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**Relationships of Internalizing Symptoms with Different Death Attitudes and Coping Styles  
in Cross-Cultural Context**

**Thesis Summary**

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- Oker, K., Reinhardt, M., & Schmelowszky, Á. (2020). Different death attitudes in internalizing symptom context among Norwegian and Turkish women. *OMEGA - Journal of Death and Dying*, 85(3), 650-668. <https://doi.org/10.1177/0030222820952984>
- Oker, K., Reinhardt, M., & Schmelowszky, Á. (2022). Effects of COVID-19 on mental health and its relationship with death attitudes and coping styles among Hungarian, Norwegian, and Turkish psychology students. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.812720>
- Oker, K., Schmelowszky, Á., & Reinhardt, M. (2019). Comparison of the relationship between death anxiety and depressive and anxiety symptoms among Norwegian and Turkish female psychology students. *OMEGA - Journal of Death and Dying*, 83(4), 816-830. <https://doi.org/10.1177/0030222819868111>

## Thesis Summary

The present dissertation examined relationships of internalizing symptoms with different death attitudes and coping styles among different countries; Hungary, Norway and Turkey. With this aim, three studies have been conducted and they have been published in rigorously peer-reviewed prestigious journals in the field; OMEGA - Journal of Death and Dying and Frontiers in Psychology.

A thorough examination of the literature led to the identification of five main research questions deemed essential to explore regarding the issue of death attitudes. These questions were considered important due to the current shortage of extensive and high-quality research aimed at establishing consensus in the following areas; (1) Do some cultures buffer death anxiety better than the other ones? (2) What is the relationship between death anxiety and mental health among different countries? (3) What is the relationship of different death attitudes with mental health among different countries? (4) What role coping strategies play in the relationship of different death attitudes with mental health among different countries? (5) When people from different countries or cultures experience a stressful event, how do they differentiate in mental health and its relationship with death attitudes and coping styles?

Considering these research questions, we formulated several hypotheses and conducted three studies with the aim of addressing the existing gap in the literature and making meaningful contributions to the related field.

### **1. Comparison of the Relationship Between Death Anxiety and Depressive and Anxiety Symptoms Among Norwegian and Turkish Female Psychology Students<sup>1</sup>**

In the study 1, we investigated the relationship between death anxiety and depressive and anxiety symptoms among Norwegian and Turkish female psychology students.

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<sup>1</sup> The first research is based upon the following study:

Oker, K., Schmelowszky, Á., & Reinhardt, M. (2019). Comparison of the relationship between death anxiety and depressive and anxiety symptoms among Norwegian and Turkish female psychology students. *OMEGA - Journal of Death and Dying*, 83(4), 816-830. <https://doi.org/10.1177/0030222819868111>

Culture is considered to be an important variable for the issue of death anxiety; however, there is a gap in the literature when it comes to comparing the effects of different cultures on death anxiety (Lester et al., 2007; McMordie & Kumar, 1984; Neimeyer et al., 2003). Given the limited and inconsistent literature on the topic, more studies are needed to examine the relationship between death anxiety and culture (Suhail & Akram, 2002).

With this in mind, our first aim in the first study was to investigate the death anxiety of Norwegian and Turkish subjects. Very few data are available from Norway in relation to death anxiety (Lester et al., 2007). Furthermore, evidence suggests that Turkish culture tends to be different from Western cultures with regard to the meaning it accords to death and in relation to death rituals (Gedik & Bahadır, 2014; Güngör, 2007). As previous studies encourage further research to investigate different cultural perspectives and assess how they differ from Western cultures in relation to death anxiety, it therefore made sense to compare Turkish and Norwegian participants (Abdel-Khalek et al., 2009; Neimeyer et al., 2003; Suhail & Akram, 2002). Moreover, based on the literature review, this will be the first study to investigate this kind of a relationship between Turkey and Norway.

The second aim of the study was to investigate the relationship between death anxiety and depressive and anxiety symptoms. Several researchers have examined this relationship and studies suggest that a higher level of death anxiety is connected to more depressive and anxiety symptoms (e.g., Abdel-Khalek, 1997; Abdel-Khalek & Tomás-Sábado, 2005; Gilliland & Templer, 1986). Although many studies have demonstrated this relationship between death anxiety and depressive or anxiety symptoms, most of these examined whether depressive and anxiety symptoms can predict death anxiety level or not (Hintze et al, 1993; Ongider & Eyuboglu, 2013; Saggino & Ronco, 1997).

Only a few studies investigated this correlation in a reverse way and emphasized the importance of death anxiety as a potential predictive factor of the level of depression and anxiety (Oranchak & Smith, 1989; Semenova & Stadlander, 2016). According to Yalom (1980), however, death anxiety is a fundamental fear which underlies a set of mental disorders, including panic disorder, anxiety, and depression. In view of this existential perspective and the aforementioned transdiagnostic feature of death anxiety, in this study, we searched if depressive and anxiety symptoms can be predicted by death anxiety level of the participants.

Moreover, the literature review illustrated that few studies are dealing with all the three variables in a cross-cultural framework. We therefore concluded that we would contribute to the literature by conducting research in this area.

For this purpose, 304 participants were recruited, of whom 127 (41.8%) were Norwegian and 177 (58.2%) were Turkish. Participants' ages ranged from 18 to 35 years. The Beck Depression Inventory, the trait anxiety subscale of the State-Trait Anxiety Inventory, and the Death Anxiety Scale were used to examine these relationships.

### **Hypotheses of the Study**

Based on our review of the literature, we predicted that Norwegian participants would score significantly higher on death anxiety than Turkish participants. There were several reasons for this prediction.

First, according to the several studies, Eastern cultures are considered to be better at buffering death anxiety than Western cultures (Gire, 2014; Kübler-Ross, 1975; McMordie & Kumar, 1984; Westman & Canter, 1985). Some studies claim that Turkish culture is closer to Eastern cultures than Western cultures (e.g., Gedik & Bahadır, 2014; Güngör, 2007; Hofstede, Hofstede, & Minkov, 2010; Mocan-Aydin, 2000). Moreover, a number of researchers suggest that Turkish culture tends to be different from Western cultures in relation to the meaning attributed to death and the explanations given for death, and that this may help Turkish culture to buffer death anxiety better than Western cultures (Gedik & Bahadır, 2014). As Turkey is considered to be closer to Eastern cultural norms, we therefore expected it to score significantly lower on death anxiety than Norway, which follows Western cultural norms.

In addition, for both countries, we expected death anxiety to be positively related to depressive and anxiety symptoms. As previously indicated, there is evidence of such a relationship (e.g., Abdel-Khalek, 1997; Abdel-Khalek & Tomás-Sábado, 2005; Gilliland & Templer, 1986). Nevertheless, replicating this association separately for both countries allowed us to observe if this relationship was indeed valid for both countries. Furthermore, as mentioned previously, in this study, death anxiety was deemed a predictor variable, a key difference from other studies examining this relationship. This therefore enabled us to see whether this relationship was valid

in both directions. In addition, we expected Norwegian participants to score higher on depressive and anxiety symptoms than Turkish participants.

## **Findings**

Our first hypothesis was that Norwegian participants would have a higher level of death anxiety than their Turkish counterparts. However, the hypothesis was not confirmed by the analysis, and Turkish subjects were found to have a higher death anxiety level. This finding contradicts those of several previous studies which claimed that Eastern cultures are inclined to be better at buffering death anxiety than Western cultures (Gedik & Bahadır, 2014; Gire, 2014; Güngör, 2007; Kübler-Ross, 1975; McMordie & Kumar, 1984; Schumaker et al., 1988; Westman & Canter, 1985).

Our second hypothesis looked at the relationship between death anxiety and depression and anxiety. As expected, our findings show that death anxiety is positively and significantly connected to depression and anxiety among both Norwegian and Turkish participants. This result was consistent with the literature (Abdel-Khalek, 1997; Abdel-Khalek & Tomás-Sábado, 2005; Gilliland & Templer, 1986; Iverach et al., 2014). Moreover, this hypothesis allowed us to investigate this relationship separately for Norwegian and Turkish participants.

The third and the last hypothesis compared depression and anxiety levels among Norwegian and Turkish participants. Similarly to the first hypothesis, the findings did not support our hypothesis, and Turkish participants were found to have higher on depression and anxiety levels.

The plausible explanations related to why might be the first and third hypothesis were not confirmed, were given in detailed in general discussion part of the dissertation.

## **2. Different Death Attitudes in Internalizing Symptom Context Among Norwegian and Turkish Women<sup>2</sup>**

In the study 2, we examined the association between death attitudes and depressive and anxiety symptoms among Norwegian and Turkish women.

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<sup>2</sup> The second study is based upon the following study:

Oker, K., Reinhardt, M., & Schmelowszky, Á. (2020). Different death attitudes in internalizing symptom context among Norwegian and Turkish women. *OMEGA - Journal of Death and Dying*, 85(3), 650-668. <https://doi.org/10.1177/0030222820952984>

Previous findings showed that attitudes toward death do not necessarily include only fear and anxiety. Thus, studies revealed that death anxiety is a multidimensional concept (Collett & Lester, 1969; Florian & Kravetz, 1983; Hoelter, 1979; Ray & Najman, 1974).

Consequently, the second research provides some important contributions to the existing literature. Firstly, in the second study, we used a multidimensional scale that minimizes the methodological drawbacks. Therefore, besides Fear of Death, the other four death attitudes were also investigated; Death Avoidance, Approach Acceptance, Escape Acceptance and Neutral Acceptance. In this way, we were able to examine the relationships among these five death attitudes and their coexisting structures associated with the chosen variables — depressive and anxiety symptoms.

Secondly, the study compares two different cultures on death attitudes with respect to depressive and anxiety symptoms. The earlier literature has emphasized the importance of investigating different cultures in order to obtain a better understanding of the nature of death attitudes.

The present study is another part of our first research, in which the same sample was used (Oker et al., 2019). However, it is not an extension of the previous study, as the presented findings related to death attitudes are completely new.

In the second study there were 304 participants (Norwegian=127 [41.8%]; Turkish=177 [58.2%]). The Beck Depression Inventory, the trait anxiety subscale of the State-Trait Anxiety Inventory, and the Death Attitude Profile-Revised were administered.

### **Hypotheses of the Study**

Based on our literature review and to compare different death attitudes in internalizing symptom context among Norwegian and Turkish participants we came up with the following hypotheses:

(1) For both countries, Fear of Death, Death Avoidance and Escape Acceptance attitudes were expected to be positively related to depressive and anxiety symptoms. (2) For both countries, Neutral Acceptance and Approach Acceptance were expected to be negatively related to depressive and anxiety symptoms. (3) For both countries, Fear of Death was expected to be positively related to Death Avoidance, while Neutral Acceptance, Approach Acceptance and



Escape Acceptance were expected to be negatively related to Fear of Death and Death Avoidance attitudes.

In addition, for both countries we predicted that Approach Acceptance would be positively related to Escape Acceptance. (4) Fear of Death was predicted to be higher among Norwegian participants than their Turkish counterparts. This is because we found several studies in the literature suggesting that Eastern cultures tend to be more effective at buffering death anxiety than Western cultures (Gire, 2014; Kübler-Ross, 1975; Ma-Kellams & Blascovich, 2012; McMordie & Kumar, 1984; Moos & Schaefer, 1987; Schumaker et al., 1988; Westman & Canter, 1985).

(5) Lastly, we predicted that the Turkish participants would score significantly higher on Approach Acceptance than the Norwegian participants. As it was stated before, some researchers claim that secularized Western cultures have a more materialistic evaluation of the concept of death — that is, the death of the body is considered as being also the death of the self (Westman & Canter, 1985). By contrast, in Eastern cultures death is regarded as being a transitory ‘incident of ongoing existence’. Thus, it can be argued that the Eastern concept is closer to Approach Acceptance than the Western view

## **Findings**

The findings of the second study suggest that Escape Acceptance may be the most maladaptive death attitude among Norwegian and Turkish participants alike, as it was the only death attitude that was found to be significantly positively correlated with depressive and anxiety symptoms for both countries.

We may also conclude that Approach Acceptance may be the most adaptive death attitude among Norwegian participants, since it was the only death attitude that has a significantly negative association with depressive and anxiety symptoms among Norwegian participants. Additionally, Death Avoidance was unrelated with depressive and anxiety symptoms for both countries.

Our results also show that, for both countries, there was a positive correlation between Fear of Death and Death Avoidance attitudes. However, for both countries only Neutral Acceptance and Escape Acceptance were negatively correlated with Fear of Death and Death Avoidance. In

addition, in keeping with our hypothesis, for both countries Approach Acceptance was positively correlated with Escape Acceptance.

Based on these results, we may conclude that having a greater conscious fear of death-related issues is associated with greater suppression and greater avoidance of thinking or talking about death-related issues. Furthermore, the concept of death as an escape from a painful life is associated with belief in a happy afterlife. The concept of death as a neutral part of this life, or as an escape from a painful life, is related to less fear of death-related issues and less avoidance of talking or thinking about death-related topics.

### **1. Effects of COVID-19 on Mental Health and Its Relationship With Death Attitudes and Coping Styles Among Hungarian, Norwegian, and Turkish Psychology Students<sup>3</sup>**

In study 3, we investigated mental effects of coronavirus disease 2019 (COVID-19) and its relationship with death attitudes and coping styles among Hungarian, Norwegian, and Turkish psychology students.

Studies on COVID-19 showed that depression, anxiety, stress, and PTSD are among the leading psychological problems in the context of the pandemic (Gurvich et al., 2020; Xiong et al., 2020). Moreover, student status is found to be associated with greater psychological impact of the COVID-19 outbreak and higher levels of stress, anxiety, and depression (Wang et al., 2020). Lee (2020) also reported that higher education is related to higher coronavirus anxiety. Lee (2020) stated that additional research about this population is needed.

Therefore, we decided to conduct our research among university students and examined their depression, anxiety, stress, and PTSD levels. Based on our literature review, this will be the first study to investigate the mental effects of COVID-19 and its relationship with death attitudes and coping styles among three different countries (Hungary, Norway, and Turkey).

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<sup>3</sup> The third study is based upon the following study:

Oker, K., Reinhardt, M., & Schmelowszky, Á. (2022). Effects of COVID-19 on mental health and its relationship with death attitudes and coping styles among Hungarian, Norwegian, and Turkish psychology students. *Frontiers in Psychology, 13*. <https://doi.org/10.3389/fpsyg.2022.812720>

These countries were selected for a number of reasons. First, death attitudes may change from culture to culture (Lehto & Stein, 2009; Gire, 2014), and this difference can play a critical role in buffering the anxiety, depression, and stress related to COVID-19 (Jovančević & Milićević, 2020).

In addition, before COVID-19, in 2015, we had run a research where we compared Turkish and Norwegian psychology students with respect to their death anxiety and different death attitudes and the relationship of these variables with depressive and anxiety symptoms (Oker et al., 2019, 2020). Thus, we considered it worthwhile to examine the Norwegian and Turkish university student population again with the same variables during COVID-19.

Furthermore, according to the cultural dimensions of Hofstede et al. (2010), there are both similarities and differences among Hungary, Norway, and Turkey: Power distance (Norway and Hungary = low, Turkey = high), individualism (Hungary and Norway = individualistic, Turkey = collectivistic), masculinity (Norway = low, Turkey = middle, and Hungary = high), uncertainty avoidance (Hungary and Turkey = high, Norway = middle), long-term orientation (Hungary = high, Norway = low, and Turkey = middle), and indulgence (Hungary = low, Norway and Turkey = middle) (Hofstede Insights, 2018).

Thus, it can be worthwhile to examine these three distinctive countries during the pandemic (Jovančević & Milićević, 2020). We, therefore, suggest that this study will contribute to the literature in terms of providing deeper insight to our understanding of psychological aspects of COVID-19, and eventually will help to develop culture-specific adaptive psychological interventions. Additionally, to the best of our knowledge, this study was unique in terms of examining different death attitudes related to COVID-19 among the three countries.

A total of 388 participants from Hungary (N = 122, 31.4%), Norway (N = 96, 24.7%), and Turkey (N = 170, 43.8%) were recruited during the pandemic. The Depression, Anxiety and Stress Scales, the Impact of Event Scale-Revised, the Carver Brief COPE Inventory, and the Death Attitude Profile-Revised were used.

## **Aims of the study**

As there is no previous research that compares these countries in the context of the pandemic related to death attitudes and coping strategies and due to the novelty of the virus, no specific hypotheses were drawn in the present study. Therefore, the third study is exploratory research.

The main aim of this study is to check how these three distinctive countries may differentiate in terms of the effects of COVID-19 on mental health and its relationship with death attitudes and coping styles.

More specifically, we are interested in examining the relationship of approach coping, avoidant coping, humor and religion coping styles with depressive, anxiety, stress and PTSD symptoms among the Hungarian, Norwegian and Turkish participants.

In addition, we are interested in exploring the relationship between the five different death attitudes (Fear of Death, Death Avoidance, Neutral Acceptance, Approach Acceptance and Escape Acceptance) and depressive, anxiety, stress and PTSD symptoms among the three countries.

Lastly, we are interested in investigating the relationship of approach coping, avoidant coping, humor and religion coping styles with the five different death attitudes among the three countries.

## **Findings**

The results of the third study suggest that Escape Acceptance might be the most maladaptive death attitude among the Hungarian, Norwegian and Turkish participants in the context of COVID-19, since it was the only death attitude that was found to be significantly correlated with poorer mental health among the three countries alike during COVID-19.

Additionally, Fear of Death was significantly related to higher stress among the three countries alike in step 2. However, this relationship was not significant, after the coping styles were entered into the regression in Step 3 among the Hungarian and Norwegian participants. On the other hand, Fear of Death remained significantly and positively related to stress and depression among the Turkish individuals in step 3.

The analyses of the current study exhibited that self-blame, behavioral-disengagement, self-distraction and substance-use coping styles were related to poorer mental health during COVID-19 in our sample. We may conclude that self-blame might be the most maladaptive coping style, as it was associated with poorer mental health among the three countries alike during COVID-19. This result was consistent with the previous studies (Gurvich et al., 2020).

In addition, behavioral-disengagement can be particularly risky for the Turkish participants during COVID-19, as it was related to higher stress, depression, anxiety and PTSD symptoms among them. Similarly, substance-use might be particularly risky for the Hungarian participants during COVID-19, as it was related to higher depression, anxiety and PTSD symptoms among them.

Positive-reframing might be the most adaptive coping style among the Hungarian and Turkish participants, since it was related to better mental health among them. Accordingly, positive-reframing was related to lower stress, depression and PTSD symptoms among the Turkish participants. Moreover, positive-reframing was related to lower stress and anxiety among the Hungarian participants. For the Norwegians, however, humor can be the most successful coping style in the context of COVID-19, as it was related to lower anxiety and PTSD symptoms among the Norwegian respondents.

### **General findings**

In general, the findings from the three studies implied that death anxiety and other death attitudes and coping styles may differ in their influence on mental health among different countries. These differences were discussed in detail in the general discussion part of the dissertation. Further research is needed to clarify these associations in a cross-cultural frame. Based on the results, we may hypothesize that Escape Acceptance death attitude might be the most maladaptive death attitude and using some dysfunctional coping styles (self-blame, behavioral disengagement, self-distraction, and substance use) may be related to lower mental health, particularly, during COVID-19. Practitioners can pay more attention to clients with these death attitude and coping styles.

## **Limitations**

Several limitations should be considered when interpreting the outcomes of the first and the second studies. The first limitation was that convenience sampling was used to recruit the participants. Although convenience sampling is easy to apply and helped save both money and time, it limits the extent to which the findings can be extrapolated to the populations that were studied. For instance, in these two studies, the participants were university students who are studying or had studied psychology. The findings can therefore not be extrapolated to the entire populations of Norway and Turkey.

A second limitation was that because of the low number of male participants, we were only able to analyze female participants. This makes it difficult to make generalizations about our findings for both male and female. In addition, we were not able to investigate gender differences.

A third limitation was that it was a correlational study. It is therefore not possible to discuss causal interpretations in this study based on the relationship between our dependent and independent variables.

Finally, before the recruitment process began, two terrorist attacks occurred in Turkey and one of them was on October 10, 2015, which killed many people. This may have led to an increase in the levels of death anxiety, depression, and anxiety among the Turkish participants. Furthermore, a terrorist attack also occurred in Paris and more than 100 people were killed. This may also have led to an increase in the levels of death anxiety, depression, and anxiety among both Norwegian and Turkish participants.

The third study was also including the same drawbacks namely; convenience sampling and correlational research. In addition to these, the relatively small sample size used in third study might have increased the chance of committing a type II error (a false negative: rejecting statistically significant relationships when in fact there are). Therefore, one must be cautious while interpreting the results of this research. Thus, we may base the results of this study as exploratory. As a result, the significant findings may still be useful and give us some direction for future studies. Therefore, we encourage further research to replicate our study with larger sample size. Furthermore, the inconsistent results mentioned in the discussion part related to gender and

age differences might be due to unbalanced samples in this study. Similarly, further studies with more balanced sample are needed to make these findings sounder.

Notwithstanding these limitations, the first and the second studies were unique in terms of investigating death anxiety and other different death attitudes related to mental health among the Turkish and Norwegian participants. In addition, the third study was also unique with regards to investigating the different death attitudes related to COVID-19 among the Hungarian, Norwegian and Turkish participants. Furthermore, by checking the effects on mental health and coping styles of the participants, we were able to see how the three variables (different death attitudes, coping styles, and mental health) might be related to each other and to COVID-19 among our sample in the three countries.

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