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Cognitive Distortions as a Predictor of Social Adaptation among Refugees in Turkey

Türkiye'deki Mültecilerde Sosyal Uyumun Bir Yordayıcısı Olarak Bilişsel Çarpıtmalar

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ABSTRACT

This study focused on examining the role of cognitive distortions as a predictor of social adaptation among refugees in Turkey. For the purpose of this study, first of all, participants who migrated to Turkey after the Syrian War were asked whether they were exposed to the situations listed in the Traumatic Events List. To collect data, "Cognitive Distortions Scale", "Revised Sociocultural Adaptation Scale", "Traumatic Events List" and "Demographic Information Form" were used. In addition, the extent to which the cognitive distortions of these individuals predicted their social adaptation was investigated. As a result of the hierarchical linear regression analysis, it was observed that the sub-dimensions of cognitive distortions, "seeing life as dangerous", "helplessness" and "hopelessness" were significant predictors of adaptation. Cognitive distortions of refugees, the way they explain the events in the environment, come to the fore as a factor that prevents them from adapting to the new life. This study also offers various suggestions for future studies to increase the adaptation of refugee individuals.

ÖZET

Bu çalışma, Türkiye'deki mülteciler arasında sosyal uyumun bir yordayıcısı olarak bilişsel çarpıtmaların rolünü incelemeye odaklanmıştır. Bu çalışmanın amacı doğrultusunda öncelikle Suriye Savaşından sonra Türkiye'ye göç eden katılımcılara Travmatik Olaylar Listesi'nde yer alan durumlara maruz kalıp kalmadıkları sorulmuştur. Veri toplamak amacıyla araştırmada "Bilişsel Çarpıtmalar Ölçeği", "Yenilenmiş Sosyokültürel Uyum Ölçeği", "Travmatik Olaylar Listesi" ve "Demografik Bilgi Formu" kullanılmıştır. Ayrıca bu bireylerin bilişsel çarpıtmalarının sosyal uyumlarını ne ölçüde yordadığı araştırılmıştır. Hiyerarşik doğrusal regresyon analizi sonucunda bilişsel çarpıtmalar, "hayatı tehlikeli bir yer olarak görme", "çaresizlik" ve "umutsuzluk" alt boyutlarının sosyal uyumun anlamlı yordayıcıları olduğu görülmüştür. Mülteci bireylerin bilişsel çarpıtmaları, ortamdaki olayları açıklama biçimleri, yeni yaşam düzenine uyum sağlamalarını engelleyen bir faktör olarak ön plana çıkmaktadır. Bu araştırma araştırmacılara ve alan uzmanlarına mülteci bireylerin uyumunu artırmak için yapılacak çalışmalar için çeşitli öneriler sunmaktadır.

Ethical Declaration: All procedures performed in studies involving human participant were in accordance with the ethical standards of the institutional and/on national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

INTRODUCTION

It is seen that a wave of migration has occurred in the world depending on the economic and political developments in recent years. One of the facts that make up this migration wave is the Syrian War. According to the research of Turkey Migration Administration in 2022, the number of Syrian refugees in Turkey under temporary protection has reached 3,763,864 (Directorate General of Migration Management, 2022). Due to the increasing refugee population in Turkey, migration and immigrants have become one of the main agenda of research and debate. The level of adaptation of refugees who have escaped from the war and settled in a new country has an important place in these studies (Apak, 2014; Çiftçi, 2019; Özpınar, 2016; Karasu, 2017; Yıldırımalp & İyem, 2017).

Adaptation is defined as the ability of the individual to establish a healthy relationship between their personal characteristics and their social environment and to maintain this healthy relationship (Balcıoğlu, 2001). The migration process affects social cohesion closely (Şahin, 2001). As a result of mutual interactions between refugees and local people, refugees try to adapt to their new area economically, socially, culturally and psychologically (Şeker, 2015). The cohesion of refugees is shaped according to their personal lives, psychological structures and adaptation skills (Kurç, 1989).

The adaptation process is theoretically defined as a term based on acculturation and stress and coping theories (Folkman & Lazarus, 1984). While cultural theory explains the adaptation process based on cultural learning, the theory of coping with stress defines compliance as a response to coping with stress. Based on these theories, Berry (2005) has defined adaptation in two dimensions cultural learning and coping with stress. In other words, based on these theories, the psychological (stress and coping) dimension and social dimension (cultural learning) of the adaptation process come to the fore. Keneddy & Ward (1994) revealed the concepts of psychological and sociocultural adaptation as a result of a study with immigrants. While the refugees' ability to cope with stress and migration-related issues such as their satisfaction, depression and anxiety levels in their lives are related to their psychological adaptations. The sources of sociocultural adaptation problems are related to their cognitive and behavioral characteristics (Keneddy & Ward, 1994). When the need for Syrian refugees and local people from a different culture to create a common living space emerged, the issue of social adaptation came to the fore in many studies. In a study conducted by Çiftçi in Şanlıurfa (Southeastern Turkey), 13% of Syrian refugees stated that they had social adaptation problems, 49% did not experience social adaptation problems and 38% were unstable about this issue (Çiftçi, 2019). Further in a qualitative study, refugee participants stated that they had many difficulties in terms of adaptation to social life, language, culture and economy (Yıldırımalp & İyem, 2017). According to the results of the research, individuals who migrated may have difficulties in getting used to a different life. Various factors appear to be influential in refugee adaptation processes. Success or failure in adaptation to the immigrant country depends on the attitudes of the administration and the people in that country, the immigration policies implemented, settlement and support programs, the physical and mental conditions of the immigrants, and their cognitive styles (Stanley, 1977). The cognitive perception of these individuals, in other words, the mental model helps them to adapt and control their environment (Dökmen, 2011). The war and migration can change the way refugees perceive themselves and the outside world.

Migrations are reshaping the spiritual structure by leaving deep traces in the human mind (Gökçan et al., 2015). According to Göhler (1990), migrants experience feelings such as alienation, loneliness, feeling worthless, depressive behaviors, guilt, and lack of belonging in a complex way. It is observed that especially the refugees who are forced to migrate have a more frequent mental problem than the refugees who migrate voluntarily. Jones (1995) suggests that cognitive distortions occur in almost all people, regardless of their level of culture and education. Deep traces in the psychological structures of refugees who have been exposed to war can also cause cognitive distortions such as feeling worthless, seeing the world as a bad place, and believing that bad things will always happen. In addition, the traumatic events following war and migration may turn individuals' positive perceptions into negative. Thus, the person who felt precious before, perceived the world as a worthy, reliable and meaningful place. After becoming a refugee, they feel they have lost their confidence both in themself and the outside world (Matthews & Marwit, 2004). The reflection of this mood are both emotional such as fear, sadness, and hopelessness, and cognitive, such as loss of control, weakness, and obsessive thought. It can occur as behavioral reactions such as aggression, introversion, exhaustion, insomnia, and dullness (Akgün, 2016).

Many previous studies have shown that cognitive distortions are associated with poor social skills (Barriga, Hawkins, and Camelia, 2008; Beauchamp and Anderson, 2010; Raaijmakers, Engels, and van Hoof, 2005). Ota et al. (2020) found in their study that cognitive distortions indirectly affect the level of social adjustment together with depressive symptoms. It can be thought that social adaptability is related to cognitive distortions. In the literature, the studies on the adaptation of Syrian refugees are mostly addressed through the economic and social context. It is a deficiency in the literature as to what effect the cognitive and psychological structures of refugee individuals have on adaptation levels. Therefore, the aim of this study is to investigate the extent to which cognitive distortions affect refugee adaptation levels.

METHOD

Participants

The research sample consists of Syrian refugees living in Turkey in the 18-55 age range. Information on the demographic characteristics of the refugees is presented in Table 1.

Table 1. *Information on demographic characteristics of refugees*

Variables	N	%		N	%
Gender			**Do you receive financial support?**		
Female	113	50.2	Yes	95	42.2
Male	112	49.8	No	130	57.8
Marital Status			**Have you witnessed the war?**		
Married	159	70.7	Yes	196	87.1
Single	47	20.9	No	29	12.9
Divorced	19	8.4	**Have you lost an acquaintance in the war?**		
			Yes	164	72.9
Educational Background			No	61	27.1
Primary or Secondary Sch.	81	36.0	**Have you had any psychiatric diagnosis?**		
High School	79	35.1			
University	65	28.9	Yes	29	12.9
			No	196	87.1

According to Table 1, 49.8% of the participants were male and 50.2% were female. According to marital status, 70.7% are married and 20.9% are single; 36.0% are literate, 35.1% are high school graduates and 28.9% are university graduates; 42.2% of the participants received financial support, 57.8% did not receive financial support; 87.1% of the participants witnessed the war; 72.9% of the refugees lost a relative in the war and 12.9% of the refugees received psychiatric diagnosis.

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Research Model

This research was a survey study examining the relationship between cognitive distortions and social adaptation among refugees.

Measures

To collect data, "Cognitive Distortions Scale", "Revised Sociocultural Adaptation Scale", "Traumatic Events List" and "Demographic Information Form" were used.

Cognitive Distortions Scale (CDS)

Cognitive Distortions Scale (CDS), developed by Briere (2010), consists of 40 questions that express dysfunctional cognitive thoughts in five sub-dimensions. The sub-dimensions of the scale were negative self-perception, self-blame, helplessness, hopelessness, and seeing life dangerous. The negative self-perception dimension expresses the negative and low self-perception of the individuals and their dissatisfaction. The dimension of self-blame describes the extreme responsibility and guilt situation related to the consequences of events. The helplessness sub-dimension characterizes the meaninglessness of the effort to produce a change in the course and outcome of events. The despair sub-dimension reveals pessimistic, negative perceptions and evaluations about the future. The sub-dimension of seeing life as dangerous characterizes beliefs that they will have negative experiences and may be harmed by others. The scale was prepared as a 5-point scale, 1 (never) to 5 (very frequent). There are 8 items in each dimension of the scale (Briere, 2010). CDS was translated into Arabic by two native speakers. Then, the Arabic form of the scale was applied to the participants. The Cronbach's α coefficient of the scale for this study was found to be .87.

Revised Sociocultural Adaption Scale (SCAS-R)

The Arabic language equivalence, validity and reliability study of the Revised Sociocultural Adaptation Scale (SCAS-R), developed by Ward and Kennedy (1999) and revised by Wilson (2013), was conducted by Yalçın (2018). The scale is scored as a five-point Likert type, and it is stated that the cultural adaptation increases as the total score increases. This scale consists of five sub-dimensions: interpersonal communication, academic/work performance, personal interests and community involvement, ecological adaptation and language proficiency. The Arabic form of the scale was applied to the participants. The Cronbach's α coefficient of the scale for this study was found to be .91.

Harvard Trauma Inventory Part I (HTI)

Harvard Trauma Inventory, developed by Mollica et al., 1980, is a cross-cultural scale and aimed to measure the trauma level of refugees. It is aimed to evaluate the situation of individuals who have been exposed to mass violence and persecution. After developing the first version, it was translated into various languages, and validity and reliability studies were carried out. HTQ Part I was adapted for use with refugees and asylum seekers (Mollica et al., 2004). Shoeb et al. (2007) developed the Arabic version of the scale. The Cronbach's α coefficient of the scale for this study was found to be .88.

Demographic Information Form

In this study, a personal information form prepared by the researchers was used to obtain demographic information about the participants. In this form, the participants were asked to provide demographic information such as gender, age, marital status, occupation, and education background.

Process

The scales, which were previously placed in sealed envelopes by the practitioners and obtained permission, were delivered to the non-governmental organizations or persons in refugee camps by post in May, 2019. The participants were informed about how to fill the scales without affecting the responses by the researcher in order to minimize data loss in the scales. In cases where the scale was filled with intermediaries, they were informed and guided about how to fill the scale. The scales without loss of data were included in the assessment, and refugees who made the markings completely formed the study group. Data of twelve participants were not included in the study.

In this study, the Turkish form of the scale was translated into Arabic for linguistic equivalence. The translation was sent to experts who knew both languages and cultures, and the translated Arabic form of the scale was reached in line with expert suggestions. The Arabic translation of the Turkish scale form was made by a team of 4 experts, who knew Turkish and Arabic at an advanced level. Later, it was translated back into Turkish by 2 linguists who are fluent in Arabic and Turkish. The original form and both forms translated back into Turkish were compared and found to be equivalent by the experts. Then, the Arabic form was applied to 20 participants who knew Turkish and Arabic, and their opinions were taken. The final Arabic form used in this research was obtained by making minor changes in the directive.

Statistical Analysis

SPPS 25 software was used for data analysis (IBM, 2018). Before proceeding data analyses, the kurtosis and skewness values were examined to test the normality of the data. In addition, it was investigated whether the variances were homogeneous. As a result of the process, it was observed that the data was distributed normally and the condition of homogeneity of the variances was met. Stepwise regression analysis was used to determine whether seeing life dangerous, hopelessness, helplessness, negative self-perception, and self-blame (five sub-dimensions of CDS) significantly predicted the outcome variable.

RESULTS

In this section, the data obtained in the study were analyzed, and the analyzed data were interpreted. The distribution of the Syrian refugees according to the Traumatic Events List is presented in Table 2.

Table 2. *Traumatic Events List and t-test*

Items	Yes (%)	Yes X	Yes Sd	No X	No Sd	Adaptation t
1. The bombing of the house you live in	53.8	63.15	16.37	61.51	16.21	.75
2. Bombing of the city you live in	88.4	63.06	16.49	57.34	13.83	1.68
3. Armed assault	22.2	62.12	14.31	62.48	16.84	-.14
4. Mild injury	21.3	57.56	14.32	63.71	16.57	-2.34*
5. Serious injury	5.3	45.83	11.01	63.33	16.04	-3.72*
6. Permanent injury to one of the relatives	65.8	63.74	15.95	59.81	16.71	1.72
7. Unnatural/unexpected death of a relative	75.1	62.28	16.20	62.75	16.66	.64
8. Torture / beating	8.4	63.36	17.91	62.31	16.17	.27
9. Hostage / arrest	9.3	65.66	17.01	62.06	16.21	.97
10. Sexual violence	4.0	55.01	7.59	62.70	16.48	-1.39*
11. Seizure of goods-extortion	32.4	62.54	15.59	62.32	16.19	.094

*$p < .05$

According to Table 2, while the house where 53.8% of the Syrian refugees lived was bombed, the city where 88.4% of them lived was bombed. Of the Syrian refugees, 22.2% were attacked; 21.3% experienced mild injury, and 5.3% experienced severe injury. The rate of Syrian refugees who suffered permanent injury in one of the relatives was 65.8%; at the same time, 75.1% of Syrian refugees lost one of their close relatives. 8.4% of the Syrian refugees were tortured; 9.3% were taken hostage or arrested; 4.0% were exposed to sexual violence. The property of 32.4% of the Syrian refugees was confiscated.

In addition, we performed independent t-tests to assess potential differences in adaptation between refugees who had vs. had not experienced each traumatic event. From Table 2, it can be seen that the results were significant only for 3 of the 11 traumatic events: "Mild injury", "Serious injury" and "Sexual violence". Refugees who had experienced mild injury reported significantly lower levels of adaptation than refugees had not experienced mild injury (t = -2.34, p < .05). Refugees who had experienced serious injury reported significantly lower levels of adaptation than refugees had not experienced serious injury (t = -3.72, p < .05). Also, refugees who had experienced sexual violence reported significantly lower levels of adaptation than refugees had not experienced sexual violence (t = -1.39, p < .05).

Table 3. *Correlation between Five Sub-Dimensions of Cognitive Distortions and Adaptation*

	X	Sd.	1	2	3	4	5	6
1. Adaptation	62.43	16.28	1					
2. Negative self-perception	13.27	5.26	-.354**	1				
3.Self-blame	15.24	5.93	-.293**	.662**	1			
4. Helplessness	18.21	6.84	-.474**	.593**	.596**	1		
5. Hopelessness	15.94	6.89	-.412**	.605**	.566**	.639**	1	
6. Seeing life dangerous	18.84	5.47	-.493**	.384**	.368**	.525**	.401**	1

* p< .05, **p< .01

Referring to Table 3, there was a significant negative correlation between adaptation and negative self-perception ($r = -.35$, $p = .00$), self-blame ($r = -.29$, $p = .00$), helplessness ($r = -.47$, $p = .00$), hopelessness ($r = -.41$, $p = .00$) and seeing life dangerous ($r = -.49$, $p = .00$). It's also seen that there was a significant positive correlation between five sub-dimensions of cognitive distortions.

In this section, stepwise regression analysis was performed. The regression model using adaptation as the outcome variable was significant. As illustrated in Table 4, self-blame and negative self-perception were not significantly predict adaptation, and they were not included in the model.

Table 4. ***Results of Stepwise Regression Analysis Predicting Adaptation***

	Model	B	F_{change}	$F_{regresyon}$	R^2	R^2_{change}
1	Constant	90.042	71.421	71.421	.243	.243
	Seeing life dangerous	-1.468**				
2	Constant	94.170				
	Seeing life dangerous	-1.002**	20.479	49.069	.307	.064
	Helplessness	-.707**				
3	Constant	95.216				
	Seeing life dangerous	-.963**	4.273	34.619	.320	.013
	Helplessness	-.496**				
	Hopelessness	-.354*				

Note. * p< .05, **p< .01; Outcome variable: Adaptation; 1: Predictors (Constant), seeing life dangerous; 2: Predictors (Constant), seeing life dangerous, helplessness; 3: Predictors (Constant), seeing life dangerous, helplessness, hopelessness.

As illustrated in Table-4 the stepwise regression analysis was conducted in three steps. First, seeing life dangerous was entered in the model which resulted in a Beta coefficient of -1.468. Seeing life dangerous accounted for approximately 24.3% of the variance in adaptation (F(1-224) = 71.421, p < .01).

Second step of the regression analysis involved entering helplessness into the regression equation along with seeing life dangerous. Seeing life dangerous had a Beta value of -1.002 and helplessness had -0.707. Seeing life dangerous and helplessness accounted for approximately 30.7% of variance in the outcome variable (F(2-224) = 49.069, p < .01).

The third and last step of the regression analysis consisted of entering hopelessness to the model along with seeing life dangerous, helplessness. These three variables accounted for 32% of the variance in outcome variable (F(3-224) = 34.619, p < .01). Beta values for seeing life dangerous, helplessness and hopelessness were; -0.963, -0.496, and -0.354 respectively. In summary, seeing life dangerous, helplessness and hopelessness accounted for an approximate 32% of the variance in adaptation.

DISCUSSION

Within the aim of this study, the participants who had emigrated to Turkey after the Syrian War were asked whether they had been exposed to the situations in the Traumatic Events List. Accordingly, it was observed that the participants were mostly exposed to bombing the cities and houses they live in, and they suddenly lost one of their relatives during the war. Therewithal it was found that the participants were subjected to a considerable amount of armed attacks and injuries, seizure of their belongings, and torture. As a result of a study conducted by Sağaltıcı (2013) on Syrian refugees, it was found that 98% of Syrian refugees have at least one traumatic experience. It was observed that the adaptation scores of the refugees who were subjected to minor injuries,

serious injuries and sexual violence were significantly lower. Most refugees are exposed to pre-immigration (traumatic experiences and past losses etc.) and post-immigration (difficulties in the country where refugees migrate etc.) that will negatively affect mental health.

As pre-immigration risk factors, negative economic, educational and professional status, political situations, social support, and social network deterioration can be listed in their homeland (Kirmayer et al. 2011). Accordingly, many refugees/asylum seekers experience or witness traumatic events such as rape, torture, war, detention, murder, and physical injury before leaving their country (Nicholl & Thompson 2004). Risk factors during migration include route, duration, exposure to difficult living conditions, exposure to violence, disruption of the family and social network, uncertainty about the result of migration, traumatic experiences during migration. Post-immigration, uncertainty about refugee status, unemployment, social status, loss of family and social support, anxiety about family members staying in the battleground as well as anxiety about not getting together again, language learning, and anxiety about social adaptation difficulties are other risk factors that negatively affect mental health (Kirmayer et al. 2011). Studies show that post-migration stressors have a stronger negative effect on mental health among refugees than pre-migration traumas (Teodorescu et al. 2012). Schick et al. (2016) examined the relationship between post-immigration life difficulties and social adaptation and found that, despite an average time of residence of over 10 years, the participants showed poor adaptation and high number of difficulties. Adaptation difficulties were associated with psychological symptoms, Thus, psychological impairment in treatment-seeking traumatized refugees is associated with poor adaptation. The effect of traumatic events plays an important role in adaptation systems and this leads to an increase in the number of comorbid illnesses in the future and susceptibility to traumatic events (Teodorescu et al 2012).

A negative correlation was observed between adaptation and negative self-perception, self-blame, helplessness, hopelessness and seeing life as dangerous. It is seen that the trauma experienced after war and migration develops various cognitive distortions. While the individual previously felt valuable and perceived the world as a place worth living, it lost faith in itself and the outside world as a result of the trauma experienced after war and migration. As a result, the individual may present reactions such as fear, sadness, anxiety, weakness, obsessive thought, introversion, loss of control (WHO, 2012). Ceylan et al. (2017) according to a study found that refugees have a negative self-perception in the post-migration process. Stress-related trauma, depression, fear, self-blame, self-hatred, shame and suicidal ideation appear as emotional and psychological consequences of refugees who have been subjected to sexual and gender-based violence (UNHCR, 2003). In a study conducted with 68 women who were exposed to rape and torture during the Yugoslav war; it was observed that 25 women had suicidal thoughts and psychological problems such as trauma, depression and self-blame have occurred among women after rape (Loncar et al., 2006). As the length of stay in the country increases, adaptation also increases. Despite the development of language ability of refugees during this period, refugees still experience feelings of helplessness, and their learning ability and mental health are getting worse (Lee et al. 2012). In studies on Syrian refugees, anger, anxiety, hopelessness as mental and adaptation problems due to war trauma; stress and emotional problems have been identified (TMA, 2014). It was observed that the variables of "seeing life as dangerous", "helplessness" and "hopelessness" which are the sub-dimensions of cognitive distortions are significant predictors of social adaptation. Several psychological distress

and behavioral disorders, in addition to negative feelings such as worry and depression, are resulting from the way these individuals explain their surrounding events (Corey, 2011). Since the traumatic experiences are also highly emotional, it has been said that the way an individual evaluates an event affects the type of emotional reactions and thus, a person's ability to regulate their emotions may be significant for determining adaptation and various psychological factors (Lazarus, 2006; Troy & Mauss, 2011). Cognitive reappraisal involves rethinking and reinterpreting the meaning of an event to change the emotional response of it (Ochsner & Gross, 2005). Tugade & Fredrickson (2004) found that individuals who were identified as high-resilient cognitively evaluated stressful events as less threatening. According to the research conducted by Nickerson et al. (2017), the PTSD scores of the refugees using cognitive strategies such as acceptance, putting into perspective and positive refocusing were found lower (Hussain & Bhushan, 2011). Adaptability is adjusting to the conditions, being resourceful and cope with negative life experiences. To adopt a new situation, the individual needs to change their thoughts and behavior. The cognitive distortions of the refugee individual, the way they explain the events in the environment come to the fore as a factor that prevents them from adapting to the new life order. According to the results of this research, cognitive distortions of Syrian refugees negatively affect their social adaptation. Cognitive distortions of the refugee individual, the way they explain the events in the environment, come to the fore as a factor that prevents them from adapting to the new life order. It has been observed that the variables "seeing life as dangerous", "desperation" and "hopelessness" are significant predictors of social adaptation. Considering the war trauma, they have experienced before, it is understandable that refugees see the world as a dangerous place. The financial difficulties they experienced in the first place where they migrated may have triggered the dimension of desperation. The fact that the refugees still could not return to their countries, the uncertainty in their homeland can also give us an idea for the variable of hopelessness. And when all these variables come together, it is inevitable that these individuals will have difficulties in adapting to their new lives. In addition, it is beneficial to recognize the cognitive distortions that are prominent in this research and to replace these cognitions with healthy new cognitions. It may be useful to use cognitive restructuring practices to increase the adjustment of these individuals. It is suggested that mental health professionals should consider these components and offer the necessary interventions and that research on migration psychology is important.

These results can be supported by further research. Cognitive distortions of refugee individuals seem to be an issue that mental health professionals should pay attention to. Cognitive-based individual and group counseling practices with refugees can be an effective way to interfere with cognitive distortions. In addition, this study has some limitations. The number of participants in the study may be insufficient to generalize. More participants should be reached in future studies. In addition, the fact that the participants could not speak Turkish well was a compelling factor for the researchers. Language validity was made by adapting the scales to Arabic by consulting experts, and interpreter support was sought to communicate with the participants.

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