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International Journal of Psychology and Educational Studies

Traumatic Experiences and Collectivist Coping Styles of University Students in Turkey

Fatma Altun[1]

[1]*Department of Educational Sciences, Trabzon University, Trabzon, Turkey*

ARTICLE INFO

Article History:
Received 14.02.2020
Received in revised form 09.03.2020
Accepted 22.03.2020
Available online 04.05.2020

ABSTRACT

Several taxonomies have been suggested to classsify coping styles, yet collectivist and individualist are the two fundamental types currently being adopted in research on coping styles. In this respect, the main purpose of this study was to examine the collectivist coping styles of university students who have traumatic life experiences. The sample of the study consisted of 508 (Female=333, Male=161, Unspecified=14) undergraduate students in Turkey. The findings of the study revealed that the most frequently experienced traumatic life events were "death/illness of a loved one", "breakup with significant others", "unwanted sexual activity/coercion/sexual assault" and "academic pressure/suspension of school", respectively. One striking finding of the study was that 65.6% of the participants experienced only one traumatic event, 16.1% had two incidents, 10.6% had three and 7.7% had four or more traumatic events. Another noteworthy finding of the the study revealed that "Family Support" and "Religion and Spirituality" styles were referred with the lowest frequency in traumatic events of sexual content; however, these two styles were highly preferred and effective in traumatic events such as natural disaster, death of a loved one, and personal illness. It was further found that women experienced significantly more traumatic events involving sexual and physical violence, whereas men experienced major accident, natural disaster, or witness to an injury of another person or physical violence. It was found that women who had traumatic experience used "Religion and Spirituality" dimension significantly more than men. The results revealed that collectivist coping styles are widely used among Turkish university students and that the preferred coping style differs depending on gender and the traumatic situation.

Keywords:
collectivist coping, traumatic experience, university students

1. Introduction

Conventional scholarly wisdom has it that trauma experiences are difficult to adapt, unexpected, sudden and abnormal events which distort the individual's frame of reference, psychological needs and related schemas (McCann & Pearlman, 2015). War, rape, natural disasters, accidents, sudden death of a loved one, kidnapping or taking hostages can be suggested as examples of traumatic events (Morrison, 2014). Moreover, even if the person may not have experienced traumatic events personally, it is well-documented that even to witness such events, to intervene in the work place or learn that a relative was exposed to is enough to cause traumatic effect on the person (APA, 2014).

There is ample evidence that many people have been exposed to or witnessed at least one traumatic event throughout their life (Atwoli et al, 2013; Goldstein et al., 2016; Kilpatrick, Resnick, Milanak, Miller & Keyes, 2013). The incidence of traumatic events has also been found to be quite high in studies conducted with university students (Khan et al., 2016; Weiss et al., 2018). In a study conducted by Cusack et al. (2016) with 2310 university freshmen, it was found that 70% of the students had at least one traumatic experience. In line with this, studies have shown that the pervasiveness vary with respect to gender. Current literature abounds

[1] *Corresponding author's address: Department of Educational Sciences, Trabzon University, Trabzon, Turkey*
Telephone: +90462 455 1181
e-mail: faltun@trabzon.edu.tr
http://dx.doi.org/10.17220/ijpes.2020.02.008

© 2014 International Journal of Psychology and Educational Studies (IJPES) is supported by Educational Researches and Publications Association (ERPA)

with concrete evidence that women are exposed to more traumatic events than men and they are affected worse (Lassemo, Sandanger, Nygard & Sorgaard, 2017; Olaya et al., 2015; Overstreet et al., 2016). Furthermore, the type of traumatic event may also vary by gender (Maercker, Hecker, Augsburger & Kliem, 2018). Taken together, it would be fair to suggest that gender and gender roles are important in the investigation of traumatic events.

Traumatic events are known to be among the important risk factors for individuals' mental health (Frounfelker et al., 2018; Swartzman, Booth, Munro & Sani, 2017). Related literature reveals that individuals with trauma experience have higher rates of depression and post-traumatic stress disorder symptoms than individuals with no trauma experience (Dunn, Nishimi, Powers & Bradley, 2017; Fullerton, Ursano & Wang, 2004;). From a different perspective, recent studies indicate that trauma has positive effects in the course of human life which is also called as maturation (Bagheri et al., 2018; Jin, Xu, Liu & Liu, 2014). Furthermore, the coping styles preferred by the individuals are considered among the important factors that affect the results of the traumatic event (Gul & Karanci, 2017; Mattson, James & Engdahl, 2018; Sattler, Boyd & Kirsch, 2014).

Another major concern merit to highlight is the notion of culture. A growing body of evidence suggests that the effectiveness of coping styles might differ depending on cultural elements (Lazarus, 2000). In this regard, the classification of cultural orientation is generally considered within individualism and collectivism framework (Kağıtçıbaşı, 2007). Directing the situation outright, opposing the others to protect their rights and expressing their opinions directly can be listed among the preferred coping styles in in individualist societies (Hofstede, Hofstede & Minkov, 2010; Triandis, 2001). However, since compliance with others and compliance with the social situation is considered important in collectivist societies, the coping style that an individual will use may also require him to make changes in himself rather than the situation. In this regard, coping styles which are considered as ineffective in western culture can serve the psychological well-being of an individual in collectivist cultures (Cross, 1995). In the same vein, research has clearly demonstrated that coping styles used in collectivist cultures are affected by variables such as family support, respect for ancestors and family elders, obedience to authority, patience-tolerance, social activity and fatalism (Heppner et al., 2006; Yeh, Arora & Wu, 2006).

The past few decades have witnessed a tremendous growth in research efforts aimed at depicting the coping styles used by individuals who have been exposed or witnessed traumatic events. In some of these studies, problem-oriented coping styles and post-traumatic psychological well-being have been associated disregarding the cultural factors (Gil, 2005; Khamis, 2015). The results of recent research on collective societies indicate that religious coping (Freh, 2016; Karabulutlu, Yaralı & Karaman, 2017; Molsa et al., 2017) and social support (Bryant-Davis, Ullman, Tsong ve Gobin, 2011; Dai et al., 2016) are important protective factors for mental health. To the best of researchers' knowledge, no published reports have documented the relationship between the coping styles used in collectivist societies and the type of traumatic event experienced. The aim of this study was to examine the relationship between the types of traumatic experiences and preferred collective coping styles as well as gender. In addition, the study also probed into the prevalence of traumatic events experienced by the research group as well as whether they had professional help or not.

2. Method

2. 1. Participants

A total of 508 university students with traumatic experiences participated in this study. Of the participants, 333 (65.6%) were female and 161 (31.7%) male while 14 (%2.7) did not state gender. Most of the group had lower (n= 250, 49.2%) socio-economic income level, 101 (19.9%) had moderate and 141 (27.8%) had high socio-economic income level. The mean age of the group was 21.94 (SD = 2.50). The majority of the participants' mothers (n=304, %59.8) and fathers (n=192, %37.8) were primary school graduates, while the rest were middle school graduates ($n_{mothers}$= 90, 17,7%, $n_{fathers}$ = 112, 22%), high school graduates ($n_{mothers}$= 72, 14,2%, $n_{fathers}$ = 134, 26.4%) and university gradutaes ($n_{mothers}$= 26, 5,1%, $n_{fathers}$ = 62, 12,2%). The descriptive statistics for the types of trauma experienced by the research group and their help status are summarized in Table 1.

Table 1. Descriptive statistics for traumatic Events of University Students

Variables	n	%
Type of Traumatic Event		
Unwanted sexual activity, or sexual coercion, harm or sexual assault	49	9.6
Major accident	31	6.1
Natural disaster (e.g., earthquake)	33	6.5
Death or illness of a loved one	140	27.6
Personal illness	35	6.9
Robbery or harmful physical contact	22	4.3
Witnessing someone else being hurt or assaulted	38	7.5
Academic pressure or discontinuing	44	8.7
Breakup with significant others (e.g., divorce, termination of romantic relationship)	60	11.8
Other	54	10.6
Number of Traumatic Events		
1	333	65.6
2	82	16.1
3	54	10.6
4 and more	39	7.7

2.2. Data collection Instruments

Demographic Information Form: A demographic information form was developed by the researchers to obtain some demographic information about the participants. In this form, participants' gender, age, monthly income of the family, parents' education level were asked.

2.2.1. List of Traumatic Events: This list of common traumatic events was developed by Yazıcı, Altun, Şahin, Tosun, Pekdemir and Bulut-Yazıcı (2017) based on the study by Gershuny (1999). Nineteen different traumatic events such as sexual abuse, physical violence, death of a loved etc. were included in the list. Participants were asked to mark the traumatic event they experienced (if the item was not one of them, they were asked to fill in the "other" option) and asked to answer the other questions accordingly. Those who experienced more than one traumatic event were asked to pass on to the other questions considering the event that affected them the most. In this study, some traumatic events were never marked, and some were combined (for instance: unwanted sexual activity, or sexual coercion, harm or sexual assault, and whether the trauma took place before or after 14 years of age were removed or combined). Discontinuing school and academic pressure were also combined. Therefore, the number of traumatic events in the list finally was 11.

2.2.2. Collectivist Coping Styles Inventory (CCSI): CCSI was originally developed by Heppner and colleagues (2006). The adaptation of this inventory to Turkish culture was conducted by Yazıcı et al. (2017). In this inventory, participants were expected to indicate how much they benefited from the strategies presented to them in dealing with the traumatic events they experienced. The scale is a 6-point Likert-type scale ranging from 0 (I have never used this strategy / not suitable) to 5 (extremely helpful). With respect to the validity of the scale, it was found that the structure consisting of five sub-scales of "Acceptance, Reframing, and Striving", "Family Support", "Religion Spirituality", "Avoidance and Detachment", "Private Emotional Outlets" could explain 63.8% of the total variance. The fit indices obtained by an exploratory factor analysis were as follows $\chi 2 \backslash sd = 2.08$, GFI= 0.90, AGFI= 0.87, CFI= 0.95, RMSEA= 0.06 and SRMR= 0.07) which reveals that all the factors were well represented by the items. Criterion-related validity calculations revealed a negative significant relationship between Collectivist Coping Styles Inventory and Problem-Solving Inventory ($r = -.12$, $p < .01$). For reliability, Cronbach alpha internal consistency coefficient was performed on two different samples and found to be .81 and .84 for the whole scale, respectively. The test-retest reliability of the whole scale was found to be .82 for a total of 213 participants in two weeks' interval, while for the subscales the results ranged between .72 and .84.

2.3. Data Analyses

The data of the study were analyzed using IBM SPSS 23. Descriptive statistics were computed to analyze the gathered data. Chi-square cross table analysis was used to analyze categorical data. One-way analysis of variance (One-Way ANOVA) and independent samples *t*-test were also computed following the normality tests.

3. Results

Table 2 summarizes the descriptive findings of the participants' Collectivist Coping Styles Inventory (CCSI) scores. According to the analyses, the most commonly used and effective collectivist coping style of trauma used by students was "Religion and Spirituality" (Mean= 3.31±1.47), followed by "Acceptance, Reframing, and Striving" (Mean= 3.24±1.10). Moreover, this was also followed by "Family Support" (Mean= 2.97±1.36) and "Avoidance and Detachment" (Mean= 2.93±1.16) dimensions, while the least preferred coping style was "Private Emotional Outlets" which includes talking with strangers and getting help from professionals (Mean= 1.12±1.66). It was found that the skewness and kurtosis values of all factors were within the expected values (Tabachnick & Fidell, 2015) and the data were assumed to be normally distributed.

Table 2. Descriptive statistics regarding the Collectivist Coping Styles Inventory scores

Collectivist Coping Styles	Min.	Max.	Mean	SD	Skewness	Kurtosis
Family Support	0	5	2.97	1.36	-.59	-.30
Religion and Spirituality	0	5	3.31	1.47	-.83	-.14
Avoidance and Detachment	0	5	2.93	1.16	-.27	-.30
Private Emotional Outlets	0	5	1.12	1.66	1.17	-.06
Acceptance, Reframing, and Striving	0	5	3.24	1.10	-.50	.20

3.1. Preferred Collectivist Coping Styles According to Traumatic Event

One-way ANOVA was performed to determine whether there was a significant difference between the collectivist coping styles that the participants preferred and the style they considered effective depending on the type of trauma they experienced. The results are presented in Table 3. Statistically significant differences were observed in the participants' scores of "Family Support" ($F_{(9,495)}$= 10.02, p= .001, η2= .15) as well as "Religion and Spirituality" ($F_{(9,496)}$= 4.68, p= .001, η2= .08) regarding the type of trauma they experienced.

As a result of Bonferroni test conducted to determine the source of the difference in "Family Support" dimension, it was found that participants who had experienced "unwanted sexual activity, or sexual coercion, harm or sexual assault" (Mean= 1.85±1.55) had significantly lower scores than participants who had experienced "major accident" (Mean = 2.96±1.54), "natural disaster" (Mean= 3.54±1.19), "death or illness of a loved one" (Mean= 3.45±1.05), "personal illness" (Mean= 3.44±1.20), "witnessing someone else being hurt or assaulted" (Mean= 2.81±1.37). Moreover, it was also found that participants who had experienced "natural disaster" (Mean= 3.54±1.19), "death or illness of a loved one" (Mean= 3.45±1.05) and "personal illness" (Mean= 3.44±1.20) events used "Family Support" significantly more than those who had been subjected to "robbery or harmful physical contact" (Mean= 2.04±1.34) and "death or illness of a loved one" (Mean= 2.54±1.36) in coping with these traumatic events.

When the dimension of "Religion and Spirituality" is considered, it was found that those who had experienced "unwanted sexual activity, or sexual coercion, harm or sexual assault" (Mean= 2.70±1.66) had statistically significantly lower scores than participants who had experienced "major accident" (Mean= 3.78±1.37) or who were affected by the "death or ilness of a loved one" (Mean= 3.81±1.18). In addition, participants preferred "Religion and Spirituality" significantly more in coping with the "death or illness of a loved one" (Mean= 3.81±1.18) than those who had been exposed to "unwanted sexual activity, or sexual

coercion, harm or sexual assault" (Mean= 2.51±1.69) and "witnessing someone else being hurt or assaulted" (Mean= 2.84±1.64).

Table 3. The relationship between Collective Coping Styles and Type of traumatic event

Collectivist Coping Style	Source	SS	df	MS	F	*p*	η^2
Family Support	Between Groups	145.24	9	16.14			
	Within Groups	797.09	495	1.61	10.02	.001	.15
	Total	942.34	504				
Religion and Spirituality	Between Groups	85.27	9	9.48			
	Within Groups	1005.01	496	2.03	4.68	.001	.08
	Total	1090.28	505				
Avoidance and Detachment	Between Groups	11.65	9	1.29			
	Within Groups	662.59	496	1.34	.97	.465	
	Total	674.23	505				
Private Emotional Outlets	Between Groups	37.93	9	4.21			
	Within Groups	1346.85	496	2.72	1.55	.127	
	Total	1384.78	505				
Acceptance, Reframing, and Striving	Between Groups	14.01	9	1.56			
	Within Groups	579.36	496	1.17	1.33	.217	
	Total	593.37	505				

3.2. Relationship Between Traumatic Event Type and Gender

The differences between the types of traumatic events experienced with regard to gender were examined by Chi-Square test and the results are presented in Table 4. There was statistically significant relationship between gender and type of traumatic event experienced ($\chi 2 = 17.09$, df = 9, p= .047, C= .18). The results shown in Table 4 reveal that female participants experienced significantly more "unwanted sexual activity, or sexual coercion, harm or sexual assault" and "robbery or harmful physical contact" while male participants experienced significantly more "major accident" and "natural disaster (e.g., earthquake)" as well as "witnessing someone else being hurt or assaulted" than female participants.

Table 4. Differences between the types of traumatic events experienced by men and women

Trauma Type		**Female**	**Male**	**Total**
(χ^2= 17.09, df= 9, p= .047, C= .18)		f (%)	f (%)	f (%)
Unwanted sexual activity, or sexual coercion, harm or sexual assault	Observed	38 (79.2)	10 (20.8)	48 (100)
	Expected	32.4	15.6	
Major accident	Observed	17 (56.7)	13 (43.3)	30(100)
	Expected	20.2	9.8	
Natural disaster (e.g., earthquake)	Observed	18 (54.5)	15 (45.5)	33 (100)
	Expected	22.3	10.7	
Death or illness of a loved one	Observed	100 (74.6)	34 (25.4)	134 (100)
	Expected	90	43	
Personal illness	Observed	21 (61.8)	13 (38.2)	34 (100)
	Expected	22.9	11.1	
Robbery or harmful physical contact	Observed	17 (77.3)	5 (22.7)	22 (100)
	Expected	14.8	7.2	
Witnessing someone else being hurt or assaulted	Observed	19 (50)	19 (50)	38 (100)
	Expected	25.6	12.4	
Academic pressure or discontinuing	Observed	28 (65.1)	15 (34.9)	43 (100)
	Expected	29	14	
Breakup with significant others	Observed	39 (67.2)	19 (32.8)	58 (100)
	Expected	39.1	18.9	

Other	Observed	35 (67.3)	17 (32.7)	52 (100)
	Expected	35.1	16.9	

3.3. Relationship between Collective Coping Styles and Gender

Independent samples *t*-tests were conducted to see whether there were statistically significant differences in the coping styles used in traumas participants experienced with respect to gender. According to the analyses results presented in Table 5, only in "Religion and Spirituality" coping style was there a significant difference between male and female participants (t= 3.49, df= 492, p= .001, d= .32). This difference was due to the fact that female scores (X = 3.46±1.37) were significantly higher than that of men (X= 2.97±1.64).

Table 5. Differences between Collective Coping Styles with respect to gender

CCSI Factors		n	Mean	SD	df	*t*	*p*	*d*
Family Support	Female	332	3.02	1.41	491	.99	.323	
	Male	161	2.89	1.26				
Religion & Spirituality	Female	333	3.46	1.37	492	3.49	.001	.32
	Male	161	2.97	1.64				
Avoidance and	Female	333	2.91	1.15	492	-.01	.996	
Detachment	Male	161	2.92	1.17				
Private Emotional Outlets	Female	333	1.07	1.64	492	-.90	.367	
	Male	161	1.21	1.70				
Acceptance, Reframing,	Female	333	3.28	1.05	492	1.32	.189	
and Striving	Male	161	3.14	1.17				

4. Discussion and Conclusion

The most common traumatic events of the participants were identified as "death and severe illness of a loved one", "breakup with significant others (e.g., divorce, termination of romantic relationship)", "sexual abuse/coercion/harassment" and "academic pressure/discontinuation of education". These results are in line with the results of other studies investigating the traumatic events (Heppner et al., 2006; Liu et al., 2017; Özdemir & Yazıcı, 2018; Weinberg & Gil, 2016). Most of these studies identified experiencing sexual abuse or assault, having a major accident, witnessing someone else being hurt or assaulted as the most frequently experienced traumas (Levine & Frederick, 2013). In a study by Norris (1992), the 10 most common traumatic events were identified; tragic deaths and sexual assaults were identified as the most common of those.

All of the participants had somehow experienced at least one traumatic event while 34% of the participants stated that they experienced more than one traumatic event. This result is in line with the previous research results revealing the prevalence of traumatic events (Arıtan, 2007; Galea, Nandi & Vlahov, 2005; Kessler-Sonnega, Bromet, Hughes & Nelson, 1995). Darves-Bornoz et al. (2008) reported that 63.6% of individuals aged 18 and over experienced at least one traumatic event in six different European countries. In another study (Breslau et al., 2004) supporting these findings, it was reported that of 2181 people 14% were exposed to one, 15.8% were exposed to two, 15.1%, were exposed to three and 55.1% were exposed to four or more traumatic events.

In this study, participants' collectivist coping styles, which they found to be effective, were compared. In this respect, it was found that "Family Support" is less preferred by those who have sexually traumatic experience compared to other traumatic experiences. Moreover, it was also found that "Family Support" is more commonly used in "death or illness of a loved one", "personal illness" than "breakup with significant others", "robbery or harmful physical contact" traumatic experiences. Besides, individuals who experience traumatic events based on "breakup with significant others", "physical violence", "unwanted sexual activity" seem to prefer "Family Support" significantly less in coping with trauma. It is noteworthy that these types of events are considered as inappropriate to talk to family elders in Turkish culture and in other collectivist societies (İkkaracan, 2018). In addition, this result seems more meaningful when the fact that physical violence and sexual assault are committed mostly by the family and by familiar people (Baybuğa, Irmak, Talas & Savran, 2012; Gölge & Yavuz, 2007) is considered. Moreover, the results of some research in individualistic societies also support this conclusion. In a study on Belgian adolescents (Bal, Crombez, Van-Oost & Debourdeaudhuij,

2003), it was concluded that the young people who were sexually abused use more avoidance coping style and referred less to family support. However, it should be noted that family support is a significant mediator in the psychological well-being of the victims of sexual abuse (Jóhannesdóttir, 2017).

In this study, those who use the "Family Support" coping style most are the ones who experiences traumatic events such as "natural disaster", "death of a loved one" and "personal illness". These are the events believed to be caused by God or nature herself or fatal rather than caused by human conduct (Pargament, 1997). It has been consistently confirmed by research that family support is an important coping mechanism for such events in collectivist societies (McCarty et al., 1999; Yeh, Inman, Kim & Okubo, 2006). Furthermore, family support and unity are also considered important in collectivist societies. Moreover, paying attention to each other in the family or group and respecting the elderly are considered as moral values which may also be related to these events (Kağıtçıbaşı, 2007; Markus & Kitayama, 1991). In studies conducted in individualist cultures, too, it was found that individuals in the process of mourning and illnesses sought social support rather than professional assistance and that this helped more in coping with trauma (Haden, Scarpa, Jones & Ollendick, 2007; Rask, Kaunonen & Paunonen-Ilmonen, 2002). However, some authors who researched collectivist coping (e.g. Wong 1993; Zhang & Long, 2006) point out that family support observed in collectivist societies is different from social support in individualistic cultures. In collectivist societies, within the family support, the group sees the problem as its own and all members of the family try to solve the problem in unity. However, social support emphasized in individualist cultures includes listening to the family members unbiased or unprejudiced, getting information and financial support along with family support. Besides, research has also demonstrated that family support is not always welcome. In a study of Finnish young participants who were in the mourning process (Rask et al., 2002), some of the young people stated that their families and relatives were burden rather than support.

In this study, a statistically significant difference was found in "Religion and Spirituality" coping style with respect to the type of trauma experienced. In this regard, participants who were traumatized by "major accident" or "death or illness of a loved one" preferred "Religion and Spirituality" coping style significantly more than the participants who experienced "unwanted sexual activity, or sexual coercion, harm or sexual assault", "robbery or harmful physical contact" as well as "witnessing someone else being hurt or assaulted. As mentioned above, while death, accident and disaster are considered as fatal or under the control of a superhuman power, events such as sexual assault, robbery or extortion, physical violence are considered as traumatic events created by human per se (Kira, Fawzi & Fawzi, 2013). Thus, religion or spirituality plays an important role in dealing with events such as death, illness and a major accident in collective societies (Morling & Fiske, 1999; Tweed & Conway, 2016). In individualist societies, religion or spirituality can be an important means of coping with traumas such as the death of a loved one, an important illness or a natural disaster (Harris et al., 2008; Kremer & Ironson, 2014). However, comparative studies have identified that people use religious and spirituality more in collectivist cultures than those in individualist cultures (Bjorck, Cuthbertson, Thurman, & Lee, 2001; Taylor, Chatters, Jayakody & Levin, 1996). Furthermore, some researchers have examined the relationship between religious or spiritual coping style and post-traumatic symptoms and emphasized its high rate of effectiveness. To illustrate, studies with AIDS (Kremer & Ironson, 2014) and cancer patients (Tarakeshwar et al., 2006) revealed higher quality of life as well as improvement in physical symptoms among people who use religion or spirituality. In this regard, it is possible to talk about the positive and developing effect of religious or spiritual coping strategy on individuals (Harris et al., 2008). Put differently, it would be wise to infer that religious or spiritual coping strategy has positive and improving effect on traumatized people (Harris et al., 2008). However, caution should be exercised at this point in that religious coping is not always yielded positive results. For instance, in a study conducted in Turkey after a major earthquake (Kula, 2001), it was found that 63% of the participants considered this event as the God's punishment. In the same way, some other research also documented negative effects on physical and mental health of individuals who used religious coping style (Falsetti, Resick & Davis, 2003; Murat & Kızılgeçit, 2017). Particularly, if the trauma experienced shakes the sense of justice and trust in God or includes beliefs that they are punished by God and they deserved this punishment, it is possible to observe that individuals' physical and mental symptoms can get negative or worse (Pargament & Raiya, 2007). In line with the results of this study, a considerable amount of research has identified that individuals' seeking asylum in religion or spirituality levels can get quite low or negative in cases of extortion, physical violence or sexual traumatic events (Bradley, Schwartz & Kaslow, 2005). As a matter of fact, it is reported that behaviors such as anger to

God and backsliding or lapse in religion/ spirituality are frequently seen in people who have been sexually abused (Kane, Cheston & Greer, 1993; Lawson, Drebing, Berg, Vincellette & Penk, 1998).

Female participants in this study experienced more traumatic events such as "unwanted sexual activity, or sexual coercion, harm or sexual assault" or exposure to "physical violence" while men were more likely to experience "major accident", "natural disaster" and "witnessing someone else being hurt or assaulted" type of traumas. This significant difference with respect to gender is consistent with the research results in the extant literature (Holbrook, Hoyt, Stein & Sieber, 2002). To illustrate, Maercker, Hecker, Augsburger and Kliem (2018), in their study of sexual events in women, reported that physical violence and accidents were more common among males. Benjet et al. (2016) examined the prevalence of traumatic events in a large study covering 24 countries including collectivist and individualist cultures and reached conclusions which corroborated the findings of this study. However, Benjet et al. (2016) pointed out that women suffered more sexual and physical violence than men, and that the violence women suffered was commonly committed by their close partner. Some researchers focused on the effects of traumas on individuals rather than traumatic experiences per se and found that women experienced more post-traumatic stress disorder than men (Aksu & Sevil 2010; Demirli, 2011). Remarkably enough, post-traumatic maturation levels of women are reported to be higher than men (Kesimci, Göral, & Gençöz, 2005; Laufer & Solomon, 2006). To put the point briefly, women might have a higher potential to be negatively affected by traumatic events, whereas they seem to have also the ability to recover and improve themselves. This may also be due to differences in coping styles.

When the coping styles used and found effective by men and women in our sample were examined, it was seen that women preferred "Religion and Spirituality" style more than men. Correspondingly, a compelling amount of published studies document findings in line with our findings (Kremer & Ironson, 2014; Tarakeshwar et al., 2006). More specifically, a study conducted with cancer patients reported that most women used positive religious coping (Zamanian et al., 2015). In addition, Tarakeshwar et al. (2006) documented that non-white Americans preferred positive religious coping significantly more than white ones. In collectivist societies, it is highly appreciated for women to endure difficulties and to keep their own desires and needs in the background and/or subordinate them (Heron, Jacobs, Twomey & Kaslow, 1997). Hence, it could conceivably be hypothesized that collectivist women use religion or spirituality to find strength for coping and meaning of life.

The evidence from this study revealed that various traumatic experiences were observed among Turkish university students. To cope with these traumatic experiences, students used "Collectivist Coping Styles". The preferred coping style varied according to the type of traumatic event and gender. However, several limitations to this study need to be acknowledged. The first is that the participants of the study were selected only from university students. Thus, further studies are recommended in groups with different educational and age levels. Another limitation needs to be noted are the cross-sectional survey and self-report scales. In the future studies, the collectivist coping styles of individuals experienced traumatic events can be investigated in depth by a mixed methods research design study. In addition, it is suggested that the relationship between the collectivist coping styles and variables such as traumatic interference index and elapsed time, rather than the type of trauma experienced, be tested in further studies.

References

Aksu, H., & Sevil, Ü. (2010). Göç ve kadın sağlığı [Migration and women's health]. *Maltepe Üniversitesi Hemşirelik Bilim ve Sanatı Dergisi*, *2*(3), 133-138.

APA (American Pyschiatric Association) (2014). *Ruhsal bozuklukların tanısal ve sayımsal el kitabı 5 [Diagnostic and statistical manual of mental disorder 5]* (E. Köroğlu, Trans.) Ankara: Hekimler Birliği Yayın Birliği.

Atwoli, L., Stein, D. J., Williams, D. R., Mclaughlin, K. A., Petukhova, M., Kessler, R. C., & Koenen, K. C. (2013). Trauma and posttraumatic stress disorder in South Africa: analysis from the South African Stress and Health Study. *BMC Psychiatry*, *13*(1), 182-194, doi: 10.1186/1471-244X-13-182

Bagheri, S. H. S., Iranmanesh, S., Rayyani, M., Dehghan, M., Tirgari, B., & Hosseini, S. H. (2018). Post-traumatic stress and growth among CPR survivors in the southeast of Iran. *International Journal of Adolescent Medicine and Health* (published online ahead of print), 20170138, doi: 10.1515/ijamh-2017-0138

Bal, S., Crombez, G., Van Oost, P., & Debourdeaudhuij, I. (2003). The role of social support in well-being and coping with self-reported stressful events in adolescents. *Child Abuse & Neglect*, *27*(12), 1377-1395, doi: 10.1016/j.chiabu.2003.06.002

Baybuğa, M. S., Irmak, Z., Talas, S., & Savran, B. M. (2012). Adli tıp şube müdürlüğüne başvuran fiziksel ve cinsel şiddet mağduru kadın olgularının değerlendirilmesi [Evaluation of cases involving female victims of physical and sexual assault reporting to the forensic medicine department] *Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi, 15*(3), 173-180, doi: 10.17049/ahsbd.72800

Benjet, C., Bromet, E., Karam, E. G., Kessler, R. C., McLaughlin, K. A., Ruscio, A. M., et al. (2016). The epidemiology of traumatic event exposure worldwide: results from the World Mental Health Survey Consortium. *Psychological Medicine, 46*(02), 327-343, doi: 10.1017/S0033291715001981

Bjorck, J. P., Cuthbertson, W., Thurman, J. W., & Lee, Y. S. (2001). Ethnicity, coping, and distress among Korean Americans, Filipino Americans, and Caucasian Americans. *The Journal of Social Psychology, 141*(4), 421-442, doi: 10.1080/00224540109600563

Bradley, R., Schwartz, A. C., & Kaslow, N. J. (2005). Posttraumatic stress disorder symptoms among low-income, African American women with a history of intimate partner violence and suicidal behaviors: Self-esteem, social support, and religious coping. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies, 18*(6), 685-696, doi: 10.1002/jts.20077

Bryant-Davis, T., Ullman, S. E., Tsong, Y., & Gobin, R. (2011). Surviving the storm: The role of social support and religious coping in sexual assault recovery of African American women. *Violence Against Women*, *17*(12), 1601-1618, doi: 10.1177/1077801211436138

Cross, S. E. (1995). Self-construals, coping, and stress in cross-cultural adaptation. *Journal of Cross-Cultural Psychology*, *26*(6), 673-697, doi: 10.1177/0022022195026006l0

Cusack, S. E., Hicks, T. A., Bourdon, J., Sheerin, C. M., Overstreet, C. M., Kendler, K. S., ... & Amstadter, A. B. (2018). Prevalence and predictors of PTSD among a college sample. *Journal of American College Health*, 66, 1-24, doi: 10.1080/07448481.2018.1462824

Dai, W., Chen, L., Tan, H., Wang, J., Lai, Z., Kaminga, A. C., ... & Liu, A. (2016). Association between social support and recovery from post-traumatic stress disorder after flood: a 13–14 year follow-up study in Hunan, China. *BMC public health*, *16*(1), 194-203, doi: 10.1186/s12889-016-2871-x

Demirli, A. (2011). Terörizm, psikososyal etkileri ve müdahale modelleri [Terrorism, psychosocial effects and intervention models]. *Türk Psikolojik Danışma ve Rehberlik Dergisi*, *4*(35), 66-76.

Falsetti, S. A., Resick, P. A., & Davis, J. L. (2003). Changes in religious beliefs following trauma. *Journal of Traumatic Stress: Official Publication of The International Society for Traumatic Stress Studies, 16*(4), 391-398, doi: 10.1023/A:1024422220163

Freh, F. M. (2016). Why are some individuals more resilient than others: the dynamic role of social support and religious coping in predicting PTSD and psychiatric distress as a result of mass trauma? *Al-Adab Journal*, *116*, 45-66.

Frounfelker, R., Gilman, S. E., Betancourt, T. S., Aguilar-Gaxiola, S., Alonso, J., Bromet, E. J., ... & Karam, E. G. (2018). Civilians in World War II and DSM-IV mental disorders: Results from the World Mental Health Survey Initiative. *Social Psychiatry and Psychiatric Epidemiology*, *53*(2), 207-219, doi: 10.1007/s00127-017-1452-3

Fullerton, C. S., Ursano, R. J., & Wang, L. (2004). Acute stress disorder, posttraumatic stress disorder, and depression in disaster or rescue workers. *American Journal of Psychiatry*, *161*(8), 1370-1376, doi: 10.1176/appi.ajp.161.8.1370

Gershuny, B. S. (1999). *Structural models of psychological trauma, dissociative phenomena, and distress in a mixed-trauma sample of females: Relations to fear about death and control.* Unpublished doctoral dissertation, University of Missouri, Columbia, MO.

Gil, S. (2005). Coping style in predicting posttraumatic stress disorder among Israeli students. *Anxiety, Stress, and Coping*, *18*(4), 351-359, doi: 10.1080/10615800500392732

Goldstein, R. B., Smith, S. M., Chou, S. P., Saha, T. D., Jung, J., Zhang, H., ... & Grant, B. F. (2016). The epidemiology of DSM-5 posttraumatic stress disorder in the United States: results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. *Social Psychiatry and Psychiatric Epidemiology*, *51*(8), 1137-1148, doi: 10.1007/s00127-016-1208-5

Gölge, Z. B., & Yavuz, M. F. (2007). Cinsel saldırı olgularının suç motivasyonuna göre sınıflandırılması [Classifying rape cases according the crime motivation]. *Adli Tıp Dergisi, 21*(2), 11-19.

Gul, E., & Karanci, A. N. (2017). What determines posttraumatic stress and growth following various traumatic events? A study in a Turkish community sample. *Journal of Traumatic Stress*, *30*(1), 54-62, doi: 10.1002/jts.22161

Haden, S. C., Scarpa, A., Jones, R. T., & Ollendick, T. H. (2007). Posttraumatic stress disorder symptoms and injury: The moderating role of perceived social support and coping for young adults. *Personality and Individual Differences, 42*(7), 1187-1198, doi: 10.1016/j.paid.2006.09.030

Harris, J. I., Erbes, C. R., Engdahl, B. E., Olson, R. H., Winskowski, A. M., & McMahill, J. (2008). Christian religious functioning and trauma outcomes. *Journal of Clinical Psychology, 64*(1), 17-29, doi: 10.1002/jclp.20427

Heppner, P. P., Heppner, M. J., Lee, D. G., Wang, Y. W., Park, H. J., & Wang, L. F. (2006). Development and validation of a collectivist coping styles inventory. *Journal of Counseling Psychology*, 53(1), 107-125, doi: 10.1037/0022-0167.53.1.107

Heron, R. L., Jacobs, D. P., Twomey, H. B., & Kaslow, N. J. (1997). Culturally competent interventions for abused and suicidal African American women. *Psychotherapy*, *34*, 410-424, doi: 10.1037/h0087639

Hofstede, G., Hofstede, G. J., & Minkov, M. (2010). *Cultures and organizations: Software of the mind* (3rd ed). New York: Mcgraw-hill.

Holbrook, T. L., Hoyt, D. B., Stein, M. B., & Sieber, W. J. (2002). Gender differences in long-term posttraumatic stress disorder outcomes after major trauma: Women are at higher risk of adverse outcomes than men. *Journal of Trauma and Acute Care Surgery*, *53*(5), 882-888.

İkkaracan, P. (Ed.) (2018). *Müslüman toplumlarda kadın ve cinsellik [Women and sexuality in Muslim societies]*. (6th ed.). İstanbul: Sena Ofset.

Jóhannesdóttir, H. (2017). The role of sexual abuse, social support and positive perspective towards school on adolescents' psychological well-being. Unpublished doctoral dissertation. Reykjavik University, Reykjavik, Iceland.

Jin, Y., Xu, J., Liu, H., & Liu, D. (2014). Posttraumatic stress disorder and posttraumatic growth among adult survivors of Wenchuan Earthquake after 1 year: Prevalence and correlates. *Archives of Psychiatric Nursing*, *28*(1), 67-73, doi: 10.1016/j.apnu.2013.10.010

Kağıtçıbaşı, Ç. (2007). *Kültürel psikoloji: Kültür bağlamında insan ve aile [Cultural psychology: Human and family in the context of culture]*. (3rd. ed), İstanbul: Evrim Yayınları.

Kane, D., Cheston, S. E., & Greer, J. (1993). Perceptions of God by survivors of childhood sexual abuse: An exploratory study in an underresearched area. *Journal of Psychology and Theology*, *21*(3), 228-237, doi: 10.1177/009164719302100306

Karabulutlu, E. Y., Yaralı, S., & Karaman, S. (2017). Evaluation of distress and religious Coping among cancer patients in Turkey. *Journal of Religion and Health*, 1-10, doi: 10.1007/s10943-017-0453-6

Kesimci, A., Göral, F. S., & Gençöz, T. (2005). Determinants of stress-related growth: Gender, stressfulness of the event, and coping strategies. *Current Psychology, 24*(1), 68-75, doi: 10.1007/s12144-005-1005-x

Khamis, V. (2015). Coping with war trauma and psychological distress among school-age Palestinian children. *American Journal of Orthopsychiatry*, *85*(1), 72-79, doi: 10.1037/ort0000039

Khan, A. A., Haider, G., Sheikh, M. R., Ali, A. F., Khalid, Z., Tahir, M. M., ... & Khan, M. B. (2016). Prevalence of post-traumatic stress disorder due to community violence among university students in the world's most dangerous megacity: A cross-sectional study from Pakistan. *Journal of Interpersonal Violence*, *31*(13), 2302-2315, doi: 10.1177/0886260515575605

Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., & Keyes, K. M. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. *Journal of Traumatic Stress*, *26*, 537-547, doi: 10.1002/jts.21848

Kira, I. A., Fawzi, M. H., & Fawzi, M. M. (2013). The dynamics of cumulative trauma and trauma types in adults patients with psychiatric disorders: Two cross-cultural studies. *Traumatology, 19*(3), 179-195, doi: 10.1177/1534765612459892

Kremer, H., & Ironson, G. (2014). Longitudinal spiritual coping with trauma in people with HIV: implications for health care. *AIDS Patient Care STDS, 28*(3), 144-154, doi: 10.1089/apc.2013.0280

Kula, N. (2002). Deprem ve dini başa çıkma [Earthquake and religious coping]. *Gazi Üniversitesi Çorum İlahiyat Fakültesi Dergisi,1*(1), 234-255.

Lassemo, E., Sandanger, I., Nygård, J. F., & Sørgaard, K. W. (2017). The epidemiology of post-traumatic stress disorder in Norway: trauma characteristics and pre-existing psychiatric disorders. *Social Psychiatry and Psychiatric Epidemiology, 52*, 11-19, doi: 10.1007/s00127-016-1295-3

Lawson, R., Drebing, C., Berg, G., Vincellette, A., & Penk, W. (1998). The long-term impact of child abuse on religious behavior and spirituality in men. *Child Abuse & Neglect*, *22*(5), 369-380, doi: 10.1016/S0145-2134(98)00003-9

Laufer, A., & Solomon, Z. (2006). Posttraumatic symptoms and posttraumatic growth among Israeli youth exposed to terror incidents. *Journal of Social and Clinical Psychology*, *25*(4), 429-447, doi: 10.1521/jscp.2006.25.4.429

Lazarus, R. S. (2000). Toward better research on stress and coping. *The American Psychologist*, *55*, 665-673, doi: 10.1037//0003-066X.55.6.665

Levine, P. A., & Frederick, A. (2013). *Kaplanı uyandırmak: Travmayı iyileştirmek, (*Çev: Z. Yalçınkaya). İstanbul: Butik Yayıncılık.

Liu, H., Petukhova, M. V., Sampson, N. A., Aguilar-Gaxiola, S., Alonso, J., Andrade, L. H., ... & Kawakami, N. (2017). Association of DSM-IV posttraumatic stress disorder with traumatic experience type and history in the World Health Organization World Mental Health Surveys. *JAMA Psychiatry*, *74*(3), 270-281, doi: 10.1001/jamapsychiatry.2016.3783

Maercker, A., Hecker, T., Augsburger, M., & Kliem, S. (2018). ICD-11 prevalence rates of posttraumatic stress disorder and complex posttraumatic stress disorder in a German nationwide sample. *The Journal of nervous and mental disease, 206*(4), 270-276, doi: 10.1097/NMD.0000000000000790

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, *98*(2), 224-253, doi: 10.1037/0033-295X.98.2.224

Mattson, E., James, L., & Engdahl, B. (2018). Personality factors and their impact on PTSD and post-traumatic growth is mediated by coping style among OIF/OEF veterans. *Military Medicine*, *183*(9-10), e475-e480, doi: 10.1093/milmed/usx201

McCann, L., & Pearlman, L. A. (2015). *Psychological trauma and adult survivor theory: Therapy and transformation*. New York: Routledge.

McCarty, C. A., Weisz, J. R., Wanitromanee, K., Eastman, K. L., Suwanlert, S., Chaiyasit, W., & Band, E. B. (1999). Culture, coping, and context: Primary and secondary control among Thai and American youth. *The Journal of Child Psychology and Psychiatry and Allied Disciplines, 40*(5), 809-818, doi: 10.1111/1469-7610.00496

Morling, B., & Fiske, S. T. (1999). Defining and measuring harmony control. *Journal of Research in Personality, 33*(4), 379-414, doi: 10.1006/jrpe.1999.2254

Morrison, J. (2014). *DSM-5 made easy–the clinician's guide to diagnosis*. New York: Guilford Press.

Mölsä, M., Kuittinen, S., Tiilikainen, M., Honkasalo, M. L., & Punamäki, R. L. (2017). Mental health among older refugees: The role of trauma, discrimination, and religiousness. *Aging & Mental Health, 21*(8), 829-837, doi: 10.1080/13607863.2016.1165183

Murat, A., & Kızılgeçit, M. (2017). Dini başa çıkma ve psikopataloji ilişkisi (Rize örneği) [Relationship between religious coping and psychopathology (Rize case)]. *Journal of Divinity Faculty of Recep Tayyip Erdogan University, 6*(11), 111-151.

Olaya, B., Alonso, J., Atwoli, L., Kessler, R. C., Vilagut, G., & Haro, J. M. (2015). Association between traumatic events and post-traumatic stress disorder: results from the ESEMED-Spain study. *Epidemiology and Psychiatric Sciences, 24*(02), 172-183, doi: 10.1017/S2045796014000092

Overstreet, C., Berenz, E. C., Sheerin, C., Amstadter, A. B., Canino, G., & Silberg, J. (2016). Potentially traumatic events, posttraumatic stress disorder and depression among adults in Puerto Rico. *Frontiers in Psychology, 7,* 469-476, doi: 10.3389/fpsyg.2016.00469

Özdemir, M., & Yazıcı, H. (2018). The relationships between help seeking, social support, coping, and traumatic events among university students. *Journal of Higher Education, 8*(2), 158-171, doi: 10.2399/yod.18.009

Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.

Pargament, K. I., & Raiya, H. A. (2007). A decade of research on the psychology of religion and coping: Things we assumed and lessons we learned. *Psyke & Logos, 28*(2), 742-766.

Rask, K., Kaunonen, M., & Paunonen-Ilmonen, M. (2002). Adolescent coping with grief after the death of a loved one. *International Journal of Nursing Practice, 8*(3), 137-142, doi: 10.1046/j.1440-172X.2002.00354.x

Sattler, D. N., Boyd, B., & Kirsch, J. (2014). Trauma-exposed firefighters: Relationships among posttraumatic growth, posttraumatic stress, resource availability, coping and critical incident stress debriefing experience. *Stress and Health, 30*(5), 356-365, doi: 10.1002/smi.2608

Swartzman, S., Booth, J. N., Munro, A., & Sani, F. (2017). Posttraumatic stress disorder after cancer diagnosis in adults: A meta-analysis. *Depression and Anxiety, 34*(4), 327-339, doi: 10.1002/da.22542

Tarakeshwar, N., Vanderwerker, L. C., Paulk, E., Pearce, M. J., Kasl, S. V., & Prigerson, H. G. (2006). Religious coping is associated with the quality of life of patients with advanced cancer. *Journal of Palliative Medicine, 9*(3), 646-657, doi: 10.1089/jpm.2006.9.646

Taylor, R. J., Chatters, L. M., Jayakody, R., & Levin, J. S. (1996). Black and white differences in religious participation: A multisample comparison. *Journal for the Scientific Study of Religion, 35(*4), 403-410, doi: 10.2307/1386415

Triandis, H. C. (2001). Individualism-collectivism and personality. *Journal of Personality, 69*(6), 907-924, doi: 10.1111/1467-6494.696169

Tweed, R. G., & Conway, L. G. (2006). Coping strategies and culturally influenced beliefs about the world. In *Handbook of multicultural perspectives on stress and coping* (pp. 133-153). Springer, Boston, MA.

Weinberg, M. & Gil, S. (2016). Trauma as an objective or subjective experience: The association between types of traumatic events, personality traits, subjective experience of the event, and posttraumatic symptoms. *Journal of Loss and Trauma, 21*(2), 137-146, doi: 10.1080/15325024.2015.1011986

Weiss, N. H., Bold, K. W., Contractor, A. A., Sullivan, T. P., Armeli, S., & Tennen, H. (2018). Trauma exposure and heavy drinking and drug use among college students: Identifying the roles of negative and positive affect lability in a daily diary study. *Addictive Behaviors*, *79*, 131-137, doi: 10.1016/j.addbeh.2017.12.015

Wong, P. T. P. (1993). Effective management of life stress: The resource-congruence model. *Stress Medicine, 9*, 51-60, doi: 10.1002/smi.2460090110

Yazıcı, H., Altun, F., Şahin, M., Tosun, C., Pekdemir, Ü., & Bulut-Yazıcı, E. (2017). Turkish adaptation of Collectivist Coping Styles Inventory. *Journal of Mood Disorder, 7*(2), 73-103, doi: 10.5455/jmood.20170304070533

Yeh, C. J., Arora, A. K., & Wu, K. A. (2006). A New theoretical model of collectivistic coping. In *Handbook of multicultural perspectives on stress and coping*. (Wong PTP, Wong LJC. Ed.). New York: Springer.

Yeh, C. J., Inman, A. G., Kim, A. B., & Okubo, Y. (2006). Asian American families' collectivistic coping strategies in response to 9/11. *Cultural Diversity and Ethnic Minority Psychology, 12*(1), 134-148, doi: 10.1037/1099-9809.12.1.134

Zamanian, H., Eftekhar-Ardebili, H., Eftekhar-Ardebili, M., Shojaeizadeh, D., Nedjat, S., Taheri-Kharameh, Z., & Daryaafzoon, M. (2015). Religious coping and quality of life in women with breast cancer. *Asian Pacific Journal of Cancer Prevention, 16*(17), 7721-7725, doi: http://eprints.iums.ac.ir/id/eprint/5529

Zhang, D., & Long, B. C. (2006). A multicultural perspective on work-related stress: Development of a collective coping scale. In *Handbook of multicultural perspectives on stress and coping* (pp. 555-576). Springer, Boston, MA.