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How Death Imitates Life: Cultural Influences on Conceptions of Death and Dying

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Abstract

Regardless of how or where we are born, what unites people of all cultures is the fact everyone eventually dies. However, cultures vary in how they conceptualize death and what happens when a person dies. In some cultures, death is conceived to involve different conditions, including sleep, illness, and reaching a certain age. In other cultures, death is said to occur only when there is a total cessation of life. Similarly, certain cultural traditions view death as a transition to other forms of existence; others propose a continuous interaction between the dead and the living; some cultures conceive a circular pattern of multiple deaths and rebirths; and yet others view death as the final end, with nothing occurring after death. These different conceptions have a noticeable influence on their lifestyles, their readiness to die for a cause, the degree to which they fear death, their expressions of grief and mourning, and the nature of funeral rituals. Any reasonably broad conceptualization of death issues would necessarily have to incorporate these various cultural variations.

Introduction

Two of the attributes that all humans share are the experiences of being born and the fact that everyone would eventually die. Although we are excited about discussions concerning birth, people in all cultures discuss death with extreme reluctance. However, even though we may use the same words to describe death, the actual meaning and conceptualization of death differs widely across cultures. The tendency for vast differences to occur in conceptions about issues or events that, on the surface, seem very obvious is a major reason why a cultural examination and analysis of every behavioral phenomenon should almost be mandated. For example, eating is a behavior engaged in by most humans several times a day. Yet, cultural variations in eating are enormous. Cultures vary in what they eat, how they eat, when they eat and with whom. Even when cultures agree on what should be eaten, differences arise in how it is prepared, who is expected to eat the given item, and at what stage in time and age.

Kagawa-Singer (1998) provides a very fitting analogy of cultural diversity using weaving as an example. Although weaving is a universal technique, the patterns that result from this process are culturally unique and identifiable. Thus, even when they use the same materials, patterns used in Navajo, Chinese, Persian, Japanese and French tapestries are recognizable not only in terms of colors, but also of patterns and textures. This range of diversity applies to issues about death and dying. In this respect, then, issues of death imitate those of life. This reading explores some of the cultural variations in death and dying, and discusses how these differences at once derive from a given culture's world view as well as influences its approach to death. These are manifested in conceptions about death, death anxiety, bereavement, and burial rituals.

Conceptions of Death

The difficulty of having a unitary view of death or the death experience can be better appreciated when we realize that it is problematic to even define what we mean by death. For more than a hundred years, the clinical definition, referring to the absence of heartbeat and respiration, was the basis on which a person was deemed to be dead. However, advances in medical technology that made it possible for vital signs to be sustained by machines, led to the modifications in this definition to whole brain death, which refers to death as either the "irreversible cessation of circulatory and respiratory functions, or irreversible cessation of all functions of the entire brain, including the brain stem" (President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, 1981, p. 4). Established alongside this definition are eight criteria, all of which must be met before a person is declared dead: absence of spontaneous response to any stimuli; completely unresponsive to even the most painful stimuli; lack of spontaneous respiration for at least one hour; absence of postural activity, swallowing, yawning, or vocalizing; no eye movements, blinking, or pupil responses; a flat electroencephalogram (EEG) for at least 10 minutes; a total absence of motor reflexes; and that there ought not to be any change in the above criteria if tested again after 24

hours. This definition not only represents a largely Western conception of death, but is also a basically medical definition of the concept.

To complicate matters, there is no complete agreement even within the medical definition as to what exactly constitutes death, or for that matter, precisely when death is ascertained to have occurred. Stringently applied, this whole brain death definition requires ruling out other conditions that might appear similar to death such as a deep coma. Moreover, some insist that the cessation of brain activity must occur both in the cortex and in the brainstem. The cortex processes higher level functions such as consciousness, the kind of things that make us uniquely human. The brainstem, on the other hand, controls vegetative functions such as respiration. When a person's cortical functions cease (in other words, the person is not conscious), but his or her brainstem activities such as heartbeat and respiration continue, they are said to be in a persistent vegetative state, a condition from which they are unlikely to recover. This condition can come about from several causes – massive traumatic head injury, stoppage of blood flow to the brain or even drug overdose. The person stands almost no chance of regaining consciousness but is not declared as dead. They are technically alive, in a state that Jennet and Plum (1972) referred to as wakefulness without awareness, but only as an artifact of modern technology. Because this can, and has presented family members with serious ethical challenges, some in the scientific and philosophical communities have called for the replacement of the whole brain definition with that of cortical brain standard – the irreversible loss of capacity for consciousness (e.g., Steen, 2007; Truog, 2004). Based on this proposed standard, a person in a permanent coma who met the criteria for persistent vegetative state would be declared dead. The same person would be deemed to be alive under the whole brain dead standard.

The foregoing reflects the difficulty and controversy involved in defining death even within the medical or Western perspective. Not surprisingly, conceptions and definitions of death vary widely across cultures. According to Counts and Counts (1985), some South Pacific cultures believe that life, as is generally construed, departs the body of a person in different situations, such as when one is ill or asleep. Thus conceptualized, people can be said to "die" several times before the final death. This also means that a person can be defined as dead without meeting many of the criteria listed in the above definition or definitions found in the social and medical literature.

The differences in conceptions about death extend to what exactly happens when one is dead, however defined. Some religious and cultural traditions, such as Hinduism, envision a circular pattern of life and death where a person is thought to die and is reborn with a new identity. This exit and reentry into life can occur multiple times. This contrasts with the Christian view where death is believed to occur only once. However, Christians do not believe that everything ceases at death. The person sheds his or her bodily form but continues on in spirit where there are consequences: the faithful – believers who kept the faith – are rewarded with eternal joy in heaven, and sinners proceed to hell where there is endless pain and suffering. Among some Native American tribes and certain segments of Buddhism, the dead and the living coexist, and the dead can influence the well-being of the living. If the dead (ancestral spirits) are properly propitiated, the likely outcome is a

benevolent spirit that protects the interests of the living. If not accorded the appropriate treatment, the result is an unhappy spirit that may ignore the wellbeing of the living, leading to misery. There are, of course, some cultures in which death signals an abrupt and permanent disengagement. In some instances, people are prohibited from even mentioning the names of the deceased in the fear that doing so may actually endanger the lives of the living or prevent the ghost from leaving this earth and attaining peace.

Irrespective of how death is defined, each culture has notions of how death ought to occur. Kellahear (1990) makes a distinction between an "acceptable death" and a "good death" for the person who is dying. An acceptable death is said to be non-dramatic, disciplined, and with very little emotion. This is the atmosphere that seems to exist in structured settings such as hospitals in the West where most people die. On the other hand, a good death is said to be one that allows for social adjustments and personal preparation by the dying person and his or her family. This is a time when the dying person attempts to complete unfinished tasks, to say farewells, and for the family to begin to prepare for life without the dying. Among the Kwahu-Tafo of Ghana, a good death is one in which the dying person has accomplished most of what he or she set out to do and has made peace with others before dying (van der Geest, 2004). In Nigeria, death of one that has lived a long, and for the most part a successful, life can often be inferred from the nature of the captions in their obituaries. In such cases, the preambles go along the lines of "with gratitude to God for a life well spent...." captions that would never be seen for one that has died an early death or death that has occurred under very tragic circumstances. Yet in other societies, a good death may be one in which a person dies in service of his country or religion; in other words, the person is regarded as a martyr (Rosenblatt, 2008).

It is important to examine these cultural variations in conceptions of death and dying because they have significant implications on how people act in life, how they approach death, whether or not they fear death, and on their funeral and bereavement practices. An obvious implication of how notions about death and dying influence actions is the phenomenon of suicide bombings. This is a fairly recent phenomenon, believed to have started in the early 1980's by Lebanon's Shi'ite extremist Muslim group Hezbollah, which was influenced by the way Iran used humans as minesweepers in their war against Iraq. By 1994, two Palestinian groups, Hamas and Islamic Jihad took up the practice. Initially, only a few people joined the suicide squads, and even then, with little enthusiasm. They had to be subjected to several months of training in what appeared to be extreme indoctrination. Today, people willingly compete for the privilege of being selected into the suicide squads. The major change from the initial reluctance and the current enthusiasm seems to be the modification in their conception of death and what awaits them after death.

According to some Islamic teachings, the great Prophet Mohamed stated that the sins of a *shahid* or martyr (as the suicide bombers are called by their compatriots) will be forgiven when he sheds his first drop of blood. In addition, he can admit 70 relatives to paradise and will personally be married to 72 beautiful virgins upon his arrival in paradise (Van Biema, 2001). Although this approach to death is said to be associated with the Islamic faith, this represents a clear case of how religion interacts with other aspects of

culture. It also represents the manner in which extended interactions between cultures and groups, especially in the age of information technology, have influenced cultural and religious practices around the world. Until just a few years ago, the practice of suicide bombings appeared to be localized to the Middle East and was almost nonexistent among millions of practicing Muslims in other parts of the world. However, this practice has spread to countries such as Nigeria where the Boko Haram, an Islamic terrorist group, has used suicide bombings to attack churches and other government or symbols reflecting Western values (e.g., the suicide attack on the United Nations headquarters in Abuja, the capital) primarily in northern Nigeria (Roggio, 2012). The other implications of the varying conceptions of death and dying are discussed in greater detail in the next few sections.

Death Anxiety: The Fear of Death

One of the few outcomes that we all share is the certainty that we shall one day come face-to-face with death. Notwithstanding this reality, most humans would rather not contemplate the idea of reaching the ultimate end of our sojourn on earth. Thus, the most common response to the thought of one's death, or the death of other loved ones, is fear. For almost 30 years researchers employing the social psychological perspective have used terror management theory to explain death anxiety (Burke, Martens, & Faucher, 2010; Tam, 2013. Terror management theory (Solomon, Greenberg, & Psyzczynski, 1991; 2004) posits that both humans and other animals have an instinctive drive for self-preservation. Humans, however, have evolved advanced and complex cognitive abilities that enable them to not only be self-aware, but also to anticipate future outcomes. These sophisticated cognitive abilities make possible the awareness of the inevitability of death – and that it can occur at any time. Thus, the friction between the desire for self-preservation and the awareness that death is inevitable and unpredictable can induce feelings of anxiety and terror whenever situations arise that remind them of their mortality. From the terror management point of view, then, much of behavior is motivated to deal with this potential death anxiety or terror, and can influence such behavior in both positive and negative ways. On the positive side, this viewpoint suggests that people who are afraid of dying tend to do whatever it takes to ensure that they stay alive. Staying alive contributes to the continuity and socialization of the species because people so driven are more likely to want to have children and to raise them according to their society's acceptable standards. This is perhaps why every president of the United States tries to make an enduring contribution that would be recorded as a legacy of his administration. However, the same death anxiety can become a destructive force and could even result in both physical and mental problems.

Death anxiety is a multifaceted construct that is difficult to define but has been conceptualized to include: fear of death of oneself; fear of death of others; fear of dying of self; and fear of the dying of others. In addition, each of these components can be examined at the public, private, and non-conscious levels. Thus, the fears about death that we may relay publicly may differ from what we may believe and express privately, which

may be different from the fears that we may not even be consciously aware that we are exhibiting. Due to the complexity of this construct, death anxiety is likely to manifest itself in various ways. One of the most obvious ways in which we display death anxiety is through avoidance (e.g., Kastenbaum, 1999). Avoidance may involve a public as well as a conscious manifestation of death anxiety. Some people consciously refuse going to funerals or visiting friends and loved ones who are dying because it makes them uneasy or uncomfortable. Unconsciously, the person may avoid doing so because he or she is too busy to attend to these obligations. Other people may display death anxiety by engaging in activities that seem to confront or defy death (Kalish, 1984); they may repeatedly engage in risky activities such as skydiving, and rock climbing, or may become soldiers of fortune. Other people could express death anxiety through changes in lifestyles, use of humor, or getting involved in jobs that deal with death such as funeral parlors or retirement facilities for the very old. They may also make changes in physical appearance. This might account for why some people may undertake cosmetic surgery – by making themselves appear younger, it might help reduce the anxiety that death might be approaching (Tam, 2013).

Even though there is some evidence of death anxiety in almost every society, cultures vary widely in the magnitude to which death anxiety is expressed. Some cultures appear to manage the idea of dying comparatively well that they are referred to as death-affirming societies; in other cultures, the aversion to the idea of dying is so strong that they can be classified as death-denying or death-defying cultures. The United States, and probably most of the societies in the West, is a death-denying/defying society where even the idiom of expression is that of resistance. People also conjure images of fighting illness, or fighting the enemy (death) (Kalish & Reynolds, 1981). On the other hand, other societies appear to be more accepting of death. Eastern cultural beliefs are said to largely conceive of death as a mere transition, and that the most effective way to defeat death is to accept it as a primary fact of life. In contrast, Western traditions incorporate materialistic views and also equate death of body with death of self, and thus should result in higher death anxiety. Consistent with this premise, Schumaker, Barraclough and Vagg (1988) found higher death anxiety scores among Australian (Western cultural viewpoints) participants than Malaysian participants that displayed Eastern cultural beliefs about death.

Considering that death anxiety is a multifaceted concept, it stands to reason that differences would exist between cultural groups or ethnicities on different aspects of death anxiety. In a study using a multifaceted measure called The Multidimensional Fear of Death Scale (MFODS; Hoelter, 1979; Neimeyer & Moore, 1994), DePaola, Griffin, Young, and Neimeyer (2003) found significant differences between elderly African Americans and Caucasian Americans on different dimensions rather than on more global death concerns. Specifically, Caucasians showed higher death anxiety on the MFODS Fear of the Dying Process subscale than their older African American counterparts. According to DePaola et al. (2003), death anxiety about the process of dying may be higher in Caucasian American elderly because the majority of Whites are likely to die in hospitals, nursing homes, hospices, or other institutions (Aiken, 1994). Thus, older Caucasians may fear dying in hospitals or nursing homes where they are very likely to be isolated from family members.

Another reason for this difference may be related to the finding by Hummert and Nussbaum (2001) that dying patients who are able to communicate report that they often suffer moderate to severe pain during the last weeks of their lives that did not seem to be alleviated by medication. Therefore, the fear of a prolonged and painful dying process, particularly for older adults who are institutionalized, may be a rational response to their experiences. It also could explain why Caucasian families are more receptive of palliative care interventions at the terminal stages of their lives.

In contrast, African American participants in DePaola et al.'s (2003) study were more anxious than their Caucasian counterparts on the Fear of the Unknown, Fear of Consciousness When Dead, and Fear of the Body after Death subscales of MFODS. According to the authors, these are fears that might dispose African American elderly toward extending life by any means possible. This interpretation appears to be supported by the research finding that African Americans are more likely than Caucasians to want aggressive treatment at the end of life (Mouton, 2000). However, African Americans show very little anxiety on comfort care at the end of life, probably due to the traditional involvement of the family in providing care and support during terminal stages of their illness (Brown, 1990).

One of the interesting questions that has arisen in the discussion of cultural or societal differences in death anxiety has centered on the factors underlying these differences – that is, what are the variables within these cultures that give rise to differences in death anxiety? An obvious basis for explaining cultural differences in death anxiety derives from the terror management theory (Solomon et al., 1991, 2004) discussed earlier. Based on the theory's basic premise, humans have a profound fear of death, and in order to cope with this fear, they have created a number of world views, such as the belief in life after death, in order to manage this anxiety. Therefore, religiosity as a cultural variable has received one of the most extensive examinations with respect to death anxiety. The implication is that people who come from cultures whose religious beliefs encompass a belief in afterlife would express less death anxiety than those in which afterlife beliefs do not form an important part of the religion.

The efforts to verify the role of religiosity in death anxiety through empirical research have yielded inconsistent findings. Duff and Hong (1995) conducted a survey of 674 older adults and found that death anxiety was significantly associated with the frequency of attending religious services. This factor was particularly related to the belief in life after death. However, another study found a strong negative correlation between death anxiety and a belief in afterlife (Alvarado, Templer, Bresler, & Thomson-Dobson, 1995). That is, as the degree of certainty in afterlife increased, levels of death anxiety decreased. This was more explicitly confirmed in a later study by Wink (2006) using mainly Caucasian Christian elderly in the U.S. He found that the relationship between religiousness and death anxiety was not as straightforward as may have been implied by these previous studies. Rather, religiousness interacted with a strong belief in a rewarding afterlife in predicting death anxiety. In other words, it was the consistency between a person's religious beliefs and afterlife, rather than religiousness in itself that predisposed the individual to either fear or not fear death. Neither variable by itself was a good predictor of death anxiety.

In a cross-cultural and cross-religious exploration of this belief in afterlife variable, Parsuram and Sharma (1992) compared people of three different religions in India: Hindus, Muslims, and Christians. They found that Hindus (who had the greatest belief in life after death) also tested lowest in death anxiety, followed by the Muslims, while the Christians showed the highest death anxiety. A few years later, Roshdieh, Templer, Cannon, and Canfield (1999) studied death anxiety and death depression among 1,176 Iranian Muslims who had war-related exposure during the Iran-Iraq war. They found that those who scored higher on death anxiety were those who also had weaker religious beliefs, did not believe in life after death, and did not assert that the notion of the existence of life after death was the most important aspect of religion.

A plausible explanation for these seemingly contradictory findings comes from the fact that a majority of the studies, about 95% of them, have used written questionnaires (Neimeyer, Moser, & Winkowski, 2003). To compound matters, with the exception of a few studies (e.g., Abdel-Khalek, 2002), very few of the instruments used in studies of death anxiety ask the "why" question, so that we see differences in death anxiety without much appreciation for the reasons underlying these differences. In a study that was more nuanced with respect to religiosity and the belief in after death component, Morris and McAdie (2009) compared Christians, Muslims and a non-religious group on death and hypothesized that followers of the two religious groups (both incorporate a belief in afterlife) would score lower on death anxiety than the non-religious group. They found instead that Christians scored significantly lower on death anxiety than both Muslims and the non-religious group. However, Muslims scored significantly higher than the non-religious group. A closer examination of the responses showed that whereas the Christian participants in the sample dwelt on themes of heaven and eternal life, Muslim participants showed uncertainty in the outcomes following afterlife. Some of the Muslim participants indicated that they did not know whether they were good Muslims or not and therefore were unsure of their ultimate fate - if they would go to heaven or hell. Thus, in line with Rose and O'Sullivan (2002), it is the reward expectation of afterlife rather than a mere belief in it that is associated with low death anxiety. Even if a person believes in life after death but the person also happens to expect to encounter punishment and not reward, such a person would display much higher death anxiety than even those who do not believe in an afterlife.

A fairly clear picture that has emerged from the foregoing findings is that studies on death anxiety need to go beyond simply finding out whether people in certain cultures score high or low on death anxiety, but should strive to identify the underlying factors responsible for a given score. This could entail using more in-depth approaches to exploring this construct. Using an ethnographic approach, Kawano (2011) examined death anxiety and attitudes toward personal death among members of the Grave-Free Promotion Society (GFPS) in Japan. Historically, most of Japanese funeral rites have required the deceased to be cremated and the ashes put in a jar and buried in a family plot to be cared for by the oldest male in the family. This would enable the deceased to become a venerated ancestor. The presumption was that the peaceful rest and successful transformation of the dead would be seriously compromised if the family (the oldest male

in particular) failed to acquire and care for the burial place at the family plot, the desired resting place.

Major changes over the last few decades, both in the immediate and broader society – reduction in family size, industrialization, and urbanization – meant that there were fewer people left to carry out these functions, and a reduced likelihood of finding grave successors. Even the families with older males willing to play this role at times found themselves in cities far away from the family burial sites, increasing the likelihood that the proper care of the deceased would be compromised. Thus, death anxiety was high among families that did not meet these criteria; the implication was that they too, upon their death, would not make the desired transition to the venerated status of ancestor, or would have to burden family members or willing strangers in taking upon this burden. The GFPS was a movement to cremate the deceased and scatter their ashes, thus returning the dead to nature, in place of conventional interment of cremated remains in a family grave. Finding an alternative to the traditional burial practice has been shown to substantially reduce death anxiety among members of the GFPS. In other words, death anxiety among this group was not because of lack of acceptance of their mortality, but because they had yet to find an acceptable plan to accommodate their concerns about what would transpire after their death. This is an important distinction, for it implies an anxiety that is unrelated to the person's fear of dying or the process of dying. Rather, the anxiety is based on what would become of the person long after they are gone, given the uncertainty of identifying family members willing and able to perform these important posthumous rituals.

There are many reasons why it is important to study and understand death anxiety, prominent among these is the fact that death anxiety is associated with psychological well-being, especially among the elderly. As the research presented in this section has shown, culture is an important variable that moderates levels of death anxiety. However, simply classifying cultures as high or low on death anxiety without uncovering the underlying variables accounting for the differences is not, in itself, very helpful. The findings by Kawano (2011) and other studies based on similar methodologies illustrate the need to engage in in-depth explorations of the sources of death anxiety. Ability to find grave successors has been found to be a major factor underlying death anxiety among the Japanese elderly. Different factors might underlie death anxiety in other societies. This also underscores the point that there are likely no (or at the most very few) culture-free prescriptions of dealing with death anxiety. Therefore, counselors, social workers, and other practitioners must show extreme sensitivity to, and consider cultural or societal variables operating in the populations they serve, to enhance the likelihood of providing effective interventions.

Grief and Bereavement

Events leading to death such as terminal illness do not end with the death of the dying person. In fact, all humans, including the dying, experience grief as a response to impeding or resultant death. Worden (2009) defines grief as the personal emotional

reactions (e.g., sadness, anger, and guilt) that follow a loss. Bereavement refers to the experiences that follow the death of a loved one, while mourning is the process through which grief is expressed. Mourning thus represents the culturally accepted expression of the personal feelings that follow the death of a loved one. There is a wide variation across cultures in how people behave after a death and how they are expected to behave. Regardless of the specific ways in which the grief process is manifested, it is postulated to involve many themes and issues that people invariably confront (Kubler-Ross & Kessler, 2005). In some cultures, close relatives are expected to shave their heads, wear either white or black clothing, and express grief for a specified minimum period of time. In other cultures, mourning involves a lot of drinking, dancing, and in some cases, a person within a certain kinship position is expected to marry the spouse of the deceased. In yet other cultures, the requirements for dealing with a major loss are played out over the balance of the lifetime of the survivor. This could be in form of rituals, what is worn, how one is to be addressed by others, and one's rights and obligations to participate in various activities within the community (Rosenblatt, 1997).

Despite these differences, there are also some similarities. For example, grief reactions expressed in the form of crying, fear and anger are so common as to be deemed universal. Also, most cultures provide sanction for the expression of these emotions in rites of mourning that follow bereavement (Parkes, Laungani, & Young, 1997). This led to the suggestion that grief or mourning may involve a specific sequence – that grieving was a process that consists of stages or phases (e.g., Parkes, 1972). However, the stage or phase theories have many shortcomings; they imply a fairly rigid stages through which the bereaved must pass, and the implication that there is an invariant sequence in some instances linked to time (Worden & Winokuer, 2011). The presumption of an end-point by way of recovery is also problematic.

An alternative approach views the grieving process in terms of *tasks* (Worden, 2009; Worden & Winokuer, 2011), not stages or phases, because of the implied passivity on the part of mourners embedded in these two terms. Tasks imply some action on the part of the mourner, and suggest that the grieving process can be subject to external intervention. Indeed, Ivanovich and Wong (2008) have suggested that whereas people do not have control over bereavement, they can and do have choices in the grieving that can range from confronting the reality and emotions associated with the loss, to using religion as a way of assuaging the pain and anguish. This tends to provide some hope that there is something the bereaved can actively do about the situation. Worden (2009) and Worden and Winokuer (2011) propose four tasks of mourning.

> **Task 1: Acknowledge the reality of the loss**. This acknowledgement has to be both at the cognitive and emotional levels. A person may believe that a loved one is dead, but might still check the person's bedroom to see if they are in there. This uncertainty about whether or not the loss has occurred is common but must be overcome before the mourner can deal with the emotional reality of the loss. This can be enhanced by viewing the corpse, attending memorial services, and funerals.

Task 2: Process the pain of grief. This can be very challenging as some deaths are really painful to process. Death of a child, especially suddenly, can present serious issues for the bereaved. The pain may be so intense that the person might appear to be stuck in guilt, anger, sadness, etc. In certain cases they may manifest in somatic form or reappear months or even years later (Worden & Winokuer, 2011). Trying to avoid pain can actually prolong the course of mourning and may lead to what is termed abnormal grief (a concept that is discussed in greater detail in the next section).

Task 3: Adjust to a world without deceased. This task involves several adjustments – external, internal, an spiritual (Worden & Winokuer, 2011). An example of external adjustments refers to the activities and roles that changed significantly following the death of a loved one. In case of marital couples, if the deceased was principally responsible for preparing meals, the survivor may encounter difficulties adjusting to this new reality. Internal adjustments may involve modified self-definitions, self-esteem, and self-efficacy. Suddenly realizing that one is a widow or widower, or an orphan may require a serious readjustment. Spiritual adjustments may challenge an individual's faith. A person who lost some siblings during a war seriously questioned the existence of God as he found it difficult to believe that a just and powerful God would allow such a fate to befall innocent children.

Task 4: Finding a way to develop an enduring connection with the deceased even as they embark on a new life. People sometimes feel that it may be a betrayal to the deceased loved one if they somehow do not keep a permanent presence for them. They may do so by keeping intact the deceased person's room, as if the person was still there. The requirements for this fourth task is to find a way for the bereaved to stay connected with the deceased but in ways that enable them embark on their new life without the deceased. This could be by finding a more suitable place for the deceased in the life of the survivor so as to enable the survivor live an effective life. For example, the name of the deceased could be given to a newborn offspring of a relative.

Many theories have been proposed to account for the grieving process, among which include the attachment, cognitive, psychodynamic and general life-event theories (Stroebe & Archer, 2013; Stroebe, Schut, & Boerner, 2010). Each of the theories derive more or less from broad general theories and thus appear inadequate to be usefully applied to explain the grief process. Consequently, two integrative approaches have been proposed to more specifically enhance the understanding of how people process grief. These are the *four-component* and the *dual process* models of grief and bereavement.

     The *four-component model*, which is based largely on emotion theory and has some commonalities with the transactional model of stress, suggests that four things are needed in order to understand grief: the first is the context in which the loss occurred – death could

be expected or unexpected; sudden or gradual. The second is the continuum of meaning associated with the loss. This could range from examining what one may do on an everyday basis to reflecting on the long-term and substantial issues of what the loss entails. The third issue deals with changing the representations of the lost relationship over time. As time passes, the survivor may begin to modify their previous roles and begin to adapt to new ways of functioning. The fourth is the part that coping and emotion regulation processes play in all coping strategies that survivor uses in dealing with grief (Bonanno, Westphal, & Mancini, 2011; Bonanno, 2009). These issues involved in the four-component model clearly indicate that processing grief is complicated and its outcome is often unclear, and becomes evident only after some passage of time.

The *dual process model* is also an integrative approach because it incorporates existing ideas concerning stressors (Stroebe & Archer, 2013; Stroebe et al., 2010). The dual-process model identifies two major types of stressors: *Loss-oriented* stressors that are associated with the loss itself such as breaking ties with the deceased and grief work that has to be undertaken. Restoration-oriented stressors are those associated with adapting to new life situations; this might include adopting new roles or identities, including new relationships, and finding distractions from grief. The dual process model suggests that dealing with these stressors tends to require a dynamic process that involves the survivor constantly and interchangeably engaged in both dealing with the grief and efforts to adapt to a new life without the deceased. What is appealing about the dual process model is that it represents what people who are bereaved actually report; they at times become almost overcome with grief, and at other times, are focused on ways of moving on with life. It thus sheds light on how people try to create some kind of balance between the effects of bereavement and the value of trying to actually live a meaningful life.

Complicated or Prolonged Grief Disorder

People vary widely in their expression and ability to cope with grief. Complicated or prolonged grief disorder is said to occur when people display actions that are not statistically common or express common grief reactions but for an extended period of time. In fact, when a bereaved person expresses intense feelings of loneliness, guilt, and overwhelmingly focuses on the loss to the point where it interferes with their everyday functioning, they are said to have prolonged grief disorder, a condition that is distinguishable from depression (Boelen & Prigerson, 2007). Given the cultural diversity in the expression of grief and bereavement, and especially considering that psychiatric diagnoses, classifications and symptomatology are derived principally from Western culture, terms such as complicated or prolonged grief disorder should be applied globally with caution, and only after they have been found to encompass practices involving these concepts across cultures (Rosenblatt, 2013).

According to Stroebe, Schut, and van den Bout (2013), different categories of symptoms seem to separate complicated grief (prolonged grief disorder) from normal grief and depression. The first is separation distress manifested in the form of longing and searching for the deceased, isolation from others that was occasioned by the loss, and a

severe preoccupation with the deceased that affects day-to-day functioning. The second group of symptoms is traumatic distress evident in anger, detachment from others, disbelief about the death, and at times appearing to believe and the physical presence of the deceased. One of the factors that influences the magnitude of grief, often related to complicated grief or prolonged grief disorder, is the age at which the deceased died. Not surprisingly, it is extremely difficult to cope with the loss of a child. Also, death of a young adult spouse, particularly the husband, has been shown to present serious challenges with coping. Derman (2000) found that young adult widows report high levels of grief that do not subside for anywhere between 5 to 10 years after the loss; they also indicate very strong attachments to their late husbands for that duration. Thus, grief that is never expressed, grief that is expressed but is intense and goes on for too long, and grief that involves self-injury, may be considered abnormal.

However, while the concept of grief is universal, the specific way in which grief is expressed can vary widely across cultures. Hsu, Kahn, and Hsu (2002) have stated that a Taiwanese widow is not expected to cry in front of a husband who has just died, but is allowed to openly express grief, including intense crying, later on. On the other hand, many bereaved people in quite a few African American communities show much more intense grief and emotional outbursts at funerals than European Americans (Rosenblatt & Wallace, 2005). As another example in contrast, a mother in Egypt who is immersed in deep grief for seven years over the death of a child may not be behaving pathologically if judged by the standards of her culture (Wikan, 1988). However, overt expressions of sorrow are severely proscribed among the Bali. Thus, a bereaved Balinese who appears to laugh off a death is also behaving appropriately, based on the standards of her culture (Wikan, 1990). In yet another society, a person who is possessed by the spirits of the dead may be within the limits of what is quite appropriate and common in bereavement in his or her own culture. Thus, issues of normal and abnormal grief reactions will make sense only when they are viewed within the cultural framework of the people being evaluated.

Funeral and Burial Rituals

Transitions, along with their accompanying rites of passage, occur throughout the life cycle. These transitions require discarding one set of behaviors, beliefs, and identities, and taking on a new set that makes up a new identity. Death is the final life transition. The funeral is often considered as a celebration of a rite of passage for both the deceased and the living. Societies tend to surround death with specific rituals that are aimed at assisting the bereaved through this final life transition. Funeral rites are believed to serve three closely intertwined functions (Palgi, & Abramovitch, 1984; Rawski, 1988). When a member of a society dies, there arises a need to realign the relationships among the survivors. The first function of the funeral is obviously to dispose of the body of the deceased. Funerals also serve psychological and social purposes among which include: to explain, justify, and regulate the new social relationships that are created by the death. Additionally, the funeral is part of a longer ritual that takes the dead safely out of this world and into the next. After

the funeral rituals are concluded, the immediate family may practice other rituals that enhance the safe passage of the deceased into the next world. Finally, funerals provide an avenue through which the bereaved deal with grief and guilt. Thus, funerals can provide a set of psychologically healthy mourning practices for the bereaved, enabling them to act out their grief in the presence of a support group (Martinson, 1998).

The nature of the rituals is sometimes related to the nature or age of the deceased. When people die after having attained old age, the activities represent a celebration of the person's life and can be very festive. Almost no elaborate rituals accompany the death of a child. Among most groups in Taiwan and Korea, a child is buried only a few days after his or her death, and with very limited funeral rituals. In one example of the death of an 8-year old boy, his cremation took place only two days after his death, with very few people in attendance. The mourners did not wear any mourning clothes.

Just like the other aspects of life and death, funeral and burial rites vary significantly across cultures, and are influenced by each culture's conceptions of death and dying. The rituals change the identity of the person from living to dead. That new identity may be as a spirit of an ancestor who remains with the family, or a soul that returns to its maker. For example, Bosnian Muslims are expected to perform certain rituals that include the remains of the deceased as a first step in moving on, otherwise the survivors may not even accept that the deceased has died. The belief is that without performing the rituals, the deceased may be unable to proceed to heaven (Pollack, 2003). Among the Achuar of eastern Ecuador on the other hand, close relatives of the deceased take great pains in ensuring that they forget the deceased as much as possible – names, activities and any actions that they had with them while they were alive. This is predicated on the notion that most deceased people are troublesome and could even be vengeful. Furthermore, the dead are believed to be lonely and may thus be interested in staying connected with the living, yet the survivors are uncertain of what exactly the deceased might want from them (Taylor, 1993). Thus, the survivors undertake several rituals to minimize, if not eliminate completely, any connections with the dead. Funeral rituals also usually mark the beginning of the adoption of new identities – as a widow, widower, a son who is now the head of the family, or the mother as matriarch. This transformation takes time, often lasting for years. Even though the survivors may start acting the new identities after the funeral, the transformation itself is a process that begins as soon as it is evident that the sick family member is likely going to die. The family immediately begins to prepare for the imminent loss, and once it occurs, public support is provided throughout the transition through its mourning rituals.

In many cultures, particularly in the developing world, the old identities of the bereaved do not die with the deceased but are resurrected with every commemorative service of the loved one. Thus, these identities are renewed and grief is openly expressed on a recurring basis (Kagawa-Singer, 1998). In some cultures, survivors in certain kinship standing take over the spouse of the deceased. However, any children that may come out of this union still answer the name of the deceased. In whatever form they may take within a given culture, funeral and burial rituals are ways that each society tries to help the bereaved with the death of a loved one.

An interesting variation in funeral rites involves the symbolisms used especially in the Akan region of Ghana. Funerals are usually so lavish as to cost an equivalent of one year's income of an average Ghanaian (Bonetti, 2010). Families borrow enormous sums of money, and receive donations toward a perfect funeral which is measured by extravagance and the number of people in attendance. The money is spent on service conductors, clothing, musicians, transportation, coffins, and so forth (Bonsu & Belk, 2003). Of particular significance is the use *of adebuu adekai* or what is commonly known as fantasy coffins. These coffins are supposed to represent a significant element in the deceased person's life, and could include symbolic representations of the person's occupation (a boat for a fisherman), cherished items (a bottle of coke or a lobster), or an unfulfilled dream, as in burying a woman in a coffin made to look like an airplane for her expressed interest to travel by air but meeting her death before she was able to accomplish this feat. There are various perspectives as to what exactly these symbolisms represent. One purpose they serve could be the posthumous construction of the identity of the deceased (Bonetti, 2010). The elaborate and lavish funeral/burial ceremonies could serve as a helpful distraction from the intense sadness and sorrow of the widows, orphans and other loved ones left behind (van der Geest, 2000). It could also be that the event of death itself may be less fearful and threatening if it is encapsulated in such extensive social protocol. Other ethnic groups in Ghana and elsewhere in Africa use different burial rituals, supporting the general theme that matters of death and dying vary considerably across cultures, and thus any presumptions about universality across cultures would be misleading and inadvisable.

Conclusions

As the preceding discussion has shown, even though all humans may experience death, conceptions about death and how we respond to issues of death and dying vary widely across cultures. As the world is increasingly shrinking due to the extensive interaction of people from cultures across the world, it is important to understand the complexities that surround the issues of death, just as we do the issues of life. This will better prepare us to respect and understand people from other cultures, and respond to them in ways that are meaningful to them and ourselves so that their lives and ours may be enriched in the process.

Related Web Sites

http://www.compassionatefriends.org This organization provides grief support to people who have experienced the death of a child (of any age) both personally, or family members or friends of those so affected.

http://www.hospicefoundation.org. This website is operated by the Hospice Foundation of America (HFA) and caters to people and their families who are dealing with the difficult, painful, and complex end-of-life decisions and experiences.

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Discussion Questions

1. What are the various cultural conceptions of death?

2. What are some of the legal and medical criteria used to determine whether death has occurred?

3. What impact do conceptions of death have on behavior, including life and death decisions?

4. What is the distinction between a good death and a bad death? Why is such a distinction important?

5. Define death anxiety and describe the different ways in which it is manifested.

6. What factors influence death anxiety? How do people learn to deal with death anxiety?

7. What are the major shortcomings of most studies used in researching death anxiety?

8. What are the cultural differences in grief and mourning?

9. Describe the tasks of mourning and how they differ (especially conceptually) from the phases or stages of grief/mourning.

10. Distinguish between normal and abnormal grief. What are the dangers in uncritically labeling certain types of grief as abnormal?

11. What are the major functions of funerals? How does the type of loss affect funerals?

12. Identify at least three differences in funeral/burial rituals across three cultures.

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