005). Worden (2009) discussed some mediator roles of personal and social factors that might affect the characteristics of social support. These were individual's satisfaction of support, involvement in the social roles, religious resources, and ethnic expectations. Parallel with this suggestion, W. Stroebe and Stroebe (1987) asserted that some social role expectations, social control or pressure might negatively affect the bereavement outcome. Similarly, Benkel, Wijk, and Molander (2009) suggested that social network's poor quality of support and personal preferences could require getting professional help for the grief adjustment. Since their descriptions referred to some role expectations of others, Turkish participants' negative attributions for social support might be related to those factors. Similarly, social support that the Turkish participants were given could be perceived by them as the efforts done for the sake of social obligations. On the other hand, American participants' descriptions of social support revealed that they were more likely to be satisfied with the support they received, similar to several of those whom were among the Turkish participants. Therefore, the nature of the social support showed variety in this study, and the participants descriptions "relatively" parallel with the findings related to the facilitator role of social support in positive bereavement outcome (Boyras et al., 2012; W. Stroebe, Stroebe, Abakoumkin, & Schut, 1996; Vanderwerker & Prigerson, 2012).

Professional help seeking behaviors between the American and Turkish participants differed. Several of the American participants attended support groups provided by

the health care, funeral, community institutions, whereas several Turkish participants sought for the psychiatric help for themselves and others. Descriptions revealed that the American participants benefited from the professional resources through support groups. However, Turkish participants sought only medical/psychiatric help to relieve the temporary somatic symptoms such as sleep disturbance. In other words, professional support behaviors had different purposes between the American and Turkish participants. American participants referred to just sharing of the experience in a therapeutic setting, whereas the Turkish participants mentioned medical service as professional help, in the context of obtaining a relief from the somatic symptoms emerged after the loss. As support resource, professional help in the context of sharing the experiences and feelings of grief seemed accessible among the American participants, since they mentioned different organizations and institutions that they can attend. On the other hand, Turkish participants just mentioned the professional care that referred to medical psychological intervention. Turkish participants did not consider non-medical professional help as an option. This could be due to lack of organized professional services in their environment, or due to the lack awareness in relation to professional support in death and dying, and coping. As suggested, rising an awareness in death education and finding potentially helpful sources of coping such as professional support could facilitate adjustment of the bereaved (Breen & O'Connor, 2011). Therefore, for those who did not report any professional help seeking behavior across the data could benefit from those educational and professional resources that are publicly available.

The participants mentioned professional help that a bereaved could need. All the descriptions in relation to professional help referred to counseling relationship such as listening behaviors, appropriate body language (e.g. eye contact, tapping the

shoulder), acceptance, respect, empathy, and trust. It seemed that the participants commonly expected a safe and secure setting so that they would freely share their story. This implied that the participants attributed to counseling needs rather than medical or technical therapeutic interventions healing their symptoms. Worden (2009) and W. Stroebe and Stroebe (1987) suggested that grief counseling would be appropriate for those who have “normal” grief, whereas the grief therapy was rather related to pathological grief. Since the reported expectations above would be required for both counseling and therapy, making a differentiation between grief counseling and grief therapy in terms of normal-abnormal paradigm would be hard based on the descriptions made by the participants of this study.

Participants from the American and Turkish cultures commonly reported that they shared their memories of the deceased, and engaged in the settings where the deceased-related conversations made. They commonly reported that the conversations included funny, sad, and interesting memories of the deceased. As Mallon (2008) emphasized, funeral day conversations of memories about the deceased could help bereaved people have a feeling of unity with respect to sharing the deep pain of loss. Participants’ descriptions supported this idea. In other words, participants involved in those conversations during the funeral, as well as in the post-loss long-term process. Sharing the feelings and memories about the deceased could be regarded as a sign to loss-oriented coping (M. S. Stroebe & Schut, 1999). Therefore, it might provide with the bereaved making regulation between the pain of loss and adjustment to the new life through confrontation (M. S. Stroebe & Schut, 1999).

Personal rituals and private activities in the meaning of coping covered variety of behaviors among the participants. American participants reported variety of

behaviors including keeping a memory, a diary, photograph albums, mementos, writing poems, talking to the deceased at the grave, reading self-help books or bible, gardening, and lighting a candle on the special days for the deceased. However, Turkish participants mentioned visiting and cleaning up the grave, distributing something (e.g. food, scholarship etc.), making charities for the name of the deceased, and daily lamenting. It seemed that symbolic actions could be comprised of personal creative ideas (e.g. writing poems) or personal expression of culturally learned behaviors (e.g. lamenting). Castle and Phillips (2003) suggested that rituals and activities performed in the name of the deceased implied an acceptance of change in the relationship with the deceased. Supporting this assertion, Gowensmith (1999) suggested that symbolic interaction with the deceased established through rituals could help the bereaved to accept the reality of loss, relocate the deceased's meaning in his/her life, and regulate the process in a positive way (Lobar, Youngblut, & Brooten, 2006). As Neimeyer (1999) suggested, there might be variety of personal ways for a bereaved to compose his/her own methods, and to reconstruct the meaning. Personal reconstruction process included elements that were relational and "inevitably cultural" (p. 66), as well as it was personal. In that sense, lighting a candle or lamenting could be considered personal actions that were socially constructed, as well as personally constituted. Various participants in this study commonly reported that they found helpful to memorialize the deceased through rituals and make something for the name of him/her. Therefore, integrating creative personal rituals with counseling (Rogers, 2007) could be helpful for the counselors to make their bereaved clients find a benefit in the loss experience (Boyras et al., 2012) and making sense of the death (Neimeyer, 2001) for adaptive coping and adjustment to loss.

Various participants from both cultures used the religion as a personal resource to coping with loss. They commonly tried to make sense of death loss via religious references and religious participation. Only a few participants did not use religious coping in their experience, since they were personally distant from the religious belief. It seemed that participants across cultures frequently used religion as an important personal resource of coping with loss. Majority of participants identified themselves as religious, and their religious participation did not significantly change before and after the loss. American participants attributed positive meaning to their religious activities. They emphasized that their loved ones were in Heaven and with Jesus Christ. They felt comfortable in that way. Several of them specified that they tried to make sense of the death and loss with the help of religious activities such as reading the verses from the Bible, church attendance, and reading religious books. Turkish participants, however, mainly emphasized that they prayed for the name of the deceased for his/her comfort in afterlife. This difference might be due to the difference in attribution to the functions of belief systems in Christianity and Islam. There were followers of different denominations among both American and Turkish participants. Therefore, it was hard to make a clear description of this difference in beliefs systems of the participants. It might be noted here that religion is highly individual and private belief system (Matthews & Marwit, 2006), even though it is a socially constructed concept (Hill et al., 2000). In addition, the role of religious coping had inconsistent findings in the literature (Wortmann & Park, 2008). For example, Kelley and Chan (2012) found that positive religious coping was related to grief and stress-related coping, whereas Goodkin et al. (2006) suggested that religious coping was related to higher levels of complicated grief. In this study, the descriptions of the participants in religious coping reflected a positive function for adjustment for those who had religious belief and participation; and did not contribute to the adjustment for those

who were not religious. Parallel with Pevey, Jones, and Yarber (2008) assertion, most of the American participants had a belief of reunion with the deceased in Heaven. For the Turkish participants, however, religious activities included the meaning of religious belief and participation in relation to coping reflected the idea of helping the deceased for him/her sins to be forgiven via prayers. Therefore, American and Turkish participants attributed different meanings to religious belief and participation as sources of coping. Theoretically, religious belief and participation might be regarded as stressor that is within the process of adjustment, and could be characterized with the loss-oriented coping (M. S. Stroebe & Schut, 1999). Since it is very individual and private, the way its use as a strategy would determine its role in the bereavement outcome (Mathews & Servaty-Seib, 2007). Therefore, bereaved client's unique context of religious belief, participation, and coping could be listened and described with a respectful manner to fully understand the client's own spiritual world in the grief counseling (Worden, 2009).

In addition to the personal religious coping, there were religious/cultural rituals mentioned by the Turkish participants such as 7th day prayer, 40th day, 52nd day prayers, mawlid, anniversary prayers, and distributing halva and some other special/local food. Most of these collective cultural and religious rituals were also mentioned in the literature (e.g. Cimete & Kuguoglu, 2006). Turkish participants' descriptions of the functions of those rituals varied. Participants personally and culturally attributed meanings to the rituals such as feeling of comfort based on the idea that helping the deceased in his/her afterlife, memorializing the deceased, and performing a task for the sake of him/her. For several of the participants, however, they were just performing a social expectation that have to be done. Castle and Phillips (2003) suggested that attending to the collective rituals could be helpful, if the

bereaved had a cooperative approach to those rituals. Descriptions of Turkish participants supported this finding. As shown in this study, Yasien-Esmael and Rubin (2005) suggested that Islamic rituals provides with the bereaved a predetermined set of rules and norms to follow, especially in the early periods of the loss. In those collective rituals, as Yasien-Esmael and Rubin (2005) noted, participants were exposed to common comments mainly reflecting the belief that the death is God's will, and the deceased rejoined the God. Bereaved people's personal meaning and belief systems could be scrutinized in the context of this common perspective. In this way, counselor might help the bereaved clarify the collective rituals' potentially positive and negative contributions to his/her own personal process of making sense of the death and loss. This was because, making sense of death is one of the central concepts of adjustment to loss, and the social/cultural contexts and practices influence the way of bereaved person's sense making (Neimeyer, 2001). Turkish participants' reported collective and cultural rituals might be considered a form of loss-oriented coping efforts, from Dual Process Model perspective (M. S. Stroebe & Schut, 2001). Bereaved people could have an opportunity to memorialize their deceased loved ones, as the Turkish participants emphasized. Through performing of those cultural/religious rituals, individuals could maintain their ties with the deceased (Suhail et al., 2011). Therefore, social/cultural influences on individual's grief experience might be taken into account, as the culture-bound perspective emphasized (Dutton & Zisook, 2005; Rosenblatt, 2008). In the practice of grief counseling and bereavement education, if they are to consider the social/cultural influences and focus their reflections on individual's experience, customized design (Jordan & Neimeyer, 2003) of activities based on creativity might be encouraged among the Turkish bereaved persons, for finding customized, adaptive ways of loss-oriented coping.

The role of environmental influences on the bereaved persons' coping experiences was observed via rather familial activities and rituals among the American participants. Those activities involved family meetings on the anniversary days of the loss, graveyard visits with the family members on special days, cooking food that was the favorite of the deceased, and talk about the memories related to the deceased. These activities seemed to have similar functions with those of which shown above related to the Turkish cultural rituals. In other words, they had the function of memorializing the deceased; namely, loss-oriented coping and maintaining the ties. However, activities mainly involved the deceased's family among the American participants, rather than broader social units as mentioned in the Turkish data. Therefore, they might be regarded as more customized than those of which Turkish participants followed. This also implied that they were rather related to the bereaved individual's (or his/her family members') choices. Therefore, the difference between environmental contexts influencing the activities for coping might be discussed from the individualism-collectivism paradigm (Valentine, 2009).

In sum, coping among the American and Turkish participants revealed some similarities and differences. Their descriptions referring to the personal, cultural, and contextual factors were discussed in the context of bereavement and grief literature.

5.4 Discussion Regarding Changes and Adaptation of American and Turkish Participants

Changes and adaptation was the third domain that revealed by both CQRs. There were commonalities and differences in terms of categorization of the data between the American and Turkish participants' descriptions about change and adaptation.

Specifically, the common categories were about changes in life after the loss, support to others, and learning from the loss experience. Other than these common categories, Turkish data revealed different categories that included new decisions and preferences, and change in attitudes toward death and loss.

The common category described the participants' changes in life in general after the loss. It mainly referred to changes in routine in daily life. It commonly included involving in activities that had not done before with friends and acquaintances, which implied a major change in social life and social behaviors. For example, a Turkish participant reported that she found a job for the first time in her life. Similarly, several American participants reported that they gave up cooking regularly, since they began to live alone after the loss. In addition, several American participants mentioned change in family tasks and church attendance. Change in the church attendance referred to involving in the public services that were organized by the church community. Reports such as changes in social behaviors, finding a job, and attending to the community services implied that permanent changes in the life of the bereaved led them to replace the disappeared previous support resource with the new support resources. It seemed that the participants for both cultures similarly put efforts to find new pathways to social support rather than avoiding from inevitable changes due to the loss experience (Hogan & Schmidt, 2002). For this reason, these efforts might be interpreted as restoration-oriented coping (M. S. Stroebe & Schut, 2001; M. S. Stroebe & Schut, 1999), since they tried to adapt to the new conditions of life. Supporting this idea, Caserta and Lund (2007) found that restoration-oriented coping was associated with daily living skills which might be required for adjustment to the new life.

The second common category was support to others. American participants delineated their personal efforts to contribute to the others such as family members and neighbors, and to the society via attending to the organized activities. Turkish participants described somewhat different forms of support giving. They supported family members and extended family members by involving in the other bereaved people's lives, by assuming the deceased's role. For example, a participant who lost her younger brother asserted that she assumed her brother's role and supported her younger brother's wife and son financially and emotionally. She said that she had been trying to provide standards that were similar to the past in the deceased's family. Similarly, several Turkish participants mentioned that they strengthen the family ties, tried to help each other from variety of contexts, and compensated the absence of the deceased member in family. American and Turkish participants' support giving mechanisms displayed similarity with receiving social support that was discussed before. In addition, support to others was a bereavement outcome that emerged as a change in the family network of the bereaved participants. From this view, other than who preferred not to receive any support of others, most of the participants seemed to have supportive environment, where they reciprocally supported each other as a long-term reaction to loss of loved. Change in the family or social networks could unavoidably emerge and influence the personal bereavement outcome (Breen, 2011). Rowling and Holland (2000) suggested that encouragement for help seeking and supporting others might facilitate the perspective "grief is normal part of life". In other words, normalizing the death of loved one might contain support to others, as well as support received by others. Again, a reciprocal support-based approach with the outside world as a positive coping strategy could facilitate personal growth (Shih, Turale, Shih, & Tsai, 2010). From this point of view, it was thought that a meaningful reciprocal contribution-based relationship between the individual and the elements of

social network could facilitate the personal growth for the bereaved after the loss of loved. This was because, a social interest that was focused on helping others through different activities in the society could help maintain meaningful relationship with others, which in turn, help the bereaved achieve a personal growth (Gamino & Sewell, 2004).

The third and last common category was learning from the loss experience. Participants commonly shared their perspective changes about life in general, in this category. Since this process is relatively personal, the role of cultural/environmental elements, or the similarities and differences between the participants from two cultures were not described. Instead, theoretical correspondences of the participants were discussed. American participants reported that they learnt coping, dealing with loss, listening, sharing, enjoying, and seizing the day. Personally, they asserted that they became more appreciative, self-confident, and self-sufficient. Turkish participants reported that they had a greater motivation to live, accepted the reality, and became more peaceful, or lonely and introverted. They also thought that they became more matured persons. All these reported changes in the person's perspective life indicated a philosophical appraisal process, and a transformation of the perspective. Danforth and Glass Jr. (2001) supported this idea and asserted that transformation of the perspective begins after the first year of the loss. Knowing that the time since loss for the participants was at least two years, their suggestion might be considered parallel to the findings of this study. Change in perspective also implied that a meaning making process was achieved and a "normal" adaptation to grief emerged as a bereavement outcome (Danforth & Glass Jr., 2001; Hogan & Schmidt, 2002; Richardson, 2007). In addition, presence of meaning obtained by the bereaved in the experience could lead to personal growth (Boyraz & Efstathiou, 2011).

Other than common aspects of the domain of changes and adaptation in both culture, Turkish data revealed an additional category of change in the attitudes toward death. It included fear of death, worrying about the further losses, and wondering one's own death. These changes emerged during the participants' experience of loss. Jacobs and Prigerson (2000) associated these elements of the experience with shattered world-view, since those fears and worries might be related to lost sense of security, and decreased control of the outside world, according to them. Contrary to transformation, they might be characterized by negative attitudes. As a variant category, change in attitudes toward death and loss described few negative attributions that might be associated with negative appraisals according to cognitive stress and coping perspective (Bonanno & Kaltman, 1999). In the discussion of the previous category, there were mostly positive bereavement outcomes that might result from the positive appraisals. Negative appraisals related to attitudes toward death in this category might be discussed together with the positive appraisals and these twofold appraisals might be associated with the concept of oscillation as explained in Dual Process Model (M. S. Stroebe & Schut, 1999). This was because, oscillation explains the dynamic mechanism that reflects the interplay of positive and negative appraisals in the grieving process. Therefore, this dynamic might be naturally seen in the grief experience (Chow, 2009; Richardson, 2007).

In sum, American and Turkish participants' experiences differed in nature, as they were revealed by the results of the data. These differences were given in detail. Results draw attention to the roles of those experiences in the American and Turkish participants' individual emotional reactions, cognitive processes, coping mechanisms, and adjustment to loss. Although American and Turkish participants had similar emotional reactions upon the loss of loved, expressions of the sorrow; namely, the way

they mourn differed during the different periods of the experience such as death notification, funeral, and condolences. The expressions throughout these experiences showed that Turkish participants mentioned different ways in expressions as well as the similar ones. Another difference, gender roles showed that Turkish participants involved in the impact of the socially predetermined behavior roles, compared to the American participants. Similarly, funeral experiences pushed the Turkish participants into having that process in a more socially determined way, whereas the American participants were more likely to involve in the customized experiences that were rather individually controlled.

Similarly, there were some commonalities and differences between the experiences of the participants from two cultures after the loss. Specifically, their feelings and emotional reactions were similar. For the discussion of these similarities, the emphasis was on the normal-abnormal paradigm. The displayed reactions and symptoms were interpreted as "normal", based on the examples of evidence given from the literature. The expressions of the experiences similarly reflected individual meanings in terms of using metaphors. However, cultural sayings were more likely to be emphasized by the Turkish participants. In general, Turkish participants emphasized more culturally determined attributions. Therefore, it can be concluded that the boundaries between the person and the social network seemed rather unclear in most of the aspects of the Turkish participants' experiences throughout the process.

For the coping with loss, participants from both cultures used similar resources, such as social support, and sharing of emotions and memories. However, they differed in terms of professional help-seeking behaviors. Specifically, American participants attended to support groups that were held by the community organizations, to share

their experiences with the other bereaved people. Turkish participants, on the other hand, sought medical support for their temporary somatic complaints. Several of them applied for psychiatric services for themselves or other family members. As other coping resources, the participants from both cultures used personal, religious, and cultural activities and rituals. Again, American participants emphasized more customized forms of rituals rather than following culturally determined set of rules, whereas the Turkish participants involved in the socially determined activities and rituals, in the meaning of either personal or cultural practices of coping-based behaviors.

For the adjustment, some commonalities revealed by the data such as life after the loss, support to others, and learning from the loss experience. These were mainly discussed in the context of adaptive bereavement outcome, and their role in the participants' construction of meaning and in relation to loss and personal growth in general were emphasized. As a difference, Turkish participants' change in the attitudes toward death, and its role in the adaptation were emphasized.

All these commonalities differences were mainly discussed in terms of the participants' experiences, expressions, coping, and adaptation. Conclusion was drawn mainly based on the social constructive perspective (e.g. The Meaning Reconstruction Model) and Dual Process Model, since they consider focusing on phenomenological and environmental aspects of bereavement and grief (Gillies & Neimeyer, 2006; M. S. Stroebe & Schut, 1999). As given earlier, most of the literature and theoretical models were Western-origin and based on the resolution and recovery from grief that imply a medicalized understanding and treatment (Breen & O'Connor, 2011; Carlson, Johnston, Liiceanu, Vintila, & Harvey, 2000). It was thought that descriptive evidence

that was based on either western or non-western data would contribute to those existing models, with its cultural aspects in particular. This study contributed to the existing grief literature in several ways. First, factors that potentially have roles in the experiences, expressions, coping, and adjustment of bereaved people were described based on the cultural data. Second, qualitative descriptions of a culture from where little is known in the context of bereavement and grief experience, namely, Turkish culture was comprehensively discussed. Third, descriptive evidence for the grief literature in relation to the role of variety of factors such as social support, social and familial patterns, gender roles, emotional sharing, metaphors, cultural sayings, personal, familial, and religious coping mechanisms in adaptive bereavement adjustment were presented. Fourth, descriptive evidence for the commonalities and differences of two cultural data would contribute to the practices of the grief counseling and grief education in using theoretical knowledge in different cultures, especially in non-western societies. This was because, there were descriptive elements of the similarities and differences of two cultural data in terms of individualism-collectivism paradigm. Fifth, there were descriptive evidences for the theoretical concepts that are commonly discussed in the grief literature such as continuing bonds, making, sense of loss, personal risk and growth factors, loss-oriented and restoration-oriented coping. Implications for the theory and practice in the counseling field were detailed in the following section.

5.5 Implications for Bereavement and Grief Counseling Theory and Practice

This study provides with the bereavement and grief literature several theoretical and practical implications. Theoretical implications involve some descriptive evidence for the theoretical concepts explaining coping with bereavement and bereavement

outcome. Practical implications involve cultural differences in the manifestations of grief and their social and cultural background. These similarities and differences have implications for practice in counseling, and death and loss education.

For the theoretical implications, concepts such as continuing bonds, loss-oriented and restoration-oriented coping, sense making, and personal growth were dealt with via descriptive evidence obtained from the cultural data. The roles of personal, social/contextual, and cultural factors in those concepts were depicted comprehensively. There is an emphasis on the need to find more evidence from different cultures (e.g. Dual Process Model) to better understand the contextual bases and their implications for conceptualization of the coping models. Cultural commonalities and differences emphasized in this study might help meeting this need.

Personal differences aside, the main difference between the American and Turkish participants could be discussed based on the individualism-collectivism paradigm. Turkish participants were more likely to attribute to culture-bound elements that form the experience, coping resources, and the use of coping resources; whereas the American participants were rather inclined to more customized experiences in using coping resources through the process. For example, social support for Turkish participants was mostly culture-bound and individual's benefits from social support were formed by his/her belief and expectations about the collective practices of post-loss experience such as rituals. Therefore, grief counseling practices in Turkish culture might consider strengthening individual's awareness of his/her own resources to gain insight about the potential social, cultural, and contextual roles in their own personal loss experience. This point of view might provide with the bereaved individual a perspective to find ways to benefit from the social and cultural practices. Similarly, at

many times in the interviews, participants' continuing bonds with the deceased were reported to be achieved via collectively determined practices among Turkish participants. Therefore, social context of continuing bonds with the deceased might be considered to eliminate the risk factors in adaptive bereavement outcome, or might be canalized to enhance the personal growth.

Grief education and awareness would be enhanced through community services (e.g. support groups in Guidance and Research Centers) based on the reports of the Turkish participants. This is because, Turkish participants' professional help-seeking behaviors were rather limited to apply for the medical help. However, non-medical help services such as support groups and education programs that could be held in Guidance and Research Centers would facilitate adaptive coping and adjustment in a broader spectrum, rather than just focusing on the symptom-based work. In addition, supporting the description of the Turkish participants, Aker, Erdur-Baker, Gökler-Danışman, and Yılmaz (2012) asserted that the support networks in critical life events (e.g. loss, trauma) are strong in Turkish society. In that case, the content of that supportive social environment; namely, the advantages, disadvantages, and benefits of the networks for the individual might be worth questioning. In this way, professional support might facilitate the positive role of social networks and in turn, support the personal growth of the individual. For example, for those who are not willing to be a part of the socially determined support practices, a professional way of support might be encouraged to find new ways of establishing appropriate network systems for themselves. In other words, individual's control over the support systems might be improved via working with that individual. Thus, bereaved individuals might be helped to establish collaborative relationships with others and with social system to perceive of benefits from the society, and personal growth after the loss of

loved. Similarly, grief education might provide with the bereaved finding appropriate support giving approach and perspective. Grief education refers to the single or several-session programs that include education about common grief reactions, reviewing the individual's coping resources and their roles in the adjustment, characteristics of continuing bonds with the deceased, reviewing the coping styles and their advantages and disadvantages for the individual. Such programs might be held in guidance and research centers for the counselors and school counselors, and for public. There are crisis intervention teams in the guidance and research centers that work for the psychological and pedagogical help in critical life events such as disasters, accidents, violence, bullying, and death losses. Therefore, grief education might be embedded into such teamwork. However, these kinds of education programs are not sufficient in Turkey. This might be because, grief studies and practices rather focus on the concepts such as "resolution" and "recovery" that imply medical approach. For example, many studies mainly refer to stage models of grief and normal/abnormal paradigm (Bildik, 2013; Şenelmiş, 2006). However, focusing only on the stage-specific understanding, and normal versus pathological aspects of the bereavement and grief might imply ignoring the griever's experiencing normal grief reactions, and their personal, contextual coping mechanisms, and adjustment. What is more, as discussed earlier, there are concepts in the literature focusing on the different aspects of grief, such as benefit finding, post-traumatic growth, personal growth, and identity change. Those concepts were attributed at times in this study, since those concepts emphasize the phenomenology of the experience and seem to match with the participants' experiences. Thus, this study contributed to the existing Turkish literature in terms of discussing the bereavement and grief phenomena in a broader context other than the stage-specific or pathological-focus grief explanations.

Overall, descriptive evidence showed that bereavement and grief phenomena showed similar as well as different characteristics between American and Turkish cultures. Specifically, grief reactions were similar, as the literature has shown. Expressions of grief displayed some different aspects; namely, American participants showed rather customized, individual expressions, whereas Turkish participants had more culturally dependent experiences of the expressions of grief. Similarly, social networks, perception about the social support, and professional help-seeking behaviors reflected rather culturally determined elements in the grief experiences of Turkish participants. Gender roles and related social expectations were also observed in the Turkish participants. In addition, Turkish participants showed some negative attitudes toward the death and death loss, in the adjustment to loss. Therefore, bereavement and grief phenomena are quite individual concepts that are unique and specific to person. In addition, they have social, cultural, and contextual factors that influence the experience of the bereaved individual. For this study, the main difference between the American and Turkish cultures' experiences related to grief stems from the individualistic style of the American culture, and collectivist understanding of Turkish culture. This difference in the characteristic of two cultures led to the differences in the experiences, expressions, coping, and adjustment of the participants from the two different cultures. For example, as previously described, characteristics of social support in the Turkish participants' reports reflected a set of socially prescribed behaviors for the sake of helping the bereaved. However, several participants did not show a collaborative attitude toward receiving such kind of support. They just participated to the rituals to appear as if they were performing the required tasks for the name of the deceased. Therefore, joining such socially prescribed rules and rituals did not have much meaning for them other than performing a social obligation, and

once they were perceived as obligation, they did not have positive contribution to the individual's coping with loss.

Future studies might focus on concepts such as gender roles, help-seeking behaviors, perception of social support specific to Turkish culture, and their relationships with the specific coping model of bereavement and grief. Quantitative analyses of the factors revealed by the results of this study (e.g. social support, gender roles expectations) might provide additional support for the theoretical models of coping with grief, especially for the Turkish culture. This is because, culture-specific evidence for Turkey in relation to models of coping with bereavement and grief is limited. Such a study would improve and validate findings of the present study. In addition, patterns related to culture might be cross-culturally studied in more countries that are regarded as belong to eastern-origin, so that the commonalities and differences would have more evidence to discuss theoretical coping models in a more global context. Therefore, roles of potential environmental factors as described in this study would be studied either qualitatively or quantitatively in the eastern societies (e.g. Muslim countries), to better understand the roles of social, cultural/religious, and contextual elements in the bereaved person's experience of coping with loss.

In this study, experience, expressions, coping, and adaptation processes of loss of a loved one were qualitatively investigated in a comprehensive, cultural view. This study drawn attention for the grief literature that the individual differences in experiences of loss could be shaped by various social and cultural elements. Those differences might require attention for the professional helpers, since they have roles in how individuals grieve, and cope with the loss of a loved one. In this study, qualitative descriptions showed there could be specific patterns peculiar to the

cultures. Therefore, cultural data may give contribution to the professional helpers in how they formulize their work according to the social and cultural conditions, as well as the personal characteristics of the bereaved. Loss experience, coping, and adaptation process of Turkish people were not discussed comprehensively in the previous studies in the bereavement and grief research. For this reason, a qualitative analysis was more likely to be appropriate for the research purposes. In addition to this study, future research might include testing of contemporary models of bereavement and grief in the Turkish culture, since there were different patterns described, between the US and Turkish participants. Therefore, the consistency between the western models of coping with bereavement and Turkish cultural patterns would be quantitatively validated.

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APPENDICES

Appendix A: Purdue University Human Research Protection Program Institutional Review Board Approval Letter




HUMAN RESEARCH PROTECTION PROGRAM
INSTITUTIONAL REVIEW BOARDS

To: HEATHER SERVATY-SEIB
BRNG 5164

From: RICHARD MATTES, Chair
Social Science IRB

Date: 03/22/2011

Committee Action: Approval 3/18/11 

IRB Action Date: ~~02/01/2011~~ 3/18/11

IRB Protocol #: 1009009665

Study Title: A Cross-Cultural Study of Grief and Coping in Bereaved Adults

Expiration Date: 03/17/2012

Following review by the Institutional Review Board (IRB), the above-referenced protocol has been approved. This approval permits you to recruit subjects up to the number indicated on the application form and to conduct the research as it is approved. The IRB-stamped and dated consent, assent, and/or information form(s) approved for this protocol are enclosed. Please make copies from these document(s) both for subjects to sign should they choose to enroll in your study and for subjects to keep for their records. Information forms should not be signed. Researchers should keep all consent/assent forms for a period no less than three (3) years following closure of the protocol.

Revisions/Amendments: If you wish to change any aspect of this study, please submit the requested changes to the IRB using the appropriate form. IRB approval must be obtained before implementing any changes unless the change is to remove an immediate hazard to subjects in which case the IRB should be immediately informed following the change.

Continuing Review: It is the Principal Investigator's responsibility to obtain continuing review and approval for this protocol prior to the expiration date noted above. Please allow sufficient time for continued review and approval. No research activity of any sort may continue beyond the expiration date. Failure to receive approval for continuation before the expiration date will result in the approval's expiration on the expiration date. Data collected following the expiration date is unapproved research and cannot be used for research purposes including reporting or publishing as research data.

Unanticipated Problems/Adverse Events: Researchers must report unanticipated problems and/or adverse events to the IRB. If the problem/adverse event is serious, or is expected but occurs with unexpected severity or frequency, or the problem/event is unanticipated, it must be reported to the IRB within 48 hours of learning of the event and a written report submitted within five (5) business days. All other problems/events should be reported at the time of Continuing Review.

We wish you good luck with your work. Please retain copy of this letter for your records.

Appendix B: Letter of Introduction to Potential US Participants

Letter of Introduction to Potential Participants

I am a Ph.D. candidate in the Psychological Counseling and Guidance program at Middle East Technical University, Turkey, and a student research scholar at Purdue University. I am currently conducting a research study focused on the experiences/reactions of adults who experienced death loss of a significant other. The purpose of my study is to analyze and compare Turkish and American (Americans and others from different national origins living in the US) adults' experiences and coping mechanisms of bereavement and grief based on phenomenology. The study is qualitative in nature. Semi-structured open-ended interviews will be conducted with the participants to explore their narrative experiences related to death loss of significant other. My hope is that the results of my study will provide theoretical, practical, and cross-cultural information to counselors who work with grief and bereavement. I will be under the supervision of Heather Servaty-Seib, Ph.D. (765-494-0837, servaty@purdue.edu). The professional who distributed the Research Recruitment Letter to you will have no knowledge about whether you choose to participate in this study.

Please contact me, Onur Ozmen, if you are interested in participating in the study and if you (a) are at least 18 years old; (b) experienced death of a significant other (e.g., parent, spouse, close friend, relative) two to five years prior to contact.

An interview will consist of several open-ended questions about your experiences related to the death of your significant other. I will record our interview. I will be the only person who will hear the tapes, and precautions will be taken to keep all materials private, including keeping them in a locked file. Information which might identify you will not be included in any publications based on the research. That information and interview data will be accessible only by my supervisor, Dr. Heather Servaty-Seib, and by me, Onur Ozmen.

Participation in the research consists of the following:

- (a) 15 minute phone call for a preliminary conversation to explain the purpose and procedures of the research, and to discuss your willingness and appropriateness for the study.
- (b) 60 to 90 minutes of an in-depth, semi-structured interview. During this interview, a consent form and information sheet will be filled out and signed. The interview will be recorded and the tape will initially be accessible only by me. After data analysis is complete, the tapes will be given to Dr. Servaty-Seib, who will store them in a locked file until secure disposal after two years.
- (c) You may be contacted on a later date if I need to check the accuracy of something and/or obtain additional information. This follow-up contact is completely voluntary.

The information you offer will contribute to the understanding of the complex nature of experiences/reactions of individuals who experience the death of someone close to them. This information will provide valuable perspectives and information to researchers and clinicians. A community resource list and guidelines for seeking help in your community will be provided to you should you desire counseling after your participation. Please note that the participation of the study is not intended to be therapeutic or be used as a supplement for therapy.

Please feel free to contact me at 336-740-14-45(M) or email me at oozmen@purdue.edu, onurozmen@msn.com if you are interested in obtaining more information about this project or are interested in participating.

Sincerely,
Onur Ozmen, M.A.

Appendix C: Participant Consent Form (for the US participants)

Participant Consent Form

Cultural Characteristics of Grief and Coping in Bereaved Adult Women

Heather L. Servaty-Seib, Ph.D.

Purdue University

Department of Educational Studies

Program of Counseling & Development

This research is conducted by Onur Ozmen, M. S., a doctoral candidate at Purdue University, under the supervision of Dr. Heather Servaty-Seib of Purdue University, West Lafayette, Indiana.

The purpose of the study is to analyze and compare Turkish and American (Americans and others from different national origins living in the US) adults' experiences and coping mechanisms of bereavement and grief based on phenomenology. Semi-structured open-ended interviews will be conducted with the participants to explore their narrative experiences related to death loss of significant other. You will participate in a 60- to 90-minute interview. You will be audiotaped and asked questions concerning your experiences and perspectives about how the death of your significant other had an impact on you.

You understand the following criteria for participating the study and meet the criteria in (a) and (b), you, (a) are at least 18 years old; and (b) experienced death of a significant other (e.g., parent, spouse, close friend, relative) two to five years prior to contact.

The following steps have been taken to protect your privacy: (a) your name will not be revealed or reported in the results if the research findings are published, (b) your name will be on only the consent form and a main list of participants held by the researcher; (c) the documents with your name on them will be kept in locked files separate from the audiotapes and will be accessible only by my supervisor, Dr. Heather Servaty-Seib, and by me, Onur Ozmen, (d) the information you contribute will be coded so that your identity will not be attached, (e) the recordings will be destroyed after two years and the demographic and interview data will be destroyed 7 years after completion of the dissertation. However, the project's records may be reviewed by departments at Purdue University responsible for regulatory and research oversight.

You will be asked some sensitive questions about your perspectives and experiences related to the death loss of the significant other. You will be asked to disclose only what you feel comfortable talking to the interviewer about. Your participation is voluntary. You may skip any questions and you do not have to participate in this research project. If you agree to participate, you can withdraw your participation at any time without penalty. Participation in the study is not intended to be therapeutic or be used as a supplement for therapy. A resource list of relevant community counseling and resources will be provided so that it will be available if you want to talk to someone further about the topic or desire counseling.

There is no direct benefit to participants. You may feel empowered by knowing that you are contributing to knowledge of cross-cultural characteristics of grief and bereavement. You may benefit from sharing your story with me. You may benefit from learning how psychological research is conducted and knowing that the research may contribute to the well-being of existing and potential grievers somehow, contribute to the knowledge base of mental health professionals and to psychological research in general, because the study addresses the cross-cultural characteristics of grieving individuals in a broad context.

If you have any questions about this research project, you can contact Onur Ozmen, M.S. (oozmen@purdue.edu, 336-740-14-45) or the project supervisor, Dr. Heather Servaty-Seib (servaty@purdue.edu, 765-494-0837). If you have concerns about the treatment of research participants, you can contact the Institutional Review Board at Purdue University, Ernest C. Young Hall, 10th floor-room 1032, 155 S. Grant Street West Lafayette, IN 47907-2114. The phone number for the Board's secretary is (765) 494-5942. The email address is irb@purdue.edu.

I have had an opportunity to read this consent form and have the research study explained. I have had an opportunity to ask questions about the research project, and my questions have been answered. I am prepared to participate in the research project described above. I will receive a copy of this consent form after I sign it.

_____ I agree to give permission to be contacted at a later date for checking the accuracy of the research findings.

_____ I refuse to give permission to be contacted at a later date for checking the accuracy of the research findings.

Participant's Signature

Date

Researcher's Signature

Appendix D: Demographic Information Form (for the participants of the US)

Demographic Information Sheet

Name: _____

Contact Information (phone, email, address):

Age: _____

Race/Ethnicity:

- African American/Black
- Asian American
- Caucasian/White
- Hispanic American
- Native American or Eskimo
- Pacific Islander
- Biracial (Specify: _____)
- International (8) (National origin: _____)
- Other _____

Education Level (please indicate highest attained):

- Grade school
- Middle/junior high school
- High school
- GED
- Some college
- Graduated college
- Post graduate study:

Occupation: _____

Relationship Status

- Single
- Married
- Partnered
- Separated
- Divorced
- Widowed

Time since Death Loss: _____;

Relationship to the deceased: _____;

Therapy/counseling experienced? Yes _____ (how long? _____)
No _____

Appendix E: The Interview Protocol (English Form)

The Interview Schedule

Instructions:

First I would like to remind you of the purpose of my study. The primary purpose is to understand the experiences and expressions of loss and grief of adult individuals in the United States. How people deal with a death loss is also part of the scope of this study. At some point in the future, I will be comparing the interviews I do with individuals from the United States to those I complete with grieving individuals from Turkey.

All of my questions will be related to the purposes of the study. What I would like to ask you is to give clear and detailed answers to the questions without a sense of limitation. You do not have to be dependent on the questions. If you would like to add something relevant, please do not hesitate, explain it. Please keep in mind that you can skip any questions you wish and you can decide to stop your participation at any point during the interview. Our interview will be recorded to my mp3 player and transcribed word by word. If you want, I will provide with you the results of the study when I have completed it.

What questions do you have about the study before we begin?

Ok. Let me start with the first question.

Grief Experiences

1. Please briefly describe your relationship/bond with the person you have lost?
2. Was there a funeral or memorial service for your loved one who died?
 - If yes, prompts: Please think back to that time...
What did you experience, observe, and feel prior to the funeral process?
What did you experience, observe, and feel during the funeral process?
What did you experience, observe, and feel after the funeral process?
How do you feel and what do you think now about how the funeral/service went?
 - If no, prompts:
How was it decided to not have a funeral?
What did you experience, observe, and feel during the decision-making process?
How do you feel and what do you think now about things went?
3. How do you feel and what do you think now, in general, about your loss?
4. What are you experiencing now as we talk about your loss?

Coping Process

5. Do you believe that you got enough support from your social environment after the death?
 - If yes, prompt: Please explain how did you get support from your environment? What type of support did you get?
 - If no, prompt: Please explain what types of support did you want that you did not get?
6. Did you get professional help?


- If yes, prompt: Was that person helpful?
If yes, prompt: How so?
If no, prompt: What would have been more helpful?
 - If no, prompt: If you were to get professional help, what type of help would you want that person to offer? How could a professional show they understood your experience?
7. Have you helped others in your grieving process?
 - If yes, prompt: How so?
 - If no, go to Question 8
 8. Please explain the interactions? Conversations between you and others (e.g. family members, friends) about your loved one who died since the funeral or memorial service?
 9. Do you have religious beliefs that have/do play a role in your grieving process?
 - If yes, prompt: What role have/do they played?
 - If no, prompt: Can you offer any more about this idea?
 10. Did your religious beliefs change before and after the loss?
 - If yes, prompt: How so?
 - If yes, prompt: Did your religious participation change before and after the loss?
 - If yes, prompt: How so?
 11. Were there activities or behaviors that you personally and individually did that helped you to memorialize your death? Perhaps things that others may not even be aware of.
 12. Did you participate in any other group activities (besides a funeral or service) connected to honoring/remembering your loved?
 - If yes, prompt: Please explain the activity/activities?
 - If no, prompt: Did others organize or participate in such activities? If yes, please explain the activities they engaged in.
 13. Were these personal/individual and/or group activities helpful?
 - If yes, prompt: How so?
 - If no, prompt: Can you offer any more about this idea?

Changes & Adaptation

14. Please explain how your life has changed since your loved one has died?
15. When you think back to the early period--just after the death and/or funeral/service--what do you wish would have been different?
16. What have you done to adapt to living without your loved one's physical presence?
17. Have you learned anything from your grief experiences?
 - If yes, prompt: What have you learned?
 - If no, prompt: Can you offer any more about this idea?

18. What would you like me to know about your experiences that I have not asked you about?

Appendix F: Middle East Technical University Human Subjects Ethics Committee Approval Letter


1956

Orta Doğu Teknik Üniversitesi
Middle East Technical University
Fen Bilimleri Enstitüsü
Graduate School of
Natural and Applied Sciences
06531 Ankara, Türkiye
Phone: +90 (312) 2102292
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Sayı: B.30.2.ODT.0.AH.00.00/126/70 - 919

5 Ağustos 2010

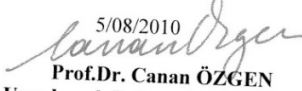
Gönderilen: Doç.Dr. Özgür Erdur Baker
Eğitim Bilimleri Bölümü

Gönderen : Prof. Dr. Canan Özgen
IAK Başkan Yardımcısı

İlgi : Etik Onayı

“Grief and Coping in Bereaved Individuals” başlığı ile yürüttüğünüz çalışmanız “İnsan Araştırmaları Etik Komitesi” tarafından uygun görülerek gerekli onay verilmiştir.

Bilgilerinize saygılarımla sunarım.

Etik Komite Onayı
Uygundur
5/08/2010

Prof.Dr. Canan ÖZGEN
Uygulamalı Etik Araştırma Merkezi
(UEAM) Başkanı
ODTÜ 06531 ANKARA

Appendix G: Letter of Introduction to Potential Turkish Participants

Katılımcılar İçin Giriş Mektubu

Orta Doğu Teknik Üniversitesi'nde doktora öğrencisiyim. Bir yakınımın ölüm kaybını yaşamış yetişkinler ile ilgili bir araştırma yürütmekteyim. Bu çalışmadaki amaç bir yakını kaybetmiş Türk ve Amerikalı yetişkinlerin kayıptan sonraki yaşantılarını ve kayıpla başetme süreçlerini fenomenolojik bir araştırma temelinde incelemektir. Bu çalışma nitel bir araştırmadır. Katılımcı ile, onun kayıp sonrası yaşantılarını dinlemek amacıyla, açık uçlu soruların yer aldığı yarı yapılandırılmış görüşmeler yapılacaktır. Bu çalışma sonucunda kayıp ve yas alanında çalışmalar yapan araştırma ve uygulamacılara kuramsal, pratik ve farklı kültürlere özgü ve karşılaştırılabilir bulgular sağlanacağını düşünüyorum. Orta Doğu Teknik Üniversitesi Eğitim Bilimleri Bölümü Psikolojik Danışma ve Rehberlik Ana Bilim Dalı öğretim üyesi Doç. Dr. Özgür Erdur-Baker yürüttüğüm bu doktora çalışmasında bana akademik danışmanlık yapmaktadır. Bu mektubu size ileten kişi sizin bu çalışmaya katılıp katılmayacağınız konusunda bilgi sahibi olmayacaktır.

2 – 5 yıl öncesinde hayatınızda önemli bir yere sahip bir yakınınızı (anne, baba, eş, sevgili, kardeş, akraba, arkadaş, dost) Bu çalışmada gönüllü olarak yer almak isterseniz lütfen benimle iletişim kurunuz.

Bu çalışmada katılımcı olmak şunları içermektedir:

- 15 dakikalık bir öngörüşme (telefonla ya da yüz yüze). Bu görüşmede bu çalışmanın amacı ve sizin için izlenecek tüm işlem ile sizin bu çalışmaya katılımınız için gönüllü ve koşullara uygun olup olmadığınızı konuşulacaktır.
- 60-90 dakikalık görüşme. Bu görüşme öncesinde imzalayacağınız bir izin formu ve yanıtlayacağınız bir kişisel bilgi formu olacaktır. Bu görüşme bir ses kayıt cihazı ile kayda alınacak ve bu kayıt öncelikle sadece benim ulaşabileceğim şekilde saklanacaktır. Görüşme kayıtlarının veri analizi olarak irdelenmesi sırasında akademik danışmanım tarafından da görülecek, sonrasında akademik danışmanım tarafından gizli tutulacaktır.
- Görüşme sonrasında ek bilgi edinmek ya da görüşmedeki belirsiz kalan bir noktayı sormak amacıyla sizinle tekrar bağlantı kurulabilir.

Sağladığınız bilgiler yakını kaybetmiş birinin yaşadığı karmaşık duyguların doğasını anlamamıza yardımcı olacaktır. Bu bilgiler araştırmacılara önemli bakış açıları kazandırabilecektir. Profesyonel yardım almak istemeniz durumunda başvurabileceğiniz yerler size verilecektir. Bu çalışmaya katılım size verilecek bir terapi ya da psikolojik yardım anlamına gelmemektedir.

İletişim ve ayrıntılı bilgi için lütfen aşağıdaki bilgileri not ediniz:

e-posta: onurozmen@msn.com

Telefon: 05057793745

Saygılarımla,

Onur Özmen, PhD adayı

Appendix H: Participant Consent Form for the Turkish Participants

Katılımcı İzin Formu

Kayıp Yaşayan Yetişkinlerde Yas ve Başetme Süreci: Kültürel Bir Çalışma

Onur Ozmen, M. A.
Orta Doğu Teknik Üniversitesi
Eğitim Bilimleri Bölümü
Psikolojik Danışma ve Rehberlik Ana Bilim Dalı

Bu çalışma Orta Doğu Teknik Üniversitesi'nden Doç. Dr. Özgür Erdur-Baker'in akademik danışmanlığında doktora adayı Onur Özmen tarafından yürütülmektedir.

Nitel (Fenomonolojik) yöntemle yürütülen bu çalışmanın amacı Türk ve Amerikalı yetişkinlerin ölüm kaybı yaşantıları ile bununla başetme süreçlerini irdelemektir. Katılımcılar ile açık uçlu sorular içeren yarı yapılandırılmış görüşmeler yapılacak ve katılımcının bu süreçle ilgili öyküsü alınacaktır. 60-90 dakika sürecek görüşmelere katılacaksınız. Görüşme ses kaydına alınacak ve yakınınızın ölümünün sizi nasıl etkilediği, bu kayıpla ilgili yaşantılarınız ve bakış açınızı irdeleyen sorular içerecektir.

Bu çalışmaya katılarak;

En az 18 yaşında olduğunuzu ve 2-5 yıl içerisinde bir yakınınızın (anne, baba, eş, kardeş, akraba, sevgili, arkadaş, dost vb.) ölüm kaybını yaşadığınızı belirtmiş oluyorsunuz. Mahremiyetinizi korumak amacıyla aşağıdaki önlemler alınmıştır:

- Bu çalışmanın yayınlanması durumunda isminiz yayının herhangi bir yerinde paylaşılmayacaktır.
- İsminiz yalnızca araştırmacı tarafından düzenlenen katılımcılar listesinde ve bu izin formunda yer alacaktır.
- Herhangi bir yerde isminizin yer aldığı formlar ses kayıtlarından ayrı olarak akademik danışmanın gözetiminde gizli bir bölmede tutulacak ve yalnızca benim ve akademik danışmanım tarafından ulaşılabilecektir.
- Görüşme kaydınızın yazılı dökümü analiz edilecek ve içeriği yalnızca araştırma amacına dayalı kodlar olarak kullanılacaktır.
- Görüşme kaydınız çalışmanın bitiminden 2 yıl sonra, kişisel bilgi formunuz ise 7 yıl sonra tamamen silinecektir.

Size, sizin için önemli birinin ölümü sonrası yaşadıklarınız ve görüşleriniz ile ilgili sorular yöneltilecektir. Sizden, yalnızca cevaplamakta bir sakınca görmeyip kendinizi rahat hissettiğiniz yaşantıları paylaşmanız istenecektir. Bu çalışmada gönüllü katılımcı olarak bulunuyorsunuz. Herhangi bir soruyu es geçebilirsiniz ya da bu çalışmaya katılmaktan tamamen vazgeçebilirsiniz. Katılımcı olmayı eğer kabul ederseniz, herhangi bir yaptırıma maruz kalmadan istediğiniz zaman çekilebilirsiniz bilmelisiniz. Bu çalışmada katılımcılara, terapi ya da psikolojik destek vermek amacını taşımamaktadır. İstemeniz durumunda size psikolojik yardım alabileceğiniz yerler hakkında bilgi verilecektir. Çalışmanın odağında doğrudan katılımcının yararına bir içerik yoktur. Fakat, farklı iki kültür arasında yapılan bir bilimsel çalışmaya bireysel katkıda bulunmak dolaylı bir kazanım olarak görülebilir.

Yaşantınız konusunda paylaşımında bulunuyor olmanız sizin için yine dolaylı bir kazanç olabilir. Psikoloji alanında bir çalışmanın nasıl yapıldığı konusunda bilgi sahibi olmak ve ileride kayıp yaşayacak insanların daha etkili psikolojik yardım almasına katkıda bulunmak, ruh sağlığı alanında çalışan profesyonellere ve genel olarak psikoloji alanındaki araştırmalara önemli bilgiler sağlamak yine katılımcının dolaylı kazançları olabilir.

Bu araştırma projesiyle ilgili tüm sorularınız için lütfen benimle ya da akademik danışmanımla iletişim kurunuz.

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Bu katılımcı izin formunu okudum ve araştırma hakkında bilgi sahibi oldum. Bu araştırma projesi hakkındaki sorularımın yanıtlarını aldım. Yukarıda ayrıntıları açıklanan bu çalışmaya gönüllü olarak katılmak için hazırım. Bu izin formunu imzaladıktan sonra bir örneğini alacağım.

_____ Bu çalışma ile ilgili daha sonra sorulabilecek sorular ve araştırma bulgularını onaylamak için benimle iletişime geçilmesine izin veriyorum.

_____ Bu çalışma ile ilgili daha sonra sorulabilecek sorular ve araştırma bulgularını onaylamak için benimle iletişime geçilmesine izin vermiyorum.

Katılımcının İmzası

Tarih

Araştırmacının İmzası

Appendix I: Demographic Information Form (for the Turkish participants)

Kişisel Bilgi Formu

Adı-Soyadı: _____

İletişim Bilgileri (telefon, e-posta, adres):

Yaş: _____

Eğitim Düzeyi (lütfen en son bitirdiğiniz dereceyi belirtiniz):

- İlkokul
 Ortaokul
 Lise
 Üniversite
 Yüksek Lisans
 Doktora
 Doktora Sonrası

Meslek: _____

Medeni Durum/İlişki Durumu

- Bekar
 Evli
 Eşli
 Ayrı
 Boşanmış
 Dul

Kayıptan beri geçen süre: _____;

Merhumla yakınlığı: _____;

Danışma/terapi aldınız mı? Evet _____ (Ne kadar süre? _____)
Hayır _____

Appendix J: The Interview Protocol (Turkish Form)

Görüşme Formu

İlk olarak araştırmamın amacını hatırlatmak istiyorum. Bu çalışmanın öncelikli amacı yakını kaybeden yetişkinlerin yas ve kayıp yaşantılarını ve bunu ifade edişlerini anlamaktır. Bu kayıpla nasıl başettiklerini irdelemek de araştırmamın bir parçasıdır. Bu çalışmanın ilerleyen aşamalarında Türkiye ve Birleşik Amerika'dan katılımcıların benzer yaşantılarını karşılaştırmayı amaçlıyorum.

Tüm sorularım belirttiğim amaçlarla ilgili olacaktır. Sizden istenen, sorulara herhangi bir sınır koymadan ayrıntılı ve açık cevaplar vermektir. Sorulara bağımlı kalmak zorunda hissetmeyin, ilgili birşey eklemek istediğinizde tereddüt etmeden anlatın. Lütfen istediğiniz soruyu yanıtlamama, istediğiniz herhangi bir zaman görüşmeyi sonlandırma hakkınız olduğunu unutmayın. Görüşmemiz bir kayıt cihazı yardımıyla kaydedilecek ve sonra tümüyle yazıya dökülecektir. Eğer isterseniz, çalışma tamamlandığında sizinle sonuçları paylaşabilirim.

Başlamadan önce herhangi bir sorunuz var mı? İsterseniz birinci soru ile görüşmemize başlayalım.

Yas Yaşantıları

- 1) Kaybettığınız kişi ile ilişkinizi/bağınızı kısaca açıklayınız.
- 2) Kaybettığınız kişi için cenaze ya da anma töreni yapıldı mı?
 - Evetse: O ana geri dönebilir misiniz?
 - Cenaze öncesinde gözlemlerinizi, yaşantılarınızı ve duygularınızı nelerdi?
 - Cenaze süresince gözlemlerinizi, yaşantılarınızı ve duygularınızı nelerdi?
 - Cenaze sonrasında gözlemlerinizi, yaşantılarınızı ve duygularınızı nelerdi?
 - Cenaze/anma töreninin nasıl geçtiği konusunda şimdi ne hissediyor ve düşünüyorsunuz?
 - Hayırsa: Cenaze/anma töreni yapmamaya karar vermek sizce nasıldı?
 - Bu kararı verme sürecinde neler gözlemlediniz, yaşadınız ve hissettiniz?
 - Sürecin nasıl işlediği konusunda şu anda ne hissediyor ve düşünüyorsunuz?
- 3) Kaybınız hakkında şu anda genel anlamda neler hissediyor ve düşünüyorsunuz?
- 4) Kaybınız ile ilgili konuştuğça şu an neler yaşıyorsunuz?

Başetme Süreci

- 5) Kaybınızdan sonra sosyal çevrenizden yeterli destek aldığınıza inanıyor musunuz?
Evetse: Lütfen nasıl destek gördüğünüzü açıklayınız. Ne çeşit bir destek aldınız?
Hayırsa: Nasıl bir destek görmek isterdiniz lütfen açıklayınız?
- 6) Profesyonel destek aldınız mı?
 - Evetse: Bu kişi size yardımcı olabildi mi?
 - Evetse: Nasıl?
 - Hayırsa: Nasıl bir profesyonel destek size yardımcı olabilirdi?
 - Hayırsa: Eğer profesyonel bir yardım almış olsaydınız, bu kişinin size ne çeşit yardım sunmasını isterdiniz? Bu kişi, sizi gerçekten anladığını nasıl gösterebilirdi?

- 7) Bu yas sürecinde kayıp yaşayan diğer yakınlarınıza destek oldunuz mu?
Evetse: Nasıl?
Hayırsa: 8. soruya geçiniz.
- 8) Cenaze/anma töreninden bu yana çevrenizdekilerle kaybınızla ilgili (örneğin aile üyeleri, arkadaşlar) konuşmalarınızı, diyaloglarınızı anlatabilir misiniz?
- 9) Dini inancınızın yas sürecinizdeki rolü nedir?
- 10) Bir yakının kaybının ardından insanların hayatlarında birtakım değişiklikler olabilir, aynı durum dini inançlar için de geçerlidir. Sizin böyle bir yaşantınız oldu mu?
Evetse: Nasıl?
Evetse: İbadet sıklığınızda kayıp öncesi ve sonrası bir değişim oldu mu?
Evetse: Nasıl?
- 11) Kaybınızı anmak/hatırlamak adına kişisel olarak, (belki de sadece sizin bildiğiniz) yaptığınız herhangi bir şey oldu mu?
- 12) Cenaze veya anma töreninden farklı olarak, yakınınızı anmak adına, grupça yapılan herhangi bir törene/aktiviteye (adet, gelenek vb.) katıldınız mı?
Evetse: Bunları anlatabilir misiniz?
Hayırsa: Yapılan ve sizin katılmadığınız bir tören/aktivite oldu mu? Varsa anlatabilir misiniz?
- 13) Bu kişisel ve toplu olarak yapılan törenler/aktiviteler size yardımcı oldu mu?
Evetse: Nasıl?
Hayırsa: Bununla ilgili başka bir öneriniz var mı?

Değişimler ve Uyum Süreci

- 14) Kaybınızdan bu yana hayatınızın nasıl değiştiğini anlatabilir misiniz?
- 15) Ölümden ve/veya cenaze töreninden hemen sonrasına dönecek olsaydınız nelerin farklı olmasını isterdiniz?
- 16) Onsuz yaşama adapte olmak için neler yaptınız?
- 17) Yas yaşantınızdan neler öğrendiniz?
- 18) Anlatmak/eklemek istediğiniz, size sormadığım birşeyler var mı?

Appendix K: Turkish Summary

KAYIP YAŞAMIŞ YETİŞKİN KADINLARDA KAYIP VE YASLA BAŞETMENİN KÜLTÜREL ÖZELLİKLERİ: UZLAŞIMSAL NİTEL ANALİZE DAYALI OLGUSAL BİR ARAŞTIRMA

1. GİRİŞ

Yas tepkisi, ölüm kaybına karşı verilmiş, doğal ve evrensel bir tepkidir (Arnason, Hafsteinsson, & Gretarsdottir, 2004; Jakoby, 2012; Murray, 2001; M. S. Stroebe & Schut, 1999). Kayıp yaşayan bireylerin bazı ortak tepkiler verdiği gözlemlenmiştir. Örneğin, James ve Friedman (2009) bu tepkileri, odaklanmada güçlük, uyuşukluk, hissizlik hali, uyku düzensizliği, yeme alışkanlıklarında değişim, dengesiz bir duygu durumu gibi örneklerle sıralamıştır. Bu dengeli olmayan süreç boyunca birey acı, öfke, üzüntü, kaygı, korku, yalnızlık gibi birçok duyguyu yaşayabilir (Balk, 1997; Cimete & Kuguoglu, 2006). Bu duyguların çoğu kayba karşı verilen normal tepkilerdir (Kübler-Ross, 1970). Ortak olsa da her bireyde gözlenmeyebilir. Benzer şekilde, bu tepkilerin zamanlaması ve uzunluğu da oldukça bireysel bir niteliğe sahiptir.

Yaşam, bir yakının kaybedilmesinden sonra da devam eder. Yakınını kaybetmiş birey artık eskisinden farklı bir yaşama adım atar. Bu süreçte hem kaybın acısını, hem de bu durumdan kaynaklı hayatında meydana gelen değişimleri yaşar. Sonuçta, bir başetme süreci ve yeni yaşama uyum sağlama süreci başlar. Bu sürecin nasıl geliştiğini açıklayan kuramsal yaklaşım ve modeller vardır. Freud'un yas çalışması hipotezinden (1917/1957) başlayarak günümüz model ve yaklaşımları bu süreci ele almışlardır. Örneğin, süreç modellerinin öncüsü olan Kübler-Ross'un (1970) Beş Aşamalı Yas

Süreci Modeli, Bağlanma Kuramı (Bowlby, 1980); bazı görev ve ödevleri vurgulayan modeller geliştirilmiştir. Ayrıca, daha çok kayıp yaşantısı ile başetmeye odaklanmış bilişsel modeller ve kişilerarası modeller bulunmaktadır. Bu modellerin yanı sıra, Anlamı Yeniden Yapılandırma Modeli olarak anılan yapılandırmacı modelde (Neimeyer, 1998) kayba uyum sürecinin bireysel olduğu kadar kültürel ve ailesel bileşenleri de olduğu vurgulanmaktadır. Bütüncül bir model olan İkili Süreç Modeli (M. S. Stroebe & Schut, 1999), başetmeye odaklanmış, bireyin öznel dünyası ile birlikte bu öznel dünya ile etkileşimde bulunabilecek ailesel ve kültürel etmenleri ele almıştır. Bu anlamda, son yirmi yıl içinde ortaya çıkmış olan güncel modellerin, bireyin öznel yaşantısının yanı sıra, kültürel ve sosyal etmenlerin bireyin yaşantısındaki önemine odaklandıkları söylenebilir. Bu nedenle, kültüre odaklı ya da kültürlerarası çalışmaların kayıp ve yas olgusunu anlamada payı olabilecek sosyal ve kültürel faktörleri irdelemek açısından işlevsel olduğu belirtilmiştir (Rosenblatt, 2001; M. S. Stroebe & Schut, 2010). Bu yaklaşım, bazı araştırmalar (e.g. Catlin, 2001; Hass & Walter, 2007; Lalande & Bonanno, 2006; Valentine, 2009) tarafından da desteklenmiştir. Bu araştırmalar, kayıp ve yas olgusunun anlaşılmasında bağlamsal ve çevresel faktörlerin önemini vurgulamışlardır. Ayrıca, kültürlerarası çalışmaların farklı kültürlerde yapılması, kültüre duyarlı bir yas danışmanlığına katkı sağlayacaktır.

Araştırmanın Amacı

Kayıp ve yas olgusunu irdeleyen kuramsal modellerin neredeyse tümü batı kaynaklıdır ve bu anlamda psikolojik yardım süreci de bu modellerden etkilenerek yapılandırılmıştır. Fakat yas olgusu yukarıda belirtildiği gibi kültürel etmenlerden de etkilenebilmektedir. Yani, farklı kültürlerden elde edilecek nitel ve nicel bilgiler bu

modellere katkı sağlayabilir. Bu bağlamda bu araştırmanın amacı, Birleşik Amerikalı ve Türk katılımcıların bir yakının kaybedilmesinden sonraki yaşantılarını, kaybı ifade edişlerini ve başetme mekanizmalarını anlamak ve betimlemektir. Türk ve Birleşik Amerikalı katılımcıların seçilmesinin sebebi, batı kaynaklı yaklaşımların, batı kaynaklı de batı kaynaklı olmayan kültürlerde ele almak ve böylece, sosyal, kültürel, çevresel etmenlerin bu modeller içindeki rolünü betimlemek ve irdelemektir. Ayrıca, çalışmada kadınların seçilmesinin nedeni, M. S. Stroebe'nin (2001) de önderdiği gibi, kadınların yaşantı paylaşımlarında ve duygu ifadelerinde daha çok ayrıntıya yer vermeleri ve paylaşımına erkeklere göre daha açık olmalarıdır. Sonuç olarak, belirtilen katılımcıların ayrıntılı betimlemelerinin toplanan kültürlerel veride benzerlik ve farklılıkları irdelemek için uygun olacağı düşünülmüştür.

Araştırma Soruları

Yukarıda belirtilen amaçlara ulaşmak için, aşağıdaki araştırma soruları belirlenmiştir:

1. Birleşik Amerikalı ve Türk yetişkin kadınlar bir yakının kaybını nasıl yaşar ve nasıl ifade ederler?
2. Birleşik Amerikalı ve Türk yetişkin kadınlar bir yakının kaybı ile nasıl başederler?
3. Birleşik Amerikalı ve Türk yetişkin kadınlar bir yakının kaybına nasıl uyum sağlarlar?

Araştırmanın Önemi

Yas, bir yakının kaybı sonrası yaşanan evrensel bir insan tepkisidir (M. S. Stroebe & Schut, 2001). Fakat her toplumun kendine özgü bir yas yaşantısı vardır ve bu yaşantılar daha geniş bir çerçevede farklı kültürel kaynaklar tarafından şekillendirilir (Cimete & Kuguoglu, 2006). Alanyazındaki kuramsal ve araştırmaya dayalı çalışmalara bakıldığında Birleşik Amerika ve Türk kültüründen katılımcılarla, karşılaştırmalı olarak, bireysel, bağlamsal, sosyal ve kültürel öğeleri kapsayan bir çalışma daha önce yapılmamıştır. Daha önce de belirtildiği gibi böyle bir karşılaştırmalı çalışmadaki amaç, yas yaşantısında kültürden kaynaklı öğelerin betimlenmesi, batı odaklı model ve kavramların bu iki farklı kültürden alınan veri bağlamında irdelenmesidir. Böylelikle, farklı kültürlerden katılımcılarla yapılacak çalışmaların önemine vurgu yapan güncel kuramsal yas modellerine ilişkin betimsel kanıtlar sunulabilecektir.

Rosenblatt'ın (2001) belirttiği gibi yas ile ilgili yazılmış olan şeylerin büyük bir çoğunluğu eğitimli Birleşik Amerikalılar'ın ve Avrupalılar'ın yazdıklarından oluşmaktadır (p.288). Bu nedenle, farklı kültürlerden, kültüre odaklı çalışmalar, ilgili alanyazına katkı sağlayacaktır. Parkes (2001) bu görüşü destekler nitelikte, kültürel çalışmaların yas yaşantısını ve yasin ifade edilmesini anlamamızda gerekli olduğunu belirtmektedir. Ayrıca, Anlamı Yeniden Yapılandırma Modeli (The Meaning Reconstruction Model) (Neimeyer, 2000) ve İkili Süreç Modeli (Dual Process Model) (M. Strobe & Schut, 1999) gibi güncel yas modellerinin kuramcıları, bu modellerin farklı kültürlerden yapılacak çalışmalarla desteklenmesi gerektiğini belirtmişlerdir. Sonuç olarak, bu çalışmadaki farklı kültürlerden deseninden elde edilecek nitel sonuçlar, bu güncel modellere de katkı sağlayabilir. Kültürel örüntülerdeki başatme

öğelerinin yeni danışma stratejileri oluşturmaya katkı sağlayabileceği de düşünülmektedir. Ayrıca, Breen'in (2011) yas yaşantısında kuram ve uygulama arasındaki ilişkileri incelediği çalışmasında katılımcı psikolojik danışmanların büyük çoğunluğunun, yaptıkları uygulamalarda süreç-odaklı modellere atıfta buldukları gözlemlenmiştir. Fakat bireyin duygusal ve bilişsel süreçleriyle birlikte, yas yaşantısı, başatma ve uyum sürecinde çevresel ve kültürel etmenlerin taşıyacağı role de dikkat çeken güncel modellerin ele alınmasına ihtiyaç vardır. Bu anlamda, bu çalışmadan elde edilecek betimsel bulgular güncel modellerin bu yönüne dikkat çekecektir. Kültürel ve kültürlerarası betimsel bulgular, yas danışmanlığı yapan psikolojik danışmanların vaka kavramsallaştırmasında, süreç-odaklı modellerin ötesinde yardımcı olacaktır.

Bu çalışmada nitel veri analizi yönteminin kullanılmasının başlıca nedeni araştırılan "yas" konusunda katılımcıların bakış açılarının ayrıntılı olarak elde edilebilmesi, bu betimlemelerden yola çıkılarak tümevarıma dayalı, net tanımlamalara ulaşabilme ve incelenen olgu ile ilgili ayrıntılı bir bakış açısına sahip olabilmedir. Ayrıca, Türkiye örneği ele alındığında göreceli olarak az bilgi birikiminin bulunduğu bir konuda nitel bir çalışmaya başvurmak, temel betimleme ve tanımlamalara ulaşabilmek, ayrıntılı bilgiler elde edebilmek için önemlidir. Uzlaşım Nitel Araştırma yönteminin (Hill, 2012; Hill et al., 2005; Hill, Thompson, & Williams, 1997) bu çalışmada kullanılmasının başlıca nedeni ise, nitel çalışmanın belirtilen güçlü yönlerinin yanı sıra, bu yönlerin sistematik bir şekilde çalışmaya yansıtılabilmesi için kullanılacak, nitel veri analizinin "güvenirliği" konusunda güçlü seçenekler sunan bir yöntem olmasından kaynaklanmaktadır.

Araştırmanın Sınırlılıkları

Nitel arařtırmada arařtırmacının rolü oldukça önemlidir. Birçok nitel arařtırmada arařtırmacı aynı zamanda katılımcı gözlemcidir. Bu anlamda, bu çalışmadaki arařtırmacının ABD'deki çalışmaları boyunca yaşadığı kültürel farklılıklar arařtırmanın sınırlılıklarından biridir. Benzer şekilde, nitel arařtırmalarda arařtırmacının nitel arařtırma tecrübesinin olması arařtırmanın güvenilirliğini olumlu yönde etki eden bir unsurdur. Bu arařtırmada verilerin çözümlenmesi süresince oluşturulan ve dört kişilik arařtırmacı grubu içinde daha önce Uzlaşım Sal Nitel Arařtırma deneyimi olan yalnızca bir arařtırmacı bulunmaktadır. Bu durum da arařtırma için bir sınırlılık olarak ifade edilebilir.

Yas yaşantısı etkileyen birçok faktör vardır. Örneğin, ölen kişi ile ilişkinin niteliği, kayıptan bu yana geçen zaman, ölen kişinin yaşı, ölümün ani ya da beklendik olması, ölüm şekli vb. Fazla sayıdaki bu deęişkenlerin tümünü kontrol edebilmek oldukça zordur. Katılımcıların seçilmesinde bu deęişkenlerin tümünün göz önünde bulundurulmasının mümkün olmaması, veride çeşitliliği artırdığından, bir sınırlılık oluşturmuştur.

2. YÖNTEM

Araştırma Deseni

Bu arařtırma, temelde betimsel, olgubilime dayalı nitel bir çalışmadır (Glaser & Strauss, 1967). Daha özelden, Uzlaşım Sal Nitel Arařtırma (UNA) (Hill, Thompson, & Williams, 1997; Hill et. al., 2005) kullanılmıştır.

Katılımcılar

On katılımcı Amerika Birleşik Devletleri'nden, on katılımcı Türkiye'den olmak üzere toplam yirmi katılımcı araştırmada yer almıştır. Katılımcılar kendisi için önemli bir yakınını iki ile beş yıl arasında ölüm yoluyla kaybetmiş, on sekiz yaşından büyük yetişkin kadınlardır. Katılımcıların kayıpları için bir zaman aralığının belirlenmesinin ölçütleri; süreci bir bütün olarak ele alabilecekleri yeterince zaman geçmiş olması ve ayrıntıları hatırlamayacak kadar çok uzun zaman geçmemiş olmasıdır.

Türk katılımcıların tümünü Ankara ilinde yaşayan 29 ile 50 yaşları arasındaki yetişkin kadınlar oluşturmuştur ($M = 42.1$; $SD = 6.69$). Katılımcılar arasında öğretmen, okul psikolojik danışmanı, ekonomist, araştırma görevlisi, psikolog gibi farklı mesleklerden bireyler bulunmaktadır. Bu nedenle eğitim düzeyi olarak Türk katılımcıların tümü en az üniversite eğitime sahiptir. Katılımcılardan üçü baba, ikisi büyükbaba/büyükanne, üçü büyük ya da küçük kardeş, biri eş ve biri arkadaş kaybı yaşamıştır. Katılımcıların kayıp yaşadığından bu yana geçen süre ortalama 3.1 yıl ($SD = 1.22$) olarak hesaplanmıştır.

Türk katılımcılarda olduğu gibi, Birleşik Amerikalı katılımcılar da çalışmaya gönüllü olarak katılmış, 38 ile 89 yaşları arasında ($M = 67.1$; $SD = 15.48$) yetişkin kadınlardan oluşmaktadır. Birleşik Amerikalı katılımcılar arasında çeşitli işlerden emekliler, yazar, yönetici asistanı, gönüllü koordinatör, eğitimci gibi farklı mesleklere mensup bireyler bulunmaktadır. Tüm katılımcılar eğitim düzeyi olarak lise ve üstü eğitime sahiptir. Katılımcılardan yedisi eş, üçü ise ebeveyn kaybı yaşamıştır. Kayıptan bu yana geçen zaman ortalaması Birleşik Amerikalı katılımcılar için 3.3 yıl olarak hesaplanmıştır ($SD = 1.15$).

Arařtırmacı Grubu

Bu arařtırmada Birleřik Amerikalı ve Trk katılımcılardan elde edilen grřme verilerini czmlemek iin iki farklı arařtırmacı grubu oluřturulmuřtur. Tez yazarı arařtırmacının yanı sıra, Birleřik Amerikalı grubun verilerinin czmlenmesi iin, psikolojik danıřma ve rehberlik alanından nitel arařtırmaya ve İngilizce'ye hakim Arizona State niversitesi'nden bir Birleřik Amerikalı ve Orta Doęu Teknik niversitesi'nden bir Trk doktora adayı arařtırmacı grubuna katılmıřtır. Benzer Őekilde, Trk katılımcıların grřme verilerinin czmlenmesinde, tez yazarı arařtırmacı ile birlikte, nitel arařtırma yntemine hakim, Orta Doęu Teknik niversitesi psikolojik danıřma ve rehberlik doktora programından iki doktora adayı arařtırmacı, arařtırmacı grubuna dahil olmuřtur. Tm grřmeler tez yazarı arařtırmacı tarafından yapılmıřtır.

Grřme Formu

Grřme formu arařtırmacı tarafından hazırlanmıř yarı yapılandırılmıř, aık ulu sorulardan oluřan bir formdur. Grřme soruları arasında, len kiři ile olan iliřki, cenazedeki yařantılar (duygular, gzlemler vb.), lm kaybının nasıl meydana geldięi, yas tepkileri, kayıpla bireysel ve sosyal olarak bařetme vb. ile ilgili sorular yer almaktadır. Grřme soruları, arařtırmanın amaları ve ilgili alanyazın temel alınarak hazırlanmıřtır. Grřme formu, yas yařayan bireylerin bu yařantıları ile ilgili algıları ve bařetme mekanizmaları konusunda veri elde etmek amacıyla hazırlanmıřtır. Grřme sorularına rnek olarak řu sorular verilebilir: "Kaybettięiniz kiři ile iliřkinizi/baęınızı anlatabilir misiniz?"; "Cenaze/anma treninden bu yana cvrenizdekilerle kaybınızla ilgili (rneęin aile yeleri, arkadařlar) konuřmalarınızı,

diyaloglarınızı anlatabilir misiniz?"; "Kaybınızı anmak, hatırlamak adına kişisel olarak (belki de sadece sizin bildiğiniz) yaptığınız herhangi birşey oldu mu?"

Formun giriş kısmında araştırmamanın amacı, ne kadar süre alacağı, görüşmenin gizliliği gibi konularda bilgiler verilmektedir. Her bir görüşmenin ortalama 60-90 dakika sürebileceği öngörülmüştür. Görüşme formuna ek olarak, bilgi toplama amaçlı olarak kullanılmak üzere bir kişisel bilgi formu hazırlanmıştır. Kişisel bilgi formunda katılımcının yaşı, cinsiyeti, kayıptan bu yana geçen süre, ölen kişi ile yakınlığı gibi konularda bilgi alınabilecek maddeler yer almaktadır.

Görüşme formu öncelikle nitel araştırmada yetkin üç uzmandan görüş alınarak şekillendirilmiş, sonra da bu form kullanılarak iki yetişkin ile görüşme yapılmıştır. Soruların işlevselliği gözlemlenmiştir. ABD'ye ulaşıldıktan sonra tez yazarı görüşme formunu İngilizce'ye çevirmiş, bu çeviri hem yas alanında hem de nitel araştırmada yetkin olan dört kişilik bir araştırmacı grubunda gözden geçirilmiştir. Elde edilen dönütlerle forma son şekli verilmiştir.

Veri Çözümleme Yöntemi

Bu araştırmada elde edilen görüşme verileri, Uzlaşımsal Nitel Araştırma'nın veri çözümleme yöntemi konusundaki yaklaşımı temel alınarak çözümlenmiştir. Bunun için, Birleşik Amerika ve Türkiye'den toplanan görüşme verilerinde iki farklı Uzlaşımsal Nitel Araştırma yöntemi uygulanarak çalışılmıştır. Her iki uygulama için, tez yazarı dahil üçer araştırmacıdan oluşan iki farklı araştırmacı grubu kurulmuştur. Bu iki araştırmacı grubunun yanı sıra, Uzlaşımsal Nitel Araştırma basamaklarında belirtildiği gibi (Hill, 2012), iki denetleyici uzman her bir grubun çalışmasını gözden

geçirmiş ve gerekli güncellemeler ve düzeltmeler yapılarak veri çözümlmelerine son şekli verilmiştir.

Veri çözümlmesi temel alanların belirlenmesiyle başlamıştır. Belirlenen temel alanlara göre kodlama ve kategorilendirme işlemi tez yazarı ve bir araştırmacı grubu üyesi tarafından gerçekleştirilmiştir. Sonrasında, oluşturulan kategorilerdeki anafikirler belirlenmiş ve her bir görüşmenin, belirlenen kategori ve anafikirlere uyumluluğu gözden geçirilmiştir. Bu aşamaların her birinde araştırmacı grubu üyeleri ile görüş alış-verişinde bulunulmuş ve uzlaşma sağlanarak çalışma yürütülmüştür.

3. SONUÇLAR

Bu bölümde, Birleşik Amerika görüşmeleri (n = 10) ile Türkiye görüşmeleri (n = 10) kapsamında yürütülen iki Uzlaşımsal Nitel Araştırma'nın sonuçları sırasıyla verilmektedir. Hill ve arkadaşlarına (2005) göre, kategoriler, o kategorideki kodların gözlem sayısına göre etiketlenirler. Böylelikle sonuçlar sistematik bir şekilde sunulabilir. Somut olarak, görüşmelerin hepsinde ya da biri hariç hepsinde gözlenen kodlar "genel"; toplam görüşme sayısının yarısından fazla görüşmede gözlenen kodlar "tipik"; en az iki gözlem, en çok da toplam görüşmenin yarısı kadar gözlem barındıran kategoriler ise "değişkenli" olarak adlandırılır. Buna paralel olarak, bu çalışmada 9-10 görüşmeye uygulanabilen kodları bulunan kategori "genel"; 5-8 görüşmeye uygulanan kodları bulunan kategoriye "tipik"; 2-4 görüşmeye uygulanan kodları bulunan kategoriye de "değişkenli" kategori etiketi verilmiştir. Birleşik Amerikalı katılımcılarla yapılan Uzlaşımsal Nitel Araştırma UNA 1; Türk katılımcılarla yürütülen Uzlaşımsal Nitel Araştırma da UNA 2 olarak adlandırılmıştır. Araştırmadaki kategoriler her iki veri grubu için de üç temel alanda toplanmıştır: (1)

Kayıp ve Yas Yaşantıları ve İfadeleri; (2) *Başetme*; ve (3) *Değişimler ve Kayba Uyum*. Bu temel alanlar UNA 1 için 17 kategori ve 19 alt kategori; UNA 2 için 24 kategori ve 12 alt kategori içermektedir. Somut olarak, UNA 1’de 9 genel kategori, 9 genel alt kategori, 4 tipik kategori, 3 tipik alt kategori, 4 değişkenli kategori ve 7 değişkenli alt kategori yer almaktadır. Benzer şekilde, UNA 2’de 11 genel kategori, 6 genel alt kategori, 9 tipik kategori, 3 tipik alt kategori, 4 değişkenli kategori ve 3 değişkenli alt kategori yer almaktadır. Hill’in (2012) belirttiği gibi, yalnızca iki veya daha az görüşmeye uygulanabilen kategoriler ya da alt kategorilere herhangi bir etiketlendirme yapılmamaktadır. İlk temel alan olan *kayıp ve yas yaşantıları ve ifadeleri*; ölüm, kaybeden kişi, kaybedilen kişi, diğerleri, cenaze gibi katılımcının öyküsünde yer alan tüm arka planı içermektedir. İkinci temel alan, *başetme* ise katılımcının bakış açısından ölüm, kayıp ve cenaze sürecindeki bireysel, ailevi, ve kültürel başetme mekanizmalarını içermektedir. Son temel alan, *değişimler ve kayba uyum* da kayıptan sonra ölüm ve kayıp ile ilgili olarak meydana gelen, bireyin rol algılarındaki, tutumlarındaki ve bakış açılarındaki somut ya da soyut değişimleri ve bu değişimlerin kayba uyumla ilişkisini içeren bir temel alandır. Sonraki bölümlerde UNA 1 ve UNA 2 sonuçları sırasıyla verilecektir.

UNA 1 Sonuçları

UNA 1 sonuçları, Birleşik Amerikalı katılımcılarla (n = 10) yapılan görüşmelerden elde edilen Uzlaşım Nitel Araştırma sonuçlarını ifade etmektedir. Sonuçlar Birleşik Amerikalı katılımcıların kayıp ve yas yaşantılarını, başetme kaynaklarını ve mekanizmalarını, son olarak da kayba uyumlarını içermektedir. Genel olarak, birinci temel alan olan *kayıp ve yas yaşantıları ve ifadeleri*; ölen kişi ile yakınlık, ölen kişi ve kayba uğrayan kişinin kişisel özellikleri, ölen kişinin ölüm süreci ve ölüm nedeninin

öyküsü, ölen kişinin son yolculuğu ve bu süreçte yaşananlar, katılımcının tüm süreç boyunca duygu, düşünce ve izlenimleri, taziyeler ve katılımcıların bu süreç içinde girdikleri ya da gözlemledikleri diyaloglar, yaşantılarını ifade etmek için kullandıkları kültürel sözler ya da metaforlar ve başka ya da daha önceki kayıp yaşantılarını kapsamaktadır. Katılımcıların başat kaynakları ve mekanizmaları ise diğer aile üyelerinden ve çevreden aldıkları sosyal destek ile ilgili algıları ve izlenimleri, profesyonel destekten beklentileri ve profesyonel destek ile ilgili fikir ve düşünceleri, kişisel, ailesel, kültürel, dini aktiviteler yoluyla anıları, duyguları, düşünceleri ifade etmek bağlamında kendi yası ile ilişkisi ve aynı zamanda diğerlerinin yaşadığı yas ile ilişkisi gibi noktaları içermektedir. Katılımcıların değişim ve uyum süreçleri ise kişisel ve ilişkisel değişimler ile birlikte, bireyin yakının kaybından sonra yaşadığı kişisel, fiziksel, ruhsal, felsefi ve sosyal sonuçları nasıl değerlendirdiklerini kapsayan bir temel alandır. Genel anlamda Birleşik Amerikalı katılımcılar kendilerine duygusal olarak oldukça yakın kimseleri kaybettiklerini ifade etmişlerdir. Buna paralel olarak, ölen kişinin kişisel özellikleri ve ailedeki ilişkisel geçmiş, katılımcıların yaşantı ile ilgili açıklamalarında önemli bir yer tutmuştur. Katılımcılar kaybettikleri kişilerin ölüm süreçlerinin görece beklendik olduğunu, çeşitli ölümcül hastalıklardan dolayı kayıp yaşadıklarını belirtmişlerdir. Birçok katılımcı ölümcül hastalık tanısının konduğu, sonrasında da tedavisi olanaksız hastaların kaldığı hastane bölümünde yaşanan süreci ve ölümün gerçekleşmesini anlatmışlardır. Ölümün ardından katılımcılar, ölen kişiyi son yolculuğuna uğurlama hazırlıkları ile başlayan ve cenaze ya da anma törenini içeren bir sürece girmişlerdir. Bu süreçte Birleşik Amerikalı katılımcıların yaşantıları oldukça çeşitlidir. Başka bir deyişle, ölü bedenini direkt olarak mezar yerinde gömülmesi, ölünün yakılması sonunda mezar yerinde gömülme, yakılma ve sonrasında küllerin doğaya savrulması ya da özel bir vazo içinde evde muhafaza edilmesi gibi, son yolculuğa uğurlama açısından farklı yaşantılar ifade edilmiştir.

Yani, birkaç katılımcı kaybedilen kişi ile fiziksel bağı farklı bir şekilde sürdürmeyi tercih etmiştir. Birçok katılımcı ise farklı yollarla da olsa, gömülme ile son bulan bir kayıp yaşantısını ifade etmişlerdir. Cenaze öncesinde, sırasında ve sonrasında katılımcılar genel anlamda normal yas tepkileri olarak yorumlanabilecek yas tepkilerinden bahsetmişlerdir. Bunlara örnek olarak son yolculuğa uğurlamadan önce hissizlik, belirsiz düşünceler, öfke; sırasında, yine hissizlik, şok, düşüncede karmaşa, üzüntü, kaygı, boşluk, nefret ve huzursuzluk gibi tepkilerden söz etmişlerdir. Son yolculuğun sonrasında ise, uzun vadede rahatlama, hasret/özlem duygusu, yalnızlık gibi başlangıçtakilerden biraz daha farklı tepkileri ifade etmişlerdir. Yaşadıkları bölgedeki insanlardan; örneğin iş arkadaşları, tanıdıklar, akrabalar ve çeşitli topluluklardan taziye mesajları aldıklarını belirtmişlerdir. Bu taziye mesajları genellikle “kaybın için üzgünüm” ve “hislerini anlayabiliyorum” anlamını içeren mesajlar olmuştur. Yaşantılarını kültürel ya da yaratıcı bir yolla ifade edebilmek amacıyla katılımcılar oluşturdukları metaforları kullanmışlardır. Bazı katılımcılar bu kayıp yaşantılarını anlatabilmek amacıyla daha önceki kayıp yaşantılarına da atıfta bulunmuşlardır. Katılımcılar, destek kaynakları olarak yaşadıkları çevreyi ve ait oldukları sosyal toplulukları içeren farklı kaynaklardan bahsetmişlerdir. Bu anlamda diğer aile üyeleri, yakın arkadaşlar, komşular, akrabalar ve düzenli olarak gittikleri kiliseler ortak olarak bahsedilen destek kaynakları olmuştur. Bazı katılımcılar, tanımlarından çıkarımla destek grubu olarak nitelendirilebilecek gruplara katıldıklarını ifade etmişlerdir. Bazı katılımcılar destek aldıkları kişilerle yaşantılarını paylaşma noktasında olumlu olduklarını belirtmişlerdir. Kişisel, ailesel ve dini kaynaklar gibi başetme ile ilgili olabilecek öğeleri kullanarak yaşantılarıyla başetmeye çalışmışlardır. Somut olarak, bir günlük ya da hatıra defteri tutmak, fotoğraf albümleri oluşturmak, şiirler yazmak, mezarda merhum ile konuşmak, kişisel gelişim kitapları ya da İncil okumak, bahçivanlık, özel günlerde merhum adına mumlar yakmak gibi

örnekler vermişlerdir. Fakat, az sayıda katılımcı “aileyi” bir başetme kaynağı olarak anmıştır. Tersine, en yaygın kullanılan strateji olarak “din” öne çıkmıştır. Değişim ve uyum anlamında katılımcılar bazı kişisel, ailesel ve fiziksel değişimlerden söz etmişlerdir. Uyum, bu değişimler aracılığıyla olmuştur. Örneğin, kişisel değişimler, yaşam biçimindeki değişimleri, dini yaşantı ve inançtaki değişimler ve kendini araştırma/sorgulama gibi öğeleri içermiştir. Ailesel bazı özellikler (örneğin, babanın ölümünden sonra annenin başka şehirde yaşayan çocuğunun yanına taşınması gibi), birkaç katılımcıda yeni kararlar almaya sebep olmuştur. Sonuç olarak, katılımcılar, aileleri için bir destek kaynağı oluşturmuştur. Benliğin, çevrenin ve hayatın farklılaştığı yeni hayata uyum sürecinde, bu yaşantılarından neler öğrendiklerini anlatmışlardır.

UNA 2 Sonuçları

UNA 2 sonuçları, Türk katılımcılarla (n = 10) yapılan görüşmeleri içeren sonuçlardır. Sonuçlar Türk katılımcıların kayıp ve yas yaşantılarını ve bunu ifade edişlerini, başetme mekanizmalarını ve yakının kaybına uyum süreçlerini kapsamaktadır. Genel olarak, Türk katılımcıların yas yaşantısı ve bunu ifade edişleri temel alanında; ölen kişi ile yakınlık, katılımcı ve ölen kişinin kişisel ve ailevi özellikleri, ölen kişinin ölme sürecinin öyküsü ve ölüm nedeni, ölen kişi için yapılan cenaze ve kayıp sonrası uygulanan tüm işlemler, katılımcının tüm süreç boyunca yas yaşantısı ile ilgili duygu, düşünce, algı ve diyalogları, yas yaşantısına özgü belli kültürel davranışlar, katılımcının kullandığı metaforlar, duyduğu ya da kullandığı kültürel kaynaklı sözler ve diğer kayıp yaşantıları yer almaktadır. Tanımların içeriğinin yanı sıra, Türk katılımcıların görüşme verilerinde Birleşik Amerikalı katılımcıların görüşme verilerinde bulunmayan kategoriler de ortaya çıkmıştır. Örneğin, Türk katılımcıların

verilerinden “cinsiyet rolleri” olarak adlandırılan bir kategori belirlenmiştir. Türk katılımcıların başetme temel alanında; katılımcıların aile, geniş aile üyeleri ve diğerlerinden (komşular, tanıdıklar vb.) aldıkları sosyal destek ile ilgili algı ve izlenimleri, profesyonel destek ile ilgili düşünceleri ve algıları, kendi yas yaşantıları ile ilgili algıları ve yas yaşantıları ile ilgili olarak diğerleriyle kişisel, ailevi, kültürel ve dini etkinlikler yoluyla paylaşımları bulunmaktadır. Türk katılımcıların kayba uyum süreci temel alanı ise; kişisel ve ailevi başetme çabaları ile bu çabalar ile gelen kişisel ve ilişkisel değişimleri içermektedir. Buna ek olarak, kayıp sonrasında doğal olarak oluşan değişimler ve bu değişimlerin özellikleri, katılımcıların kaybın kişisel, fiziksel, ruhsal, felsefi ve sosyal sonuçlarına yönelik tutumları da bu temel alan içinde yer almıştır.

Genel anlamda, UNA 2 sonuçları Türk katılımcıların kaybettikleri kişi ile duygusal yakınlıklarının ortak bir özellik içermediğini, çeşitli olduğunu göstermiştir. Katılımcıların bazıları kaybettikleri kişi ile çok yakın bir duygusal bağa sahip olduklarını belirtirken, bazıları ise uzak, resmi, saygıya dayalı, tutarsız ya da ortalama bir ilişkiye sahip olduklarını belirtmişlerdir. Kaybedilen kişi ile ilişkinin doğası ne olursa olsun, kayıp yaşayan kişinin kişisel özellikleri, ölen kişinin kişisel özellikleri ve ailevi özellikler katılımcıların yaşantılarını tanımlamalarında önemli yere sahip olmuştur.

Katılımcıların tanımlamaları, kaybettikleri kişilerin ölüm nedenlerinin de oldukça çeşitli olduğunu göstermiştir. Birkaç katılımcı ölümcül bir hastalık nedeniyle ölüm olduğunu, bazıları ise kaza, intihar, vücutta yaşanan bir travma gibi ölümün ani olarak geldiğine işaret eden sebeplerden bahsetmişlerdir. Ölüm süreci öykülerinde birçok katılımcı ölümcül hastalığın tanısının konulmasından sonra hızlı ilerleyen ve sonunda ölümlle biten bir süreçten bahsetmişlerdir. Bazı katılımcılar ölüm ilanı dönemini de

anlatmışlardır. Ölümün gerçekleşmesinden sonra, ölümün haber verilmesi ya da katılımcının telefonla arayarak diğerlerine ölümü haber vermesi ile başlayan bir sürece girilmiştir. Bu süreç, ölüm haberinden cenaze gününe dek birçok sosyal/kültürel ya da dini kaynaklı hazırlığın hızlı bir şekilde yapıldığı bir periyodu ifade etmektedir. Birkaç katılımcı istemeyerek de olsa cenaze törenine katılmadığını belirtmiştir. Bazı katılımcılar cenaze töreninde ve cenaze gününde gözlemledikleri cinsiyet rollerini tanımlamışlardır. Cinsiyet rolleri, cenaze töreninde ya da cenaze evine yapılan taziye ziyaretleri esnasında kadın ve erkeklerin aldıkları ya da onlara atfedilen iş bölümü ya da görevleri içermektedir. Başka bir deyişle, bazı katılımcılar, kültürden kaynak olarak belli tutumlara göre ayrılmış kadın ve erkek rollerini gözlemlediklerini ya da yaşadıklarını ifade etmişlerdir. Yakınlarının ölüm süreci boyunca, yani cenaze gününden önce katılımcıların ortak olarak yaşadıkları yas tepkileri acı, çaresizlik, ölen kişiye ya da diğerlerine yönelik bir öfke, soyutlanmışlık hissi, boşluk, hissizlik, şok, suçluluk, pişmanlık, üzüntü, kaygı, diğerlerinin sağlık durumu ile ilgili endişe duyma, rahatsız olma ve korku gibi farklı duyguları içermektedir. Cenaze gününde ise benzer şekilde acı, hissizlik, utanç, suçluluk, boşluk, pişmanlık, üzüntü, adetlerden irrite olma, tükenmişlik, bunalma, diğerleri için endişelenme, kabullenmeme, rahatlama, inanamama, ölen kişi ile gurur duyma gibi duyguları ifade etmişlerdir. Cenazeden sonraki uzun vadeli dönemde, yetersizlik, depresif durum, duygusal acı, isyan, çaresizlik, üzüntü, umut, suçluluk, pişmanlık, ölen kişiye ya da aile üyelerine yönelik kızgınlık, yalnızlık, soyutlanmışlık, inkar, korku, diğerlerini suçlama, acı, mutluluk ve üzüntünün bir arada olduğu karmaşık duygular yaşadıklarını belirtmişlerdir. Bu yas tepkileri içinde, özlem, pişmanlık ve suçluluk duyguları görüşme esnasında da devam ettiği belirtilen duygulardır. Katılımcıların cenaze gününde gözlemledikleri yas ile ilgili davranışlar arasında sessizce ağlama ve diğerlerine sarılma gibi davranışlar bulunmaktadır. Bunlara ek olarak, ağlayarak dövünen, çığlıklar atan ya da yüksek

sesle ağlayan, kendini kaybetmiş insanları gözlemlediklerini belirtmişlerdir. Katılımcıların bazıları yaşantılarını ifade ederken metafor kullanmıştır. Bazı katılımcılar da geçmişte yaşadıkları kayıplarla bu yaşantılarını karşılaştırarak tanımlamalar yapmayı tercih etmiştir. Sosyal destek temel alanı kapsamında bakıldığında, farklı destek kaynaklarından yararlandıkları söylenebilir (aile ve geniş aile üyeleri gibi). Komşular, tanıdıklar gibi çevredekilerden taziye ziyaretleri yoluyla destek aldıklarını belirtmişlerdir. Fakat, bazı katılımcılar adet ya da ritüel olarak yapılan bu ziyaretlerden kendilerini soyutladıklarını ifade etmişlerdir. Katılımcıların çoğu herhangi bir profesyonel psikolojik yardım almadıklarını belirtmişlerdir. Katılımcılar, profesyonel psikolojik yardım almış olmaları durumunda ise profesyonel yardım veren kişinin empatik, güvenilir ve anladığını gösterir nitelikte olmasını bekleyebileceklerini belirtmişlerdir. Başetme kaynağı olarak, katılımcılar, aile üyeleri, geniş aile üyeleri, komşular ve arkadaşlar gibi farklı sosyal ağları kullandıklarını söylemişlerdir. Sosyal ağlar dışında, kişisel olarak da farklı yollar kullanmışlardır. Örneğin, mezar ziyareti, mezarı temizleme, çevresini düzenleme, mezarlıkta ya da oturan semtte birşeyler dağıtmak (yiyecek gibi), öğrencilere burs vermek, günlük düzenli belli bir süre ağıt yakmak gibi aktivitelerde bulunmuşlardır. Bir başka başetme kaynağı olarak, katılımcıların bazıları dini inançtan destek almıştır. Bazı katılımcılar ise dini inancı bir başetme kaynağı olarak kullanmayı tercih etmemiştir. Fakat hemen hemen tüm katılımcılar, ister gönüllü ister gönülsüz bir şekilde olsun, dini/kültürel birer ritüel olarak yapılan yedinci, kırkıncı ve elli ikinci gün dualarına, düzenlenen mevlidlere, ölüm yıldönümlerinde toplanılıp yapılan dualara katıldıklarını, bunlardan en az birinde yer aldıklarını; ayrıca kaybedilen kişi ile ilgili özel ve önemli günlerde (örneğin ölüm yıldönümü) helva ya da özel bir yöresel yiyeceği dağıttıklarını veya dağıtılmasına şahit olduklarını, özel günlerde toplu olarak mezarı ziyaret ettiklerini belirtmişlerdir.

Uyum süreci ile ilgili olarak ise, Türk katılımcılar, yukarıda anılan başetme kaynaklarını kullanarak kayıp yaşantısına uyum sağlamaya çalışmışlardır. Özet olarak, kişisel değişimler, rutini değiştirmek (bir işe girmek), alışkanlıkları ve sosyal davranışları değiştirmek gibi öğeleri içermiştir. Katılımcılar, rutini değiştirerek kendileri yeni yaşamın getirdikleri ile meşgul tutmaya çalışarak kayba uyum sağlama çabası göstermişlerdir. Ailevi başetme kaynakları, katılımcıları, diğer aile üyelerini de etkileyebilecek şekilde yeni kararlar almaya itmiştir. Bazı katılımcılar, değişimlere uyum sağlamak adına diğer aile üyelerinin sorumluluğunu alma, onların yerine bazı tercih ve seçimlerde bulunma gibi davranışlar sergilediklerini ifade etmişlerdir. Sonuçta, katılımcıların bazıları, diğer aile üyeleri için bir başetme kaynağı olmuşlardır. Uyum süreci kapsamında katılımcılar, bu yaşantının kendilerine neler öğrettiğini anlatmışlardır.

4. TARTIŞMA

Bu bölümde, yukarıda kısaca özetlenen sonuçların tartışması da özet olarak verilmektedir. Bu çalışmada amaç, Birleşik Amerikalı (n=10) ve Türk (n= 10) katılımcıların kayıp yaşantısı ile birlikte yaşantı ve bu yaşantının ifade edilişi, başetme mekanizmaları ve uyum süreçlerini betimlemek ve bu betimlemeler yardımı ile iki farklı kültürden katılımcılar arasındaki benzer ve farklı yönleri tartışmaktır. Bu amaçla, Birleşik Amerikalı ve Türk katılımcıların görüşme verileri iki farklı Uzlaşım Nitele Araştırma (UNA) yürütülerek irdelenmiştir. İlk UNA Birleşik Amerikalı katılımcılar (n=10) için, ikinci UNA da Türk katılımcılar için yürütülmüştür. Farklı birçok kategoriden oluşan sonuçlar üç temel alanda ele alınmıştır: (1) Kayıp ve yas yaşantıları ve ifadeleri, (2) Başetme, (3) Değişimler ve uyum.

Birinci temel alan, kayıp ve yas yaşantıları ve ifadeleri yaşantılar ile ilgili kategorileri kapsayan bir temel alandır. Kayıp ve yas yaşantıları ile bunların ifade edilişleri genel anlamda ölen kişi ile fiziksel ve duygusal yakınlığı, kayıp yaşayan kişinin ve ölen kişinin kişisel özellikleri, ölüm nedeni ve şekli, ölüm sürecinin öyküsü, cenaze ayrıntıları ve işlemleri, katılımcının duygu, düşünce ve izlenimleri, metaforlar, diğer ya da önceki kayıp yaşantıları gibi kategorileri içermektedir. Bu temel alanda, Birleşik Amerikalı ve Türk katılımcılar birkaç kategoride farklılaşmışlardır. Örneğin, cinsiyet rolleri olarak adlandırılan ve Türk katılımcıların analizinde rastlanan kategori, Birleşik Amerikalı katılımcılar'ın analizinde gözlemlenmemiştir. Katılımcıların yaşantılarına bakıldığında Birleşik Amerikalı ve Türk katılımcılar arasında hem benzer hem de farklı özelliklerin varlığı görülmüştür. Örneğin, ölüm haberinin alınması, cenaze töreni ve taziye periyodu boyunca yasın ifade edilişi açısından farklılık ortaya çıkmıştır. Birleşik Amerikalı katılımcılar duygusal ifade açısından bireysel ağlama ve sarılmaların olduğu görece daha "sessiz" bir atmosferden bahsederken, Türk katılımcılar ağıt yakma, toplu olarak ağıt yakma merasimi düzenleme ve birlikte ağıt yakma, sinir krizleri, dövünmeler gibi daha "yüksek tonda" ve "kollektiflik" içeren duygusal ifadelerden bahsetmişlerdir. Benzer şekilde, Birleşik Amerikalı ve Türk katılımcılar ortak olarak birçok "normal" yas tepkisi belirtmişlerdir. Türk katılımcıların ifade etme davranışları açısından biraz daha fazla sayıda davranış içeren bir "repertuar" sundukları gözlemlenmiştir.

İkinci temel alan, başetme, her iki grupta da ortak olarak sosyal destek, profesyonel destek, geçmiş anıların paylaşımı ve kişisel, ailevi ve dini kaynakları ve ritüelleri kullanma yoluyla başetme gibi kategorileri içermektedir. Başka bir deyişle, geniş bir açıdan bakıldığında, Birleşik Amerikalı ve Türk katılımcıların benzer başetme mekanizmalarına sahip olduğu ifade edilebilir. Fakat, iki kültürden katılımcıların

başetme mekanizmaları açısından, birkaç alanda farklılaştıkları söylenebilir. Örneğin, profesyonel destekten yararlanma açısından farklılaşmaktadırlar. Bazı Birleşik Amerikalı katılımcılar yas ile başetme amacıyla organize edilen destek gruplarına katıldıklarını söylemişlerdir. Öte yandan, kendileri ya da diğerleri için profesyonel destek arayışında olan Türk katılımcılar, psikiyatri servislerine başvurmuşlardır. Birleşik Amerikalı katılımcılar özellikle günlük işler için aldıkları yardıma atıfta bulunarak çevrelerinden oldukça destek sağladıklarını ifade etmişlerdir. Birleşik Amerikalı katılımcılara paralel olarak, Türk katılımcılar da çevrelerinden fayda sağladıklarını belirtmişlerdir. Fakat, Türk katılımcıların bazıları diğerlerinin verdiği sosyal desteğe inançları olmadığını, bundan dolayı çevreden gelen desteğe kendilerini çok açık tutmayı tercih etmediklerini ifade etmişlerdir. Katılımcıların bazıları aynı zamanda, sosyal destek anlamında, diğerlerine destek olmak noktasını vurgulamışlardır.

Türk katılımcıların görüşme verileri, sosyal desteğin kültüre bağlı örüntülerine Birleşik Amerikalılar'a göre daha fazla atıfta bulunmaktadır. Buna bir örnek olarak, taziye ziyaretlerinin kayıptan aylar sonrasında dahi devam etmesi gösterilebilir. Bu ziyaretlerin önemli bölümünde toplu olarak gerçekleştirilen kültürel ya da dini ritüellerin düzenlendiği gözlemlenmiştir. Ritüeller bağlamında sosyalleşmenin yaşandığı bu ortamlarda sosyal destek için de ortam hazırlanmaktadır. Fakat bu ritüellere gönülsüz bir şekilde katılan bazı Türk katılımcıların sosyal destek alma konusunda da çevreden uzak durduğu gözlemlenmiştir. Türk katılımcıların aksine, Birleşik Amerikalı katılımcılar taziye ziyaretleri ve bu ziyaretlerde Türkler arasında yapıldığı gibi ritüellere herhangi bir atıfta bulunmamışlardır. Başka bir deyişle, taziye ziyaretlerinden bahsetmemişlerdir. Bunun yerine, kilisede düzenlenen ayinlerden ve bu sıradan ayinlerin bir kısmında kaybedilen kişilere atfedilen dualardan söz

etmişlerdir. Her iki kültürden katılımcılar da ölen kişi ya da kayıpla ilgili anıları ve duyguları paylaşmada destekleyici bir ortamla karşılaştıklarını, bununla ilgili kültürden kaynaklı bir engel yaşamadıklarını bildirmişlerdir.

Üçüncü temel alan, değişimler ve uyum her iki grupta da kayıptan sonra günlük rutinde oluşan değişimler, hayat tarzında ya da yaşama bakışta yaşanan değişimler ortak olarak yer bulmuştur. Örneğin, sosyal davranışları açısından yaşamlarında önemli değişimlerin olduğunu, her iki kültürden katılımcılar da ifade etmişlerdir. Başka bir deyişle, daha önce hiç katılmadıkları sosyal etkinliklere katıldığından bahsedenler olmuştur. Bu, zamanla sosyal ağlarında da değişimlere sebep olmuştur. Birleşik Amerikalı katılımcıların bir bölümü yaşamlarındaki fiziksel değişimlerden (başka bir şehre taşınma vb.) söz etmişlerdir. Türk katılımcıların hiçbirinden yaşamlarında bu anlamda fiziksel değişimle ilgili bir ifade gelmemiştir.

Bir başka ortak olarak sözü edilen kategori, hayata bakıştaki değişimleri içermektedir. Bu daha çok kişisel bir bakış açısı değişimi ifade etmektedir. Katılımcılar ortak olarak, hayata ve insanlara karşı daha barışçıl, huzurlu bir tavır takındıklarını, hayatın değerini anladıklarını ve buna göre hareket etmeye çalıştıklarını söylemişlerdir. Bu anlamda, her iki kültürden katılımcıların, sosyal ilişkilerinde birtakım değişimler gerçekleştiği çıkarımı yapılabilir. Buna örnek verilecek olursa; Birleşik Amerikalı katılımcılar çevrelerindeki insanlara (aile üyeleri, komşular, arkadaşlar vb.) karşı daha yardımsever olduklarını belirtmişlerdir. Benzer şekilde, Türk katılımcılar aile üyeleri, arkadaşlar, geniş aile üyeleri vb. kişilere yönelik daha yakın bir ilgi göstermeye başladıklarını söylemişlerdir. Fakat, yakın ilginin doğası her iki grup arasında farklılık göstermektedir. Yani, Birleşik Amerikalılar'ın yakın ilgiden kastı günlük işlerde kişisel yardım ve destek davranışları iken, Türk katılımcıların yakın ilgiden kastettikleri ise

günlük işlerde kişisel yardım ve destek davranışları ile birlikte, diğer aile ya da geniş aile üyelerinin hayatlarına müdahil olma, onlar adına sorumluluk alma gibi öğeleri de içermiştir. Başka bir deyişle, Birleşik Amerikalı katılımcılar, kayıp yaşantısı ile birlikte birbirlerine daha yakın ilgi gösterdiklerini belirtirken, Türk katılımcılar benzer yakın bir ilgiden bahsetmekle birlikte Birleşik Amerikalı katılımcılarınkinden daha farklı betimlemelere yer vermişlerdir (örneğin ölen kişinin aile üyelerine bakma, onlara maddi destek sağlama, ölen kişinin ailedeki rollerini üstlenme vb.). İki kültürden katılımcılar arasındaki bir başka fark da ölüm kavramına karşı tutumdaki değişimde kendini göstermiştir. Başka bir deyişle, Birleşik Amerikalı katılımcılardan farklı olarak Türk katılımcılar daha fazla yakını kaybetme korkusu ve kendi ölümleri ile ilgili kaygıları yaşamaya başladıklarını belirtmişlerdir. Sonuç olarak, Birleşik Amerikalı ve Türk katılımcılar arasında kayıp ve yas yaşantısı açısından benzerliklerin yanı sıra bazı farklılıkların da olduğu gözlemlenmiş ve bunlar betimlenmiştir. Örneğin, kayıp ve yas yaşantılarında sosyal yapının bu deneyimdeki rolü açısından bakıldığında iki kültür arasında bazı farklılıklar olduğu gözlemlenmiştir. Bu açıdan bakıldığında bu çalışmanın, iki kültürden katılımcı grubu arasında kişisel, sosyal ve kültürel benzerlik ve farklılıkları tartışma imkanı sağladığı söylenebilir. Bu tartışma, kayıp ve yas psikolojisi anlamında alanyazında yer bulan kuramsal modeller ve kavramlar açısından yapılabilir. Böylelikle, farklı kültürlerden elde edilebilecek nicel ya da “betimsel” çalışmaların gerekliliğinden bahseden kuramcı ve araştırmacıların görüşlerine (Gillies & Neimeyer, 2006; Neimeyer, Prigerson, & Davies, 2002; M. S. Stroebe, Hansson, Stroebe, & Schut, 2001) uygun olarak alanyazına bir veri sunulması mümkün olabilir.

Çalışmanın sonuçları genel anlamda Anlamı Yeniden Yapılandırma Modeli (The Meaning Reconstruction Model) (Neimeyer, 2000) ve İkili Süreç Modeli (Dual Process

Model) (M. S. Stroebe & Schut, 1999) açısından irdelenmiştir. Bunun nedeni, bu modellerin, çevresel koşulların bireyin yas yaşantısındaki rollerine yaptıkları vurgudur. Daha önce de belirtildiği gibi, kayıp ve yas konusundaki alanyazının ve kuramsal modellerin büyük bir çoğunluğu batı kaynaklıdır ve yas “çözümlemesi” ve kayıptan sonra “toparlanma” gibi daha çok medikal anlayışa atıfta bulunan terminolojiye yer verir (Breen & O'Connor, 2011; Carlson, Johnston, Liiceanu, Vintila, & Harvey, 2000). Fakat bu kavram ve modellerin daha kapsayıcı olabilmesi için batı kaynaklı olmayan kültürlerden de kanıtlar elde edilmesi gerekir. Bu anlamda bakıldığında bu çalışma birkaç yolla bu boşluğa katkıda bulunmaktadır. Birincisi, kayıp ve yas yaşantısında alanyazında da belirtildiği gibi bir şekilde role sahip etkenler farklı iki kültürden sağlanan bir nitel veri seti aracılığıyla betimlenmiştir. İkincisi, kayıp ve yas kapsamında yeterince veriye sahip olmayan bir kültürden, yani Türkiye’den katılımcıların aracılığıyla, Türk kültüründe yas kapsamındaki özellikler betimlenmiştir. Üçüncüsü, uyumlu bir başetme sürecinde sosyal destek, sosyal ve ailevi örüntüler, cinsiyet rolleri, duyguların ve anıların paylaşımı, metaforlar, kültürel sözler, kişisel, ailevi ve dini başetme kaynakları gibi faktörlerin aldığı roller ayrıntılı olarak sunulmuştur. Dördüncüsü, sunulan iki farklı kültürdeki benzerlik ve farklılıklar, batı kaynaklı olmayan Türk kültüründe kayıp ve yas danışmanlığının ve yas süreci eğitiminin kültürel öğeleri de göz önünde bulundurarak yapılandırılmasına katkı sağlayabilir. Bunun temeli, çalışmadaki birçok sonuç yorumlanırken, bireysellik-kollektiflik bağlamına atıfta bulunulmuş olması ile ilgilidir. Beşinci ve son olarak, alanyazında birçok kez kendine yer bulan; sürdürülen bağlar (continuing bonds), kaybı anlamlandırma (making sense of loss), kişisel risk ve gelişim etkenleri (personal risk and growth factors), kayıp odaklı başetme ve onarım odaklı başetme stratejileri (loss-oriented and restoration-oriented coping) gibi önemli kavramlar nitel kanıtlar ve betimlemeler aracılığıyla ele alınmıştır.

Araştırmanın Kayıp ve Yas Danışmanlığı Açısından Kuram ve Uygulamadaki Doğurguları

Kuramsal doğurguları açısından; sürdürülen bağlar, kaybı anlamlandırma, kayıp odaklı başaçıkma, onarım odaklı başaçıkma, travmatik olaylar sonrası kişisel gelişim gibi kavramlar farklı iki kültürden oluşan veri setindeki betimsel kanıtlar aracılığıyla ele alınmıştır. Bu kavramların çalışmada yer alan bireysel, sosyal, kültürel faktörler içindeki yerleri betimlenmiştir. Sonuçlar arasındaki benzerlik ve farklılıklar temel anlamda bireysellik-kollektiflik bakış açısı kapsamında ele alınabilir. Bu açıdan bakıldığında Türk katılımcıların yaşantılarında ve anlatımlarında Birleşik Amerikalılar'a oranla daha çok kültüre bağımlı öğelere (ritüeller, adetler, sosyal/toplumsal kurallar vb.) daha çok atıfta buldukları gözlemlenmiştir. Birleşik Amerikalı katılımcılar ise daha çok kişiselleştirilmiş formda yaşantıya ve başetme kaynaklarına atıfta bulunmuşlardır. Bu farklılıktan kaynaklı olarak, Türk bireylerle yapılan kayıp ve yas danışmanlığında, bireyin çevresel etmenlerden bağımsız olarak kendi özelliklerini daha çok farketmesinin sağlanabileceği bir yaklaşım gözetilebilir. Böylelikle birey, çevreden gelebilecek muhtemel olumsuz etkilere (olumsuz algılanabilecek taziye mesajları, yararına inanılmayan ritüellere katılım vb.) yönelik psikolojik sağlamlık kazanabilir. Ayrıca bireyin, yaşantıda anlam bulma açısından önemli bir öge olan "yarar bulma" (benefit finding) adına adım atmasına yardımcı olunabilir. Yani, kültürel ve sosyal uygulamalardan bireysel olarak alacağı fayda artırılabilir. Benzer şekilde, Türk katılımcılarla yapılan görüşmelerde birçok defa, ölen kişi ile "sürdürülen bağların" topluca yapılan kültürel ve dini kaynaklı ritüeller aracılığıyla ifade edildiği görülmüştür. Bu durumda, bu ritüellerin bireyin "anlamlandırmasına" ve "yarar bulmasına" yardımcı olabilecek ya da engelleyebilecek özelliklerini betimlemek danışmada işe yarar bir bakış açısı olabilir.

Türk katılımcıların profesyonel destek bakımından daha çok “medikal yardıma”; başka bir deyişle kayıptan sonra ortaya çıkan uyku düzensizliği, yeme alışkanlıklarında ciddi değişimler gibi somatik belirtileri düzenlemeye yönelik yardıma atıfta bulunması, kayıp ve yas konusunda önleyici çalışmalara daha çok ağırlık verilebileğini hatırlatmaktadır. Bu nedenle, Birleşik Amerikalı katılımcıların katıldığı herkese açık yardım hizmetlerinde olduğu gibi, Türkiye’de de örneğin Rehberlik Araştırma Merkezleri bünyesinde çalışan krize müdahale ekipleri aracılığıyla destek grupları oluşturulabilir. Böylelikle belirti odaklı çalışmadan öte, yas ve kayıp bağlamındaki yardım hizmetleri daha yaygın bir şekilde verilen hizmetler olarak yer bulabilir.

Destek gruplarının yanı sıra, kayıp ve yas eğitimi ile bu konuda farkındalık artırılabilir. Kayıp ve yas eğitimi genel anlamda tek oturumluk ya da birkaç oturumluk süre içinde verilen genel yas tepkileri, bireyin kişisel ve sosyal destek kaynaklarını gözden geçirme, bu kaynakların yeni yaşama uyum süreci içindeki rollerini değerlendirme, sürdürülen bağların özellikleri, başatma stilleri ve bu stillerin birey için avantajlı ve dezavantajlı noktalarını gözden geçirme gibi öğeleri içerebilir. Destek gruplarının organize edilmesinde olduğu gibi, Rehberlik ve Araştırma Merkezleri’nde halihazırda varolan krize müdahale ekiplerinin organizasyonu ile bu eğitim çalışmaları yürütülebilir.

Gelecek çalışmalarda, kayıp ve yas yaşantısında cinsiyet rolleri, destek arama davranışları ve sosyal destek algıları Türk örnekleminde güncel yas modellerine göre irdelenebilir. Bu çalışmada ortaya çıkan ve betimlenen bu faktörler başka çalışmalarla desteklenebilir.

Appendix L: Curriculum Vitae

Personal Information

Özmen, Onur

Nationality: Turkish (TC)

Date and Place of Birth: August, 1980, Amasya

Marital Status: Single

Phone: +905057793745

e-mail: onurozmen@msn.com

EDUCATION

Degree	Institution	Year
M. Sc.	Middle East Technical University, Psychological Counseling and Guidance, Ankara	2006
B.S.	Hacettepe University, Psychological Counseling and Guidance, Ankara	2002
High School	Arifiye Anatolian Teacher's High School, Sakarya	1998

WORK EXPERIENCE

Year	Place	Enrollment
2013 – <i>present</i>	Cyprus International University, Nicosia, Northern Cyprus	Lecturer
2011 – 2013	Turkish Ministry of Education, Ankara, Turkey	School Counselor
2010 – 2011	Purdue University, IN, USA	Research Scholar
2003 – 2010	Turkish Ministry of Education, Ankara, Turkey	School Counselor

FOREIGN LANGUAGES

Advanced English

PUBLICATIONS

1. Atik, G., Özmen, O., & Kemer, G. (2012). Bullying and submissive behavior, *Journal of Faculty of Educational Sciences*, 45(1), 191-208.
2. Ozmen, O. & Sümer, Z. (2011). Predictors of risk-taking behaviors among Turkish adolescents. *Personality and Individual Differences*, 50(1), 4-9.
3. Erdur-Baker, O., Ozmen, O., & Ozmen, H. (2011). Teachers' Perspectives on Psychological Issues among Their Students. *Elementary Education Online*, 10(1), 197-205.
4. Atik, G., Ozmen, O. (2010). Attachment Styles and Marital Adjustment of Turkish Married Individuals. *Procedia Social and Behavioral Sciences*, 5, 367-371

HOBBIES

Swimming, volleyball, cinema, cooking, traveling.

Appendix M: Tez Fotokopisi İzin Formu

ENSTİTÜ

Fen Bilimleri Enstitüsü

Sosyal Bilimler Enstitüsü

Uygulamalı Matematik Enstitüsü

Enformatik Enstitüsü

Deniz Bilimleri Enstitüsü

YAZARIN

Soyadı : ONUR

Adı : ÖZMEN

Bölümü: EĞİTİM BİLİMLERİ

TEZİN ADI (İngilizce): A CROSS-CULTURAL STUDY OF GRIEF AND COPING IN BEREAVED ADULT WOMEN: A PHENOMENOLOGICAL STUDY WITH CONSENSUAL QUALITATIVE RESEARCH

TEZİN TÜRÜ : Yüksek Lisans Doktora

1. Tezimin tamamından kaynak gösterilmek şartıyla fotokopi alınabilir.

2. Tezimin içindekiler sayfası, özet, indeks sayfalarından ve/veya bir bölümünden kaynak gösterilmek şartıyla fotokopi alınabilir.

3. Tezimden bir bir (1) yıl süreyle fotokopi alınamaz.

TEZİN KÜTÜPHANEYE TESLİM TARİHİ: