

DEATH, DYING, AND BEREAVEMENT AROUND THE WORLD

THEORIES, VARIED VIEWS AND CUSTOMS



FRANK E. EYETSEMITAN, PH.D.

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AROUND THE WORLD**

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Theories, Varied Views and Customs

By

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PREFACE

This book reviews death, dying and bereavement from around the world—from both developed (technologically advanced) and developing (not-so-technologically advanced) societies; also, from societies that are more culturally Individualistic versus societies that are more Collectivistic. Developed societies (mostly Western societies) have been dominant in defining death, dying and bereavement processes. How pan-cultural are these? In this book, varied customs and practices in death, dying and bereavement from around the world are reviewed and contributions made to existing theories/models.

Due to Westernization influences people in non-Western societies tend to display “accommodation” behavior; they embrace aspects of Western culture yet maintain their traditional cultural practices. For example, in accommodation behavior, there is a dual belief in Western medicine and in traditional beliefs about death causation. A dual belief in Western autopsy report and in “evil eye” as a cause for death may produce an interesting grief recovery process.

A compelling reason for writing this book is to evaluate existing theories/concepts/models with the practices of death, dying and bereavement from different societies around the world. Also, being a single author’s work maintaining a consistent theme throughout the book becomes easier. In the book an overview of countries in different continents is provided. This helps to refresh the reader’s mind of the country’s geographical location and also brings attention to the prevailing causes of death, and life expectancy of nations in different parts of the world. The difference in different belief systems and how they influence death, dying and bereavement practices in different parts of the world are also highlighted, including Hinduism, Christianity, Islam, Ancestor Worship, Afro-Brazilian religions, the belief systems of Native Indians, and of the Maoris of New Zealand and others. These belief systems are able to make contributions to existing models of death, dying and bereavement which is brought forth in this book.

This book is suitable as either a stand-alone or a supplementary text for a course on death, dying and bereavement. At the end of each chapter review questions to aid the reader’s comprehension and self-reflection are

provided. Furthermore, with the section on Additional Readings, the reader is able to find additional information to further an interest developed from reading the chapter material. A glossary of terms is also included to aid with not just with explaining certain terms, but also adding to the reader's vocabulary on issues pertaining to death, dying and bereavement in different parts of the world. Given its overview of existing theories/models as well as a focus on issues of cross-cultural relevance on death, dying and bereavement, the book will also be of much interest for self-help, to bereavement counselors, and to healthcare practitioners.

In Chapter 1, an overview of the world as having developed and developing nations is provided, based on the UN criteria of per capita gross domestic products (GDP), share of manufacturing in total GDP, adult literacy rate, augmented quality of life index, economic diversification index, and population size. This classification has implications for prevalent factors responsible for death and dying in different countries.

Also, cultural differences between developed (mostly Western) and developing (mostly non-Western) countries have implications on matters concerning death, dying and bereavement. For example, Western cultures are more individualistic, whereas non-Western cultures are more collectivistic. However, Western value systems are also influential in non-Western societies, e.g., Western medicine and Western education. Therefore, among non-Westerners "accommodation behavior" is common—that is, maintaining both Western and non-Western beliefs (e.g., accepting Western medical autopsy report on death causation and traditional beliefs about "evil eye" as responsible for death) at the same time.

In Chapter 2, different theories and models on bereavement are discussed. Some are descriptive (what to expect as normal or abnormal behaviors), whereas others are prescriptive (what actions to take unto recovery). They include grief work, complicated grief or prolonged grief disorder, and coping with a loss, among others. Stress accompanying a loss is also discussed, because it could result in mental health issues, including depression. The perception of stress as either a threat or a challenge with implications for coping and growth are presented.

Chapter 3 presents an overview of countries in Africa, their life expectancy and prevailing causes of death. Most Africans are believers in Christianity, Islam and/or Ancestor Worship (Traditional African religion). They are also dual believers, e.g., Christianity or Islam and Ancestor Worship. The implications of the complexity of belief systems on death, dying and bereavement practices as well as Westernization influences are discussed.

Chapter 4 presents an overview of countries of the Middle East region, including life expectancy and prevailing causes of death. Islam, being the

dominant religion in the region, and its teachings has an impact on how issues surrounding death, dying and bereavement are addressed, as well as how Westernization influences are embraced.

Chapter 5 reviews the religions, the predominant causes of death and the life expectancy of countries of North America (including the Central American region). Christianity is the dominant religion in the US, Canada and Mexico—countries that make up 85% of the population of the region. There are also minority ethnic group members and practitioners of indigenous religions that reflect on death, dying and bereavement practices differently. The minority ethnic group members are mostly collectivistic in culture, but they exhibit accommodation behavior, also.

Chapter 6 presents an overview of the nations of South America, their predominant death causing factors and life expectancy. Christianity is the dominant religion, but practices of other religions by minority ethnic group members who also exhibit accommodation behavior in death and dying practices, are common. Among minority ethnic group members based on the belief in the ability of the deceased to do good or harm to the living, attention is given the deceased in ensuring he or she is provided a “proper” burial, in accordance with laid down tradition. Focus on the deceased’s needs during and after burial is important to the grief recovery process.

The focus in Chapter 7 is on the nations of Asia, the largest continent, including their life expectancy and prevailing causes of death. Asia is also the most populous continent in the world and has several countries with life expectancy above 80 years, including Japan with the highest at 85.30 years. Asia has numerous religions, but Islam, Hinduism, Buddhism Sikhism and Christianity are the dominant ones. The vast majority of practitioners of Hinduism and Buddhism are in Asia. Discussions are presented on how these religions are influential in death, dying and bereavement practices.

Chapter 8 presents the nations of Europe, including their life expectancy and prevailing causes of death. There is a decline in “religiosity” in Europe, including in Italy the seat of the Roman Catholic church with a following of 2.1 billion people worldwide. The chapter discusses how religious decline could rekindle old practices in death, dying and bereavement.

Chapter 9 focuses on the region of Oceania, including the predominant causes of death and life expectancy of the nations in the area. Australia is the largest country with a predominant Caucasian and Christian population. Indigenous Australians (or Aborigines) make up about 3.3% of Australia’s population and have different belief systems that see everything as interconnected—birth, death, the lands and elements of nature. They believe in an afterlife, where the deceased person joins the ancestors in spirit form and provides guidance to the living. New Zealand’s population, mostly of European descent (70%) and Christian, is also racially diverse. It has indige-

nous people (the largest being the Maoris) who have similar beliefs to the indigenous people of Australia. The indigenous people exhibit accommodation behavior by professing Christianity but also holding on to traditional practices.

Chapter 10 considers factors likely to make possible contributions to existing models/theories from reviewing death, dying and bereavement practices around the world. Such factors include the influence of religion; the impact of individualism versus collectivism, traditional/cultural practices; and accommodation behavior, among others.

Chapter 11 considers the types of help available to a dying person, including physician-assisted suicide, euthanasia, death tourism, living will, palliative care, traditional medicine and death doulas. It also discusses factors likely to influence how dying persons choose to spend their remainder time on earth. Such factors include if a dying person has accepted that death is imminent, if the dying person's health status enables travel or not, how the dying person wishes to be remembered, mending relationships, taking care of unfinished businesses and keeping their house in order.

Chapter 12 identifies common themes and differences from reviewing death, dying and bereavement around the world. They include factors that would influence the decision on death such as available medical resources, beliefs systems, cultural orientation and personal preferences. While the predominant factors of death causation might vary across nations of the world, the important impact of cross-border infectious diseases like COVID-19 is also highlighted. Also, an interesting trend to note in the future is more people are opting for cremation over earth burial and the advocacy of environmentally friendly people for green burial and cremation. However, religion still plays an important role in choosing between conventional or unconventional funeral and burial practices in different parts of the world.

F. E.

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**DEATH, DYING, AND BEREAVEMENT
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Chapter 1

THEMES AND ISSUES IN DEATH, DYING AND BEREAVEMENT AROUND THE WORLD

Chapter Outline

Learning Objectives
Developed and developing worlds: organizing framework
Collectivism versus Individualism
Collectivism versus individualism: cognitive styles
Influence of individualism (Westernization) on death, dying and
bereavement
Cultural values
The “triarchical” dimensions of non-Western societies
The individual and the triarchical environmental dimensions
Group self-esteem and triarchical environmental dimensions
Definition of death across cultures
The social meaning of death
Euthanasia/Good death
Death location
The concept of dying
Living will
Beliefs about death causation
Summary
Key terms
Review questions
Additional readings

Learning Objectives

- LO1: Examine the definition of death globally
- LO2: Understand cultural factors that differentiate Western developed societies from non- Western developing societies
- LO3: Explain Accommodation behavior
- LO4: Describe the environmental dimensions of non-Western developing societies
- LO5: Explain collectivism and individualism in death and dying practices

**DEVELOPED AND DEVELOPING WORLDS:
ORGANIZING FRAMEWORK**

This chapter highlights the differences between the developed and the developing worlds— as context for analyzing the global relevance of theories, models and concepts of death, dying and bereavement. According to the UN (2019: https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/WESP2019_BOOK-ANNEX-en.pdf), the developing world is comprised of countries in the regions of Asia (excluding Japan), North America (excluding Canada and the United States), South America, Africa, and Oceania (excluding Australia and New Zealand). In terms of “development” however, countries in the developing world are not at the same level just as nations of the developed world, also. Thus, there is a continuum of development, to be discussed later.

The United Nations (2019) uses the following as criteria for development:

- Per capita gross domestic products (GDP)
- Share of manufacturing in total GDP
- Adult literacy rate,
- Augmented quality of life index,
- Economic diversification index, and
- Population size.

Differences in the prevalent causes of death across the world are tied to socio-economic development classifications. The World Bank has its own classification, which will be addressed in later chapters,

also. Socio-economic factors aside, other factors help to differentiate non-Western developing societies from Western developed societies. They include cognitive styles and behaviors that have implications for death, dying, and bereavement practices.

Collectivism versus Individualism

Geert Hostede's (1980) concept of collectivism versus individualism provides an organizing framework in differentiating developing (mostly non-Western) societies from developed (mostly Western) societies. These differences are reflected in biomedical advancements, in defining death, in bereavement outcomes, and in other death and dying related issues. The chapter also, discusses the global impact of Westernization influences among non-Westerners resulting in "accommodation behavior." Accommodation behavior is having both Western and non-Western thoughts and actions, which can influence death, dying and bereavement practices. Accommodation behavior may not be captured in current theories and models on death, dying and bereavement which were developed among Western populations.

Death is universal and happens everywhere but between the developed and developing societies it happens more in the latter where, due to poor health care and a lack of advanced biomedical technology, life expectancy is shorter resulting in a higher frequency of death across the lifespan. However, Western developed societies have been in the fore-front in developing theories and concepts on death, dying and bereavement.

In 20th century North America a "death culture" is based on long life expectancy, on perceived control over the forces of nature and on individualism (e.g., Morgan, 1995). This assertion is likely true of other Western developed societies. However, what shapes "death culture" in non-Western developing societies may be different. Given that attitudes, beliefs and behaviors influence death practices, the death culture in non-Western developing societies may be influenced by a shorter life expectancy, a lack of perceived control over death and collectivism. However, with Westernization influences around the world the death culture in non-Western societies may be impacted, as well.

Collectivism vs Individualism: Cognitive Styles

Geert Hofstede's (1980) work on collectivism and individualism helps in differentiating the cognitive styles of non-Westerners from Westerners. Non-Westerners tend to be more collectivistic emphasizing interdependence, relatedness, and social obligation in values. Westerners, however, are more individualistic with a tendency toward independence, self-containment, and autonomy (Billing et al., 2014; Caffaro, Ferraris, & Schmidt, 2014; Finkelstein, 2012). Furthermore, they value equality, freedom, and an exciting lifestyle whereas collectivists appreciate social order, honoring of parents and elders, and self-discipline (Schwartz & Bilsky, 1990). Researcher Harry Triandis (1995) anchors the collectivism-individualism construct on the following four universal dimensions:

Definition of self: Collectivists view self in relation to others, with interdependency in resource sharing whereas Individualists view self as autonomous from groups, with no obligation to share resources and make decisions individually.

Structure of goals: in collectivist cultures individual goals are subsumed within in-group goals. The in-group is made up of a person or persons you feel similar to such as sharing a common fate or some other attributes e.g., caste, kin, race, tribe, religion, village, nation. Membership of an ingroup is ascribed but not earned unlike the individualist's in-group which is generally achieved e.g., similar beliefs, attitudes, values, actions, programs, occupation. In individualist cultures the individual's goals and ambitions supersede those of the in-group, most times.

Emphasis on norms versus personal beliefs: In collectivist cultures emphasis is on norms, duties, and obligations in determining social behavior whereas in individualist cultures what determines social behavior are attitudes, personal needs, perceived rights, and contracts.

Emphasis on relatedness versus rationality: Collectivist cultures emphasize relatedness whereas individualist cultures emphasize rationality. In relatedness priority is given to relationships even if not to the individual's advantage whereas with rationality emphasis is placed on the transactional cost/ benefit of relationships.