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1.

General introduction

Introduction

Migration and ageing are two global phenomena that have importantly impacted the demographic composition of countries (Ciobanu, Fokkema, & Nedelcu, 2016). As such, many Western European countries are increasingly dealing with a rising proportion of former labour immigrants and their spouses who grow old in the countries of settlement (Burholt, 2004; Zubair & Victor, 2015). In the Netherlands, this is true for Turkish and Moroccan older adults who moved to the Netherlands for labour or family reunification in the 1960s and 1970s (Zorlu & Hartog, 2001). Both Turkish and Moroccan immigrants and their spouses face an accumulation of disadvantages as a consequence of their international migration as well as their position in the country of settlement. Such disadvantages include the exposure to a low socioeconomic position (Snel, Burgers, Leerkes, & 2007; Reijneveld, 1998), language barriers (Pot, Keijzer, & de Bot, 2018), discrimination and segregation (Coenders, Lubbers, te Grotenhuis, Thijs, & Scheepers, 2015; Pettigrew et al., 1997), social isolation (Silveira & Allebeck, 2001), and loneliness (Klok, van Tilburg, Suanet, Fokkema, & Huisman, 2017; van Tilburg & Fokkema, 2018).

Based on this risk profile, one would expect immigrants' outcomes of ageing to be relatively adverse. Older age, in general, is associated with physical, cognitive and mental deterioration (King, Lulle, Sampaio, & Vullnetari, 2017). Indeed, on average immigrants are confronted with higher levels of disability and physical health problems (Denktaş, 2011; Reus-Pons, Mulder, Kibele, & Janssen, 2018; Ikram et al., 2014), and depression (Klokgieters, Mokkink, Galenkamp, Beekman, & Comijs, 2018; van der Wurff, Beekman, Dijkshoorn, Spijker, Smits, Stek, & Verhoeff, 2004) than their native Dutch age-peers. Yet, not all immigrants are in a bad shape; there is substantial heterogeneity in functioning. Some immigrants have a high sense of coherence (Slootjes, Keuzenkamp, & Saharso 2017), some have shown exceptional resilience (Adler, 2000; Wong & Song, 2008) and some have aged in relatively good health (Markides & Eschbach, 2011). An intriguing question is how some immigrants have managed to stay free of disease, disability and maintained a high well-being while others did not.

The current dissertation studies resilience among former Turkish and Moroccan labour immigrants and their spouses living in the Netherlands. Resilience research investigates the people who thrive in the face of a lifetime of adversity (Rutter, 1987). As such, resilience approaches are aimed at explaining the prevalence or occurrence of good outcomes in a group that has faced a lifetime of adversity. Resilience research might offer an antidote to the focus on poor aspects of functioning in older Turkish and Moroccan immigrants (King, Lulle, Sampaio, & Vullnetari, 2017). In doing so, this research contributes to a more complete picture of the functioning variability in these groups. The research is guided by the following questions:

To what extent are Turkish and Moroccan immigrants residing in the Netherlands resilient in the context of migration-related and ageing-related adversities? Which resources did resilient Turkish and Moroccan immigrants use in order to obtain favourable outcomes?

Migration and ageing context

Migration history

Labour migration from Turkey and Morocco towards the Netherlands commenced roughly around the 1960s. Around this time, labour workers were high in demand due to rapid economic growth occurring all throughout Western Europe (Zorlu & Hartog, 2001). The Netherlands established bilateral agreements with several Mediterranean countries including Turkey (1964) and Morocco (1969). This allowed the extraction of surplus workers for performing unskilled labour in Dutch enterprises (Fokkema, Harmsen, & Nicolaas, 2009). In addition to active selection practices that resulted from the bilateral agreements, much of the migration occurred 'spontaneously' (Cottaar & Bouras, 2009; Staring, 2001). The population that migrated often came from poor rural areas in Turkey and Morocco and immigrants received little education prior to their migration. For many Turkish and Moroccan immigrants, labour migration in itself was nothing new, but the geographical and cultural distance of the migration to Western Europe was. For this reason, Cottaar and Bouras (2009) have alluded to these early immigrants as 'young pioneers', i.e., healthy workers who dared to take the step of moving to a country of which language and culture was entirely unfamiliar to them.

When the economic growth stagnated due to the oil crisis in the 1970s, labour immigrants residing in the Netherlands became disproportionately affected by unemployment (Zorlu & Hartog, 2001). Many of them lost their jobs, unable to get rehired due to their low educational status and language barrier. However, despite the unfavourable economic situation and in contrast to the expectations of many immigrants themselves, many Turkish and Moroccan immigrants decided to stay in the Netherlands (de Haas & Fokkema, 2010). As a consequence of a one-time regularisation procedure, many of the up to then illegal immigrants now gained a legal status, which further stimulated their staying in the Netherlands (Beets, Bekke, & Schoorl, 2008). Moreover, in the 1970s and 1990s a second wave of migration occurred. This family reunification wave entailed that the wives and children re-joined their husbands in the Netherlands (Cottaar & Bouras, 2009).

Public discourse

The discourse surrounding Turkish and Moroccan immigrants in the Netherlands has changed substantially over the last decades (Ghorashi & M. van Tilburg, 2006). Dutch migration policy

and ultimately the position of Turkish and Moroccan immigrants in the Netherlands can be characterized by two dominant frames of thought, namely that of the “pillarization” followed by “multiculturalism” (Prins, 2014).

Pillarization refers to the dominant societal model in the Netherlands from the 1920s until the 1960s. Dutch society was structured in four pillars of different religious beliefs (e.g. Catholic and Protestant) or sociocultural and political values (e.g. Socialist and Liberal). Within each of these pillars separate institutions, unions, news outlets and universities were created (Lijphart, 1968). Against this background, Turkish and Moroccan immigrants formed an additional ethnic and religious pillar, though this was never acknowledged as such. Amplified by the fact that the labour migration was initially expected to be temporary, pillarization meant that immigrants were stimulated to use semi-autonomous institutions as a means of preserving their own religion and language. In doing so, the policy envisioned to ease an eventual return to the country of origin. As a consequence, little was done at the policy level to integrate immigrants into Dutch society (Guiraudon, 2014).

In the 1980s this model changed under the heading of “multiculturalism” when policymakers realized that many of the labour immigrants had come to stay. The 1983 minorities policy was installed which in part resembled the prior pillarization model and in part added a ‘controlled integration’ model (Vasta, 2007). The former model included the continuation of funds for new ethnic and religious communities, for example, places of worship, media and certain types of educational provision. The latter concentrated on legal-political, socioeconomic and cultural policy domains. For example, it strengthened discrimination legislation and introduced labour market programmes. It was believed that cultural emancipation was the key towards integration. As such, policy plans were geared towards both integrating ethnic minorities into Dutch society whilst simultaneously promoting their cultural emancipation.

Multiculturalism was subjected to heavy criticism from prominent journalists and politicians in the early 2000s (Duyvendak & Scholten, 2011). Former labour immigrants were increasingly perceived as an example of failure of integration policy on the basis of immigrant’s lacking integration in the labour market and disappointing educational achievements of immigrant children. The policies focus on subsidizing migrant organisations was heavily criticized (Beets, ter Bekke, & Schoorl, 2008). In addition, housing segregation were seen as an emerging problem (Statistics Netherlands, 2012). In response, policies voiced a push towards assimilation instead of integration for ethnic minorities in the Netherlands (Prins, 2002). Integration means that individuals seek to participate in the society of settlement whilst at the same time maintaining their own culture. Assimilation means that individuals do not seek to maintain their own culture and exclusively seek participate in the society of settlement (Berry, 1997). Translated to the policy context, it means that policies increasingly

refrained from stimulating activities in both the own group and participation in the country of settlement, thus stimulating integration, to exclusively stimulating adaptation and conformity to the country of settlement, thus stimulating assimilation (Prins, 2002). This is especially so for immigrants with a Muslim background, whose so-called ‘backward’ religion and responsibility towards lagging integration has often been the topic of a ‘moral panic’ (Vasta, 2007). Exacerbated by unemployment, financial hardship, and poor housing, both Turkish and Moroccan immigrants’ position in Dutch society has become associated with negative discourse (Guiraudon, 2014).

Ageing and migration

Turkish and Moroccan immigrants form a small but increasing category within adults aged above age 55 in the Netherlands. In 2019, fifty-five thousand individuals above age 55 from Turkish and fifty-two thousand above age 55 from Moroccan origin live in the Netherlands (Statistics Netherlands, 2017). While the numbers may seem small, they are expected to double by 2040 (Figure 1.1). The majority of these immigrants live in the four large cities in the Netherlands (Fokkema & Conkova, 2018). On average, they report higher rates of chronic disease, disability, diabetes and dementia at younger ages than their native peers (El Fakiri & Bouwman-Notenboom, 2015; Parlevliet et al., 2016; Uysal-Bozkir, 2016). Hence, it can be said that Turkish and Moroccan immigrants age at a more rapid pace than their native age-peers. In addition to this, they often have a lower income and face discrimination and

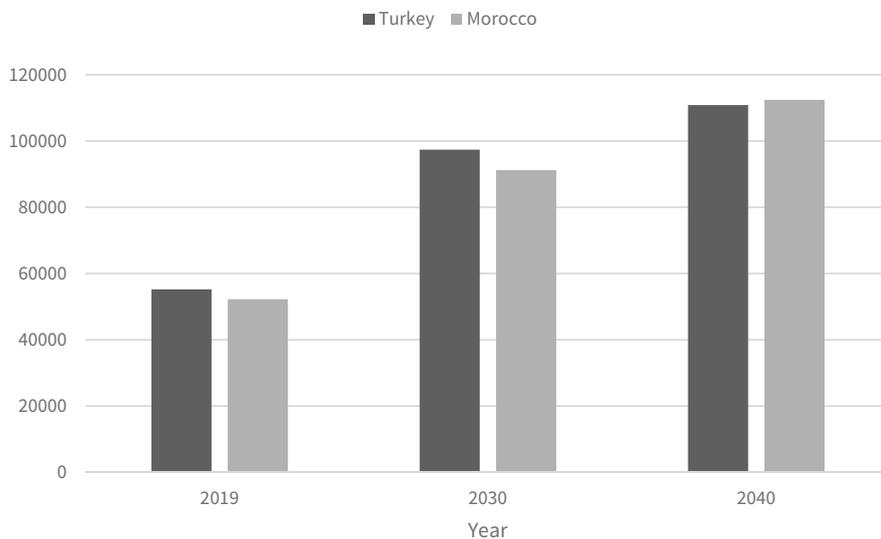


Figure 1.1. Prognosis of population ageing Turkish and Moroccan immigrants (first generation) in absolute numbers from 2018 until 2040 (aged 55 and onwards). Source: Statistics Netherlands, Statline, 2017.

segregation (El Fakiri & Bouwman-Notenboom, 2015). As such, it is likely that Turkish and Moroccan immigrants face a complicated combination of migration and ageing related challenges when they grow old in the Netherlands (Conkova & Lindenberg, 2018). Therefore, Turkish and Moroccan immigrants provide an important population for resilience research. Firstly, because of their highly disadvantaged background and marginalized position in the Netherlands. Secondly, because of a so far neglected heterogeneity of ageing outcomes within these categories where it is known that not all immigrants have adverse outcomes.

Resilience in the context of migration

Two approaches to resilience

Research on resilience aims to capture why some people thrive in the face of chronic adversity or risk while others succumb to life's hazards (Rutter, 1987). Pioneer studies on resilience originated in developmental psychology, where the concept was used to investigate children at risk for maladaptation due to perinatal hazard, parental psychopathology, psychological disadvantage, and loss (Masten et al., 1999). Today the concept has a wider application and is used in the fields of gerontology and geriatrics (Wild, Wiles & Allen, 2013) and health research (Panter-Brick, 2014; Windle, Bennett, & Noyes, 2011), among others. Despite its intuitive grasp (Panter-Brick, 2014), various operational definitions and methodological approaches are in use (Cosco, Kaushal, Richards, Kuh, & Stafford, 2016). In this dissertation I focus on two complementary approaches towards resilience, namely an 'a priori' and a 'resilience across the life course' approach. In what follows I highlight both approaches and apply them to the context of older Turkish and Moroccan immigrants.

'a priori' approach

The 'a priori' approach to resilience starts with the realisation that exposure to adversity does not necessarily imply a negative outcome (Cosco et al., 2016; Huisman, Klokgieters, & Beekman, 2017). Therefore, resilience hinges on: "developing well in the context of high cumulative risk for developmental problems" (Masten, 2007, p. 923). Resilience implies beating the odds and showing a better than predicted development. In line with Fergus and Zimmerman (2005), resilience in this approach is well explained on the basis of requirements, which can be depicted in a two-by-two table with an adversity and a good outcome such as presented in Table 1.1. Cell A represents persons who are exposed to high levels of risk but nonetheless display good outcomes. Those persons comply with the above-mentioned requirements and can be defined as resilient. Cell B represents the persons who have not displayed good outcomes and are exposed to the risk factor under study. Those persons display an outcome that concurs with available risk models. Cell C represents the persons

Table 1.1. Distribution of persons according to different exposure outcome combinations

Risk or adversity (migration)	Good outcome (good old age)	
	Yes	No
Yes	A (Resilient)	B
No	C	D

who display good outcomes and are not at risk. Lastly, Cell D includes persons who are not exposed to the risk factor of interest but nevertheless do not display good outcomes. The next step is to identify factors that explain why some persons might be categorized in Cell A while others are categorized in Cell B, C or D.

Key is finding the factors that explain why good outcomes exist in the context of high risk. Risks and outcomes are often derived from pre-existing theoretical models and knowledge about the social category under investigation or are based on clinical criteria (Wild, Wiles, & Allen, 2013). Translated to the situation of migration, immigrants can be labelled as resilient when they experienced migration related adversity, while ageing relatively well. Windle et al. (2011) identify three requirements based on which resilience can be inferred: a) the presence of a significant adversity or risk; b) the presence of assets or resources to offset the effects of the adversity; and c) positive adaptation to adversity or avoidance of a negative outcome. In what follows I focus on how these three requirements play out for resilience of Turkish and Moroccan immigrants in this dissertation.

The presence of a significant adversity or risk

In this dissertation the adversity is defined as having a migration experience. In the literature the migration experience has not merely been described as moving from one country to another. Rather it is understood as a socio-psychological experience encompassing substantial changes in socio-cultural environments (Berry, 1997; Bhugra, 2005; Kasl & Berkman, 1983). In the case of the migration experience, the mere act of moving from one country to another might not foster adverse outcomes on its own (Kasl & Berkman, 1983). Key is that immigrants often experience a specific constellation of adversities that stem from their experience of migration, their position in the country of settlement and ageing in a migration context (Dowd & Bengtson, 1978; Norman, 1985). Such factors are situated across macro-, meso- and micro-levels and might include, for instance, the public opinion of immigrants in the settling societies, migration policies, availability of social and family communities, having a low socioeconomic position, language barriers, and poor working conditions (Ciobanu, Fokkema, & Nedelcu, 2016). In this dissertation I will define several

more proximate risk factors that follow from the experience of migration in order to examine resilience in Turkish and Moroccan immigrants.

The presence of assets or resources to offset the effects of the adversity

The second criterion of resilience is that assets or resources are present in order to offset the adversity. Various terminologies are used to describe potential contributors to resilience (Luthar, 1993). O'Dougherty Wright, Masten and Narayan (2013) conclude that researchers employ terms such as assets, resources, compensatory factors, promotive factors and protective factors, to describe mechanisms that facilitate resilience. The label given to these mechanisms may either refer to the direction of hypothesized effect or to the domain of operation. Two labels that are commonly used are compensatory and protective factors. These factors may either relate to the good outcome regardless of whether the risk is present (i.e. social relationships may buffer against the negative effects of poverty but may also relate to positive outcomes in and of itself) or are protective only when they moderate the effect of a risk factor (i.e. social support might be beneficial in the presence of a risk factor but not when the risk is not present) (Luthar, 1993). In the remainder of this thesis I refer to the term protective factors whenever the factor is considered for a moderating effect on the risk factor on the positive outcome.

Positive adaptation to adversity or avoidance of a negative outcome

When resilience is inferred from a 'yardstick', namely a predefined risk or a positive outcome, a pitfall is that the resilience label is very specific to the risk and outcome under study (Huisman et al., 2017). A person might be labelled resilient in that specific risk and outcome context but not in others. Therefore, I use combinations of risks and outcomes that have a strong causal relationship according to prior studies. Moreover, I infer resilience from both an objective outcome as well as a subjective outcome.

The disablement process model is used (Verbrugge & Jette, 1994) as 'yardstick' for resilience. This model has several important advantages. First, disability is a highly relevant objective outcome for Turkish and Moroccan immigrants. It is likely that many of these immigrants have performed physical manual labour in their lifetime and are therefore particularly prone to disablement (Denktaş, 2011; Peek, Ottenbacher, Markides, & Ostir, 2003; Schellingerhout, 2004). Second, the disablement process model describes how age-related disability arises from diseases and conditions, which may lead to impairments, which in turn may lead to disability (Verbrugge & Jette, 1994). This makes it possible to study the progression from one stage in the disablement process to another. The model also offers potential protective factors that might moderate the progression from one stage to another.

Another 'yardstick' is the idea that having access to limited resources is harmful for the well-being of individuals (Halleröd & Seldén, 2013). More specifically, those who have access to resources on a variety of domains more often view old age as a time of development and more often associate ageing with physical decline and dealing with losses (Steverink, Westerhof Bode, & Dittmann-Kohli, 2001). The absence of resources often causes stress which in turn can hamper well-being (Bradshaw & Ellison, 2010). For immigrants this might be particularly important because it is reported that they have limited access to individual, social, physical and socioeconomic resources (Cramm & Nieboer, 2017). Therefore, I examine resilience among immigrants in the context of limited access to various physical, social, and socioeconomic resources and well-being.

Resilience across the life course

An aspect that was neglected in the previous 'a priori' approach was that resilience might vary over the life course (Wild, Wiles, & Allen, 2013). Resilience scholars have argued that resilience can be conceptualized as an act of balancing risk and protective factors which processes extent over longer periods of time. For example, Canvin and colleagues (2014), who identified resilience in the context of socioeconomic disadvantage, argued that their respondents experienced resilience as an upwards moving spiral constantly falling down and climbing back up again. Therefore, capturing resilience at only one point in time might not fully capture the resilience of the person at another moment in time.

Such changes over time are relevant in a migration context as the proximate adversities resulting from migration might change across the life course (Montes de Oca, García, Sáenz, & Guillén, 2011). Bhugra (2005) demarcates a stage prior to migration and right after migration as characterized by distinct stresses about moving and settlement into the host society. Similarly, when immigrants reach retirement age, they cease to be labourers, which may spark questions of status, and doubts about whether to stay or leave the country of settlement (Bolzman, Fibbi, & Vial, 2006). In all, the structure of immigrants' life can be seen as 'discontinuous' (Torres, 2006). Biographical events – such as marriage, having children, retirement – occur in a less predictable fashion as a result of migration. This suggests that adversities across the life course may be shaped by migration and may change over the life course. Therefore, there is a need to understand how resilience is embedded within the broader life course.

Another neglected aspect in the 'a priori' approach is that the subjective experience of resilience might vary over the life course as individuals pass through different stages of life. With regards to ageing, it is well known that Western societies often favour the discourse of 'successful ageing' (Havighurst, 1963) and 'productive ageing' when describing the contents of a good old age (Dillaway & Byrnes, 2009). Such discourse implies that those

who age well, reach the latter decades of life with low risk of disease and disease related disability, high cognitive and physical functional capacity, and active engagement with life (Rowe & Kahn, 1997). One may question whether this is an achievable goal among highly disadvantaged former labour immigrants or, for that matter, for older adults in general. Even more importantly, this view might not correspond with the way individuals construct their own vision of what constitutes good old age. Torres (2006) showed for Iranian immigrants living in Sweden that the construct of successful ageing was simultaneously understood in terms of Western templates of ageing well as well as norms derived from the culture of origin. Resilience scholars may be well advised to consider a person's own view of what constitutes a good old age.

To be sensitive to these issues, I follow Ungar and colleagues (2008) in part of my thesis, who defines resilience in the following way:

“Resilience is both the capacity of individuals to navigate their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to negotiate for these resources to be provided and experienced in culturally meaningful ways” (Ungar, Ghazinour, & Richter, 2008, p. 225).

From this definition follow two important principles. First, navigation is the agentic exercise of personal power directed toward the acquisition of resources. These resources may be selected from both the individuals physical and social ecologies, or are present within her or his psychological and genetic predisposition (Bronfenbrenner, 1999; Ungar, Ghazinour, & Richter 2013). This means that resilience implies the consideration of both resources within the individual and the resources provided by the community and the society as well as the interaction between them (Reich, Zautra, & Hall, 2010). The second principle refers to negotiation. Negotiation is the process of successfully securing physical resources, such as housing, in the quality and quantity that is required by the individual. In addition to this, individuals require the discursive power to define one's self and one's coping strategies as successful. Individuals may, thus, overcome stress when they are able to negotiate for well-being sustaining resources that are provided in culturally meaningful ways (Reich, Zautra, & Hall, 2010).

Research questions

On the outset of this introduction, I departed from the following overarching questions:

To what extent are Turkish and Moroccan immigrants residing in the Netherlands resilient in the context of migration-related and ageing-related adversities? Which

resources did resilient Turkish and Moroccan immigrants use in order to obtain favourable outcomes?

In what follows, four empirical chapters highlight the two resilience approaches in order to answer the general question. **Chapter 2** and **5** use a ‘resilience across the life course’ approach. **Chapter 2** focuses on the social position of Turkish and Moroccan immigrants in the Netherlands and **Chapter 5** focuses on the resources that immigrants have used during their life. **Chapter 3** and **4** study resilience from an ‘a priori’ approach each highlighting different risk and outcome models. **Chapter 3** focuses on physical risks and outcomes and **Chapter 4** targets a combination of social, physical, socioeconomic and mental health outcomes. In what follows the major aims of each chapter are highlighted.

Chapter 2: How do Turkish and Moroccan immigrants position themselves in the social hierarchy?

According to the literature, one of the reasons that immigrants are in a vulnerable position is that they are positioned low in the social hierarchy (Vrooman, Gijsberts, & Boelhouwer, 2014). This is especially so with regards to an accumulation of risk factors, including having a low socioeconomic position (Reijneveld, 1998; Schellingerhout, 2004) and experiences of discrimination and segregation (Coenders, Lubbers, te Grotenhuis, Thijs, & Scheepers, 2015; Pettigrew et al., 1997). In this chapter, it is aimed to gain a better understanding how Turkish and Moroccan immigrants position themselves in the social hierarchy at different moments in their life (i.e. before and after migration and currently). In doing so the chapter contributes to an understanding of resilience across the life course by providing an idea how immigrants themselves understand their (vulnerable) position and whether they have the discursive power to claim a more favourable position. The chapter is guided by the following three research questions:

Where do older immigrants position themselves on the societal ladder?

Do they have socioeconomic circumstances in mind when positioning themselves, or are other considerations important to them? If so, which ones?

Does their perception of social position change when it refers to different stages in their life course (i.e. before and right after migration and currently)?

Chapter 3: Resilience in the context of the disablement model: Are immigrants more resilient?

While immigrants have often experienced additional adversities due to their migration experience compared to those without migration experience, this does not mean that they are automatically less resilient than their native Dutch counterparts. On the contrary, according

to the steeling effect hypothesis (Rutter, 2012) persons who experience more adversities during their life might be better equipped to deal with adversities in general.

In order to test the idea that immigrants might be more (or less) resilient than their native age-peers, I study resilience with an 'a priori' approach using one transition in the disablement process model (Verbrugge & Jette, 1994) as 'yardstick' for resilience. In particular, I used the transition from slowness of gait speed to physical impairment.

In addition to differences in resilience *between* immigrants and native age-peers, I test whether there are differences *within* immigrant groups. More specifically, three important mechanisms that have protective qualities in the relationship between impairment and disability are derived from the disablement process model. These include mastery (Pearlin & Schooler, 1978), income (Stepleman Wright, & Bottonari, 2009) and contact frequency within personal relationships (Seeman, Bruce, & Mcavay, 1996). These qualities are used as potential protective factors, and are subsequently compared across origin groups. The chapter was guided by the following questions:

To what extent are older Turkish and Moroccan immigrants more resilient against developing disability from functional limitations than their native Dutch age-peers?

Do mastery, income and contact frequency have buffering effects against the disabling effect of functional limitations within groups of native Dutch older adults and older Turkish and Moroccan immigrants?

Chapter 4: Does religion provide protection to immigrants when they cope with having limited resources?

Chapter 4 studies resilience in the context of lacking physical, social and socioeconomic resources and well-being from an 'a priori' approach. One potential resource that stood out from the literature as being particularly helpful for immigrants in dealing with having limited resources available is religion (Ciobanu & Fokkema, 2017; Kim, 2013; Roh, Lee, & Yoon, 2013). Almost all Turkish and Moroccan immigrants report to be religious (Schellingerhout, 2004), and many visit the local mosque weekly (Buijs & Rath, 2003). Privately, religious activities such as seeking help from God in times of crisis, might offer a source of strength, meaning in life, and a sense of happiness (Pargament, Koenig, & Perez, 2000). Particularly in a context where resources are lacking, compensation is offered through mental activities of reappraisal, a quest for meaning in life and a sense of security (Glock, Ringer, & Babbie, 1967). Publicly, religious activities such as religious attendance and active involvement in religious organisations (Nguyen et al., 2013) are important. They offer social support, ensure social integration into communities, provide a sense of belonging to a community and result in feelings of being valued and protected (Krause & Bastida, 2011). Similar to private religious

activities, public religious activities may provide support in the context of lacking resources. The research question of Chapter 4 reads:

To what extent do private and public religious activities protect against the negative effect of having limited resources on well-being among Turkish and Moroccan immigrants?

Chapter 5: How do resources manifest themselves over different life stages before and right after migration and in older age?

In addition to religious resources, other resources might be important. The literature might be limited in the resources that have already been identified especially because research about resilience among labour immigrants is scarce. Drawing from two strains of resilience literature, namely younger immigrants (Siriwardhana, Ali, Roberts, & Stewart, 2014) and older adults (Al  x, 2010; Bonanno et al., 2002; Browne-Yung, Walker, & Luszcz, 2017; Kok, van Nes, Deeg, Widdershoven, & Huisman, 2018), I investigate what resources help Turkish and Moroccan immigrants deal with age and migration related adversities with a ‘resilience across the life course’ approach. I define four life-stages to investigate whether resources remained useful over the life course, namely, settling into the host society, maintaining settlement, restructuring life post-retirement, and increasing dependency. The fifth chapter is guided by the following research question:

Which resources did Turkish and Moroccan immigrants use to deal with migration and ageing related adversities and how do these and other resources help them over the course of different life stages?

Overarching methodology

This thesis makes use of two data-collections, both of which are collected in the context of the Longitudinal Aging Study Amsterdam (LASA). **Chapters 3** and **4** use quantitative data consisting of a sample of older adults born in Turkey and Morocco, residing in the Netherlands. **Chapters 2** and **5** use qualitative data for which a selection of respondents was derived from the sample.

Different methods for different approaches to resilience

Quantitative and qualitative research methods are used to study resilience from two perspectives (Hildon et al., 2008; Panter-Brick, 2014; Ungar, 2003). In this thesis I use quantitative methods to investigate resilience from an ‘a priori’ perspective. Quantitative methods allow me to investigate moderating qualities of a potential protective factor between

a risk and an outcome. I investigate resilience across the life course using qualitative methods. Qualitative methods allow me to highlight which resources immigrants themselves define as useful while reflecting on their migration and ageing experiences. The combination of methods allows me to both test the effectiveness of certain protective factors for the entire population and investigate which resources individuals define themselves. In doing so, the approaches highlight the effectiveness of well-known resources while leaving the possibility open to explore resources that are not so well explicated in the literature (Panter-Brick, 2014; Ungar, 2003).

Quantitative data

LASA is an ongoing longitudinal, multidisciplinary study focused on investigating the determinants and consequences of changes in social, cognitive, physical, and emotional domains of functioning in older adults (Hoogendijk et al., 2016; Huisman et al., 2011). Initial data-collection took place in 1992 with follow-up measures being conducted about every three years. New samples aged 55-64 years were included in 2002-2003, 2012-2013 and in 2013-2014. From these data-collections the current dissertation uses two samples.

The first sample consists of older adults born in Turkey and Morocco collected in 2013-2014, which is used in Chapter 3 and 4. The majority of Turkish and Moroccan immigrants reside in cities and therefore the data were drawn from the registers of fifteen Dutch cities with a population size between 85 and 805 thousand. The cities were Amsterdam, Zwolle, Oss, Alkmaar, Almere, Amersfoort, Breda, Eindhoven, Enschede, Haarlem, Helmond, Hilversum, Nijmegen, Tilburg and Zaanstad. Trained interviewers of the same ethnic background conducted face-to-face interviews in Dutch, Turkish, Moroccan Arabic (Darija) or Berber language (Taraftit). As much as possible, the same measures were used as in the general LASA samples. Translations were derived from previous studies, if available for instance the CES-D depression scale (Spijker et al., 2004) and the religious coping scale (Braam et al., 2010). If questions were not available in Moroccan Arabic, Berber or Turkish, questions were translated by two professional translators according to forward and back translations. All questions were evaluated and tested in pilot-interviews. In total the data collection yielded 269 respondents of Turkish origin and 209 respondents of Moroccan origin (cooperation rate 45%) aged 55-64 years.

The second sample consisted of older adults born between 1948-1957 in the Netherlands, which sample is used only in Chapter 3. The data collection took place in 2012-2013. The sample was drawn from the population registers of nine Dutch municipalities that differ with regards to the degree of urbanization and religiosity, same as targeted at the LASA baseline. Trained interviewers visited respondents to conduct a face-to-face interview. The data collection included 1,023 older adults.

Qualitative data

Letters were sent to the home of the selected LASA participants with an invitation for the interview and a permission request to record the interview. Translated letters were available in Turkish and Arabic and the letters contained contact information in case participants did not want to be visited. Subsequently, participants were visited at their home where the interview was either conducted straight away or an appointment was made for another time. Two research-assistants who spoke Moroccan Arabic (Darija) or Turkish were involved in all of the above-mentioned steps.

Eighty randomly selected participants were sent a letter. Seven participants contacted us straight away, indicating they did not wish to be visited. Thirty participants refused upon visitation for various reasons such as having no time, feeling tired or not trusting confidentiality. Twenty participants were not included for other reasons including not being in the Netherlands at the time or being unreachable over the phone. 23 semi-structured interviews were conducted (Table 1.2).

Table 1.2. Number of interviewed participants

	Turkish immigrants	Moroccan immigrants	Total
Male	6	6	12
Female	4	7	11
Total	10	13	23

Role of the research-assistants

Interviewing was accompanied by procedural and methodological challenges. To this end, I collaborated with bilingual research-assistants who were extensively briefed on the research method, the research approach and the topic of study. Assistants were involved in translating the topic list beforehand and the meaning of each word in Dutch, Darija, and Turkish was profoundly discussed in order to come to an agreement in word usage. During the interviews, assistants had more than just the role of translator. They were instructed to clarify statements of participants and ask probing questions. We worked collectively during the interview. The principal researcher had a coaching role. When participants became emotional or when participants had extremely elaborate answers, a summary instead of the whole answer was given by the assistants to the principal researcher. This was done in order to give the participant space to express what he or she deemed important or to calm the participant down when emotional. The research-assistants transcribed and translated the oral interviews. During the interviewing process, we built in several check moments where we discussed the process of interviewing, transcripts and difficulties during interviews.

Interviews

The interviews consisted of two parts with an increasingly rigid structure. First, there was a life-story part. This was initiated by asking a broader open question: “What do you feel is going well in your life currently?” It touched upon childhood, migration to the Netherlands, and the current living situation. Whenever an adversity or difficulty was mentioned we asked which resources the respondent used to deal with the adversity. The part was concluded with a life grid tool (Hildon, Smith, Netuveli, & Blane, 2008), a tool that was used to structure important life events chronologically and making sure that no important events were missed. Next, the ‘community ladder’ (Adler, Epel, Castellazzo, & Ickovics, 2000), here referred to as the societal ladder, was presented. Participants were confronted with a picture of a ladder and they were explained that those who were best off in society were at the top of the ladder, and those who were worst off were at the bottom. Subsequently, they were asked to position themselves on the ladder before migration, right after migration and currently. Subsequently, participants were asked to explain why they placed themselves at the rung they had chosen.

The interviews lasted between forty minutes and two hours. One interview was conducted over the course of two visits. Interviews were tape-recorded, with the exception of two interviews where participants refused to be recorded. Tape-recorded interviews were transcribed and translated verbatim. The interviews that had not been tape-recorded were summarized based on notes taken during the interview.

Dissertation outline

This dissertation about resilience among older Turkish and Moroccan immigrants consists of four empirical Chapters and one discussion chapter. In **Chapter 2**, entitled ‘Social position of older immigrants in the Netherlands: Where do immigrants perceive themselves on the societal ladder?’, I investigate the self-perceived social position of Turkish and Moroccan immigrants living in the Netherlands. **Chapter 3** has the title of ‘Resilience in the disabling effect of gait speed among older Turkish and Moroccan immigrants and native Dutch’ and focuses on resilience in the context of a physical risk and outcome and provides a comparison of resilience between Turkish and Moroccan immigrants and native Dutch older adults. **Chapter 4** is titled ‘Do religious activities among young-old immigrants act as a buffer against the effect of a lack of resources on well-being?’ targets resilience in a combination of social, physical, socioeconomic adversity and mental health outcomes. The Chapter is dedicated specifically to investigating protective properties of religious activities against deprivation of multiple resources. In **Chapter 5**, which is entitled ‘The linkage between ageing, migration and resilience: Resilience in the life of older Turkish and Moroccan immigrants’, I investigate

additional resources that lead to resilience of immigrants during their life. **Chapter 6** provides a main discussion of the empirical findings, a critical reflection on the findings and the main conclusions.

