

The Cultural Context of Dying: Hawai`ian Death Conceptions and The Gender Divide

Panagiotis Pentaris

Department of Psychology, Social Work and Counselling, University of Greenwich, London, United Kingdom
p.pentaris@gre.ac.uk

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Abstract – People ascribe a different meaning to dying and, therefore, approach their own death or grief for the other in various ways. Such approaches are the product of the intersection of people’s identities and experience; these go part and parcel with the way individuals view the world. Consequently, to be cared for when dying or grieving requires concrete knowledge and understanding of own identities from the professionals’ perspectives. In this premise, by means of a survey ($n=55$) and interviewing ($n=10$), the present paper reports on empirical data from Hawai`i about death conceptions and the gender divide. The study concludes that men and women share many conceptions about death but differ based on what constitutes normative grief and how it is expressed. This information adds to the knowledge held by helping professions like social work, counselling and psychology, with the aim to advance evidence that informs practice with the dying and/or bereaved from this background.

Keywords – culture, dying, gender, grief, Hawai`i.

INTRODUCTION

Care at the end of life is highly contextualised. Whether this is in Western or Eastern Europe, or North America, or the Pacific Regions, the context in which it is practiced is of utmost importance when considering achieving excellence in end of life care. Scholarly work is available, in abundance, on social norms regarding attitudes towards death. Individuals’ death attitudes are examined in contrast with the highly-medicalised procedures in end of life care and understood in secular terms [1]. This is a common reality in westernised societies, also highlighted in Walter’s [2] work.

This article takes a different stance. Despite a considerable amount of literature about universal care and focused or person-centred approaches, there is still dearth of data to inform us about the interrelation of indigenous ethnicities, cultures, and gender when it comes to end of life care. Contemporary end of life care has been consumed by the concepts of modernisation and technocratic cultures and has been structured around the principle that non-western practices are odd and foreign to Western normality [3]. This mirrors the *anthropological paradox*: we acknowledge that one’s culture can be learned, but gaining objective understanding of the subjective nature of one’s culture is a very difficult task [4]. It is equally evident that the technocratic and medicalised ways in which death and

grief are often approached, are also distorted with further generalisations across genders.

This article reports on empirical data from Hawai`i and unpacks death attitudes as those have been explained by indigenous people of the Hawai`ian islands. Simultaneously, it considers the intersections of culture and gender [5-6] and explores how gender still plays an important role in shaping death attitudes [7] across the culture in question. Wong, Reker and Gesser [8] have concluded that there are gender differences in death attitudes and those often mirror the gender divide in social life. With this knowledge, this study adds to the conversation about indigenous beliefs and attitudes, which in turn may inform practitioners in the field to better understand Polynesian cultures, but to further appreciate the heterogeneity of service users who are cared for at the end of their lives. To better ground the starting point of this study, the work of Napier et al. [9] is important. In their project *Culture and Health*, commissioned by the World Health Organisation (WHO), the authors examined in-depth and systematically the negligence of culture in healthcare worldwide. Their report specifically discusses cultural competency and cultural diversity, while it stresses that both remain ‘vaguely defined’ and ‘poorly understood’ [9, (p.14)]. Therefore, studies like this one are still important, to further add to the definitional and conceptual understandings of culture and gender.

Before embarking into reporting on data and discussing findings, the following section briefly presents current knowledge about death and dying in the Hawai'ian Islands. Such knowledge provides additional framework when analysing the data later in the paper.

DEATH, DYING AND BEREAVEMENT IN HAWAI'I

Death, dying and bereavement are multifaceted experiences [10] that transcend from the individual to the group and community levels, further to the national and international levels. What shapes these experiences, however, is multi-dimensional; what distinguishes one death from the other and dying in one context over another. According to Seale [11], death and grief are subjectified based on a series of separate identities and characteristics that individuals carry while all are informed by the social construction of society. These features include religion and belief, past experiences, ethnicity, culture, gender and so on. In other words, 'culture fundamentally shapes how individuals make meaning out of illness, suffering, and dying' [12, (p.2993)].

Further, an indigenous identity is also critical to how people make meaning of death and dying and how they process grief [13]. The Hawai'ian culture is deeply rooted in polytheism and commonly the Goddess Pêlê. Native Hawai'ians 'believe in legends and superstitions to make meaning of events' [13, (p.41)], signs [14-15] and ongoing communication between the dead and the living. Green and Beckwith [15] explored customs and rituals in death and dying in the Hawai'ian culture. Customary practices and beliefs that have been highlighted include the traditional belief that the *mana* (divine power) of a person resides within their *iwi* (bones) [15]. When someone dies, his or her body is considered an empty vessel that is looking for another *mana* to capture. Hence, no one touches the dead body until it is washed and dressed [13, 16]; a process that signifies purity and inability to capture another person's *mana*.

Ushiroda [13] has also explored the use of arts at times of grief. She refers to hula and storytelling; two forms of art that Native Hawai'ians have used since the early days [14] and through which people express their grief and collectively experience their feelings of emotions. Ushiroda's [13] work is also drawing on gender roles in death rituals and art. She suggests that there are no significant gender differences regarding the level of engagement with rituals, nevertheless, women seem to be committed to hula more than their counterparts. Ushiroda's explorations are pertinent to

contemporary beliefs and practices, as both forms of grief expression are germane to the findings of this study.

Ho`okipa (hospitality)

A noteworthy characteristic of the Hawai'ian culture regarding loss, grief and separation is the practice of *ho`okipa*. The traditional values of warmth, hospitality and generosity remain throughout the history of Hawai'i [17] and the importance of *o`hana* (family) remains central to social life. Ushiroda [13, (p.43)] describes the practice of *ho`okipa*, as follows:

The concept of *o`hana* is carried out to this day in Hawai'i, not only with Hawai'ians but among other ethnic groups as well. Family members work as a group by responding to mutual needs: sharing food, shelter, resources, and emotional and spiritual needs... The traditional Hawai'ians went beyond standard practices of hospitality by extending themselves to strangers, making every effort to make them feel welcomed and giving them the best possible experience they could offer.

Such traditions and beliefs may serve as resources to better inform professional views, social policy and the overall design of end of life care in Hawai'i. An example that illustrates this is the Act 186, Session Laws of Hawai'i 2009, which established the Hawai'ian physician orders for life-sustaining treatment (POLST). This law updates physicians of their role and professional boundaries, as well as introduces the areas that require safeguarding measures. Being aware of the diverse beliefs, traditions, and practices in the community, and developing an understanding of that knowledge are paramount when designing approaches in end of life care that best meet everyone's needs.

OBJECTIVES OF THE STUDY

The purpose of this study is to examine death attitudes in Hawai'i and explore the gender divide. The study aims at enhancing current literature on the subject and potentially inform further professionals who practice in this field in the diversified communities of Hawai'i.

MATERIALS AND METHODS

For the purposes of this study, the author has used a mixed method approach that includes qualitative thematic analysis of ten semi-structured in-depth interviews (6 women and 4 men) and a survey on death attitudes and beliefs among 55 Hawai'ians (27 women and 28 men). Individuals who self-identified as men or

women were included in this study. Similarly, only Native Hawaiians were included in the study.

The survey assisted in gathering information about general attitudes toward death and dying, while the in-depth interviews added to the process of developing an understanding of the data that was collected via the survey [18]. The data collection took place between 2013-2014. Regarding the survey, 73 questionnaires were returned, but 18 were incomplete, hence discarded from the general analysis. The snowballing technique [19] was used to recruit participants. Ethical approval was granted by Goldsmiths, University of London and further informal ethical support was provided by the Hawai'i Pacific University in Honolulu, HI.

The theoretical approach of this research on death attitudes, beliefs and practices is based on social constructionism [20] as such an approach informs us how the world is perceived, in what terms and for what purpose. Further, the analysis draws on intersectionality [5]. Collins [5, (p.444)] suggests that intersectionality 'provides a distinctive analysis of social inequality, power, and politics.' Equally, this study considers the intersection of gender and culture, in relation to death attitudes.

It is worth noting that both similarities and differences between men and women have been observed in this study. In addition, while the study was inclusive of other genders, i.e. transgendered individuals, only people who identified as men or women showed interest at the time, hence the text only refers to the two genders, respectively.

RESULTS AND DISCUSSION

It is based on the premise of the nuances that death attitudes are shaped by gender, which in turn is informed by the cultural context in which it has developed as a social attribute. Further, the interplay is reciprocal, and gender influences culture, equally as death attitudes influence gender and culture.

Findings in this section provide a practical understanding of people's attitudes toward death and illness, own death, the death of others, expressions of grief and normative attitudes toward grief and artistic grief expressions based on gender.

Death perceptions

The idea of how death is perceived, but also in relation to the lived experiences of the dying was discussed extensively during the interviews. Research participants explored their death perceptions and the power of the dying to control it.

Both men and women in this study suggested that people can slow down their death depending on their will to live or not; a concept abstractly reached by Kastenbaum [21]. Similarly, both genders believe that when a person is dying from an illness, e.g., cancer, they sense that their death is imminent. Also, both genders find that, after death, people revisit earth in different forms; during interviews, participants shared that they have often experienced the presence of their loved ones in other than human forms.

"They have unfinished business sometimes. My auntie kept appearing to my family. Sometimes as a person, some other times it was just the wind, or other times it would be some other godly sign. She was trying to rest and needed something". (Woman)

"My wife used to visit me often. It was not like an apparition or anything, but there were signs that showed she was here". (Man)

Three main dissimilarities between the two genders emerged in this category, i.e., death perceptions. First, all participants who identified as men (n=28) stated that they consider death to be a very painful experience. This is largely disproportionate from their counterparts' responses. Most women participants (n=23/27) suggested the opposite.

"I think dying will be very painful, no? I think that scares me some, but what can you do". (Man)

"Even if it is an accident, you might not understand anything. And with all the medicine now you can be free of pain, no need to suffer". (Woman)

This finding is significant when exploring the gender divide in death perceptions. Ferrell and Coyle [22], among other criteria, and while examining people's fears pertinent to death, have found that perceiving death as a painful experience is one of the key factors that triggers fear. Drawing on their conclusion, men who believe death to always be a painful event, may naturally display higher levels of fear of death.

Similarly, men suggested that death is an experience that can potentially eliminate one's accomplishments in life. This is a view that was not shared with women, who assumed an indifferent position about the subject.

"Definitely, death is like your stopping point, right. But not just that. After you die then eventually you will be forgotten and then things you have done in life do not matter anymore, to anyone". (Man)

"I mean, death is death. You just don't do anything afterwards, and that is it. But people will remember you, and later on there will be pictures and the family history. And all the things you did while alive, those as well will remain forever". (Woman)

While women do not agree that the death of a loved one always leads to increased sorrow of the family, findings show that all male participants are of the view that a death will always increase sorrow and feelings of despair amongst the living. Van Gennip et al. [23], in their study about family caregivers, concluded that family members would often assume feelings that the deceased experienced circumstances in which they were not in control of their situation and felt less dignified in their deathbed. Such results might be relevant here, in the assumption that dying might introduce the patient to a less dignified lifestyle with less control over their lives, which increases feelings of despair in the family system or web of close friends; to have to adapt to the ever-changing and often deteriorating condition of their loved one.

Own death

When exploring their own death and the potentiality of becoming aware of their imminent death, participants replied in various ways, but with apparent differences between genders.

Table 1. Perceptions About Own Death, by Gender

	Women	Men
If you were dying, would you want to be told?	Yes (n=27) No (n=0)	Yes (n=28) No (n=0)
(If yes) by whom?	Physician or Family member (100%)	Physician or Family member (100%)
How would you prefer to die?	Natural death (100%)	Natural death (100%)
Where would you prefer to die?	Home (100%)	Home (100%)
Would you call a priest or a minister?	Yes (n=1) Indifferent (n=26)	Yes (n=26) Indifferent (n=2)
Which way of body disposal would you choose?	Cremation (100%)	Cremation (100%)

Both, women and men, would prefer to be told if they were dying. Additionally, they would prefer to be told either by their physician or a family member. The proportion of participants that prefer the former than the latter is equal between the two genders. Generally, both genders hold similar attitudes toward their preferences of their death; they would like to die a natural death, at home, and to have been told about it in advance. Also, both genders would prefer cremation as a method for

body disposal. Last, men expressed that they would wish to call in a priest or minister, at the time of their death, whereas women were indifferent about this (Table 1).

According to the findings of this study, men are more likely to never think of their death, whereas women present a more open attitude towards the idea. This further complements the earlier finding that men consider death to be a rather painful experience. Participants were also asked to explore the key reasons why they wish not to die. Both men and women agreed that dying would mean to not have any future experiences and acts as one of the main reasons not to want to die. Majority of men suggested that an additional reason is that they would not want their death to cause grief to friends and family. This is linked to the previous finding about men's perception that death will naturally cause sadness and sorrow to the family system. On the contrary, women expressed views about plans and ambitions. In other words, women saw as one of the main reasons not to want to die being the definite outcome of the exclusive termination of plans and projects; a more goal-orientated approach.

Death of others

Female participants suggested that a dying person should always be told about their imminent death. However, men remained sceptical and stated that it depends on the circumstances and the wishes of the dying person's family members as well. While both genders prefer to be told about their imminent death, only women hold the same attitude when referring to someone else's death. This shows how the two genders might prioritise when someone in the family is dying; women appear to be weighting things largely on the improved experience of the dying person, whereas men seem to be more concerned about the family system and the impact that it might have on the other members. Also, men suggest dependency as a leading factor when considering telling someone that they are dying; this is because the person might be in a critical condition that would deteriorate if their psychosocial and emotional stamina were not strong enough.

When exploring whether participants have told someone that they were dying, 100% of the women said no, as well as more than 60% of the male participants (n=17). Nonetheless, 11 men suggested that they had assumed that role in the past. It is surprising that men appear to take the role of the communicator in breaking bad news, while women are the ones who are unanimously agreeing that the person should be told. There appears to be some uneven ground in relation to

the roles that genders assume in this instance, based on their perception about one's knowledge about their forthcoming death.

Further, out of the 60% of men, who have not told someone that they are dying, six participants shared that they had tried but they had failed. This intensifies the above assumption that there is a distinct separation between men and women regarding how they engage with the death of the others, whether in an abstract (women) or practical way (men).

On to a different set of findings, table 2 shows the views of the participants about which deaths are more, or less tragic. The table shows the similarities and differences between the two genders. There is only one worth noting difference apparent in the table; while men consider the death of any child, up until the ages of late adolescence and early young adulthood most tragic, women thought of the death of younger children more destructive and grievous than others. This may indicate a relation to gendered parenthood roles or gendered differing roles through the cycle of life, yet unexplored in the Hawai'ian culture.

Table 2. Perceptions About which Deaths are more, or less Tragic, by Gender

	Women	Men
Most tragic death	Young children (2-12 years old)	Infants, Young children (2-12 years old), Adolescents (13-21 years old)
	Homicide, accident	Homicide, accident
	Men and women	Men and women
Least tragic death	Elderly (65 years old and over)	Elderly (65 years old and over)
	Natural death	Natural death

Expressions of Grief

Within the Hawai'ian culture, grief and mourning are a public affair as much as they are a private one. Various scholars [13, 24-26] have previously explored the collective experiences of bereavement and mourning amongst Native Hawai'ians and within the Polynesian regions. Similarly, in this study, there has been evidence to suggest that both genders hold similar views about showing emotions and feelings of grief in public and privately. This is better explained through the interviews, when participants discussed grief as a culture, discussed later in this section.

Nevertheless, women in this study appear to be more open to express their emotions to their family, whereas

men, by and large, stated that they would express emotions to family partially, while they would be very open to their friends. Drawing on sociology and gender roles within families [27], this finding reflects traditional gender role expectations, in the following terms. Men are socially expected to be more independent and emotionally stable than their counterpart gender [28]. They appear more willing to do so with friends, as with the latter they may not assume roles and responsibilities like those they have within the family. In other words, within their family, men may be expected to assume a leadership role or the role of the person who is resilient toward the impact of loss. Therefore, they may feel more comfortable to show vulnerability to friends, outside of the family system.

Grief as a culture

When asked to describe the impact of death on people's lives and how the role of the griever is undertaken in the larger Hawai'ian community, participants spoke of the unwritten rule of exclusive solidarity [29]. Participants explained that when someone dies, the grievers automatically belong to an additional social group; that of people who share the experience of grief, or otherwise, a community of grief.

"For example, when my auntie died I started going to those monthly gatherings with other people who had someone die. Now they accept me in the group and hear me out. Before, I was not considered one of them". (Woman)

"People here feel very strongly about belonging, and grief is one way that they belong somewhere, you know? Once you have lost someone then you also become part of a wider culture that shares the experience of losing someone in your life". (Man)

Further, participants described the significance of sharing this experience with fellow residents in their community. The cultural group that binds people with the experience of having lost someone offers more benefits. It is a group that enhances the sense of belonging that people strive for, especially when undergoing a crisis in their lives. People in Hawai'i appear to experience death collectively, as a community of grief. On the other hand, there is an element of exclusivity in that; i.e., only grievers may be part of the community of grief.

"When my partner died I sort of lost sight of where I belong. Other people with this experience really reminded me what it means to be understood. Other family members have tried supporting me, and it is great, but if you have not lost someone you would not know". (Woman)

Normative grief

All participants were asked to identify what characteristics would indicate that a person is abnormally grieving. Table 3 shows the differing characteristics of conceptions about abnormal grieving for men and women.

Table 3. Native Hawai'ian's Conceptions about Abnormal Grieving, by Gender

Conceptions	Women	Men
Withdrawing/ being apathetic		X
Preoccupied with death	X	X
Exaggerated expression of grief (e.g. constant crying)		X
Non-reactive to grief	X	X
Grieving for a long time		X

The gender differences regarding what constitutes the norm in the grieving process is vastly wide as explained below. Men appear to experience any form of intense or exaggerating grief as a sign for abnormality. Similar to the female participants' responses, someone who is overly preoccupied with death, after the loss of a loved one, is considered to be grieving abnormally. Of course, this raises the question, how do participants recognise 'abnormal grief', and this is explored in the interviews, which complements this finding.

"When someone dies, from your friends or family, obviously you will be upset and maybe cry a little and will be more emotional when talking about them, in the beginning. Maybe you also go to temple. That would be what normal would look like for someone who is grieving. But, you know, loud screams and cries and crying all day, that is not normal. The person has a problem, but not like a clinical problem, just finding it hard to adapt, you know, and it might take them more time". (Woman).

An interesting aspect from this theme and the characteristics shown in the figures is that both genders agree that lack of reaction to the loss of a loved one is an indication that the person is abnormally grieving. To further explore this theme, participants discussed it in their interviews.

"Dunno, people have to do something. If your family member dies you need to scream or dance, or cry or speak to friends about it. If you do nothing, and just keep going then maybe you are not dealing well with it" (Man)

Women in this study completely disagreed with their counterparts, that exaggerated expressions of grief, grieving for a long time and being apathetic or withdrawing are signs of abnormality in the grieving

experience of an individual. This shows more flexibility in women's understanding about the fluidity of emotions when one is grieving and the challenges when adapting to the new reality while maintaining bonds [30].

Further in the exploration of normative grief and socially constructed expectations, participants were asked to comment on the appropriate length of time required, after losing one's spouse, to mourn and return to previous activities.

Table 4. Moving on from The Loss of a Spouse, by Gender

	Women	Men
Wear black	Depends/ Unnecessary	Depends/ Unnecessary
Return to work	1-2 months	1-2 weeks
Date again	Depends	1-2 years
Remarry	Depends	1-2 years

What is apparent from table 4 is that women are less strict about timelines regarding reengaging in a romantic relationship. They felt that grief is an experience in itself and when the griever is ready to connect emotionally with a different individual they should do so, regardless of how long it has been. On the contrary, men expressed a more stringent perspective, explaining that after one or two years it is socially appropriate to engage with another person romantically.

Last, a significant difference between men and women lie with the expectation of how long each gender might grieve, as opposed to the other. All women agreed that no particular gender needs more time than the other. Majority of men agreed to that, however, there was a small group of men (n=6) who suggested that women need more time to grieve and process their loss. The following quote explains the rationale behind this perspective.

"Women are more emotional though. They are more attached and if they do not take their time to grieve then maybe they will not do well in the future. They might just be upset all the time". (Man)

CONSTRUCTED DEATH

Death and loss are strict informers of the limitations of life, but also reminders that life shall be praised always. Seale [11] argues that death is also a constructed concept that gives rise to the apparent division between nature and culture. By nature, the experience of death is universal; i.e., the mere cessation of all bodily functions. However, culture (inclusive of ethnicity, religion and belief, language, gender, sex, sexual orientation, past

experiences, coping mechanisms and so on) assembles a unique and individualised experience; subjective death. Seale [11, (p.34)] further argues:

The material end of the body is only roughly congruent with the end of the social self. In extreme old age, or in diseases where mind and personality disintegrate, social death may precede biological death. Ghosts, memories and ancestor worships are examples of the opposite: a social presence outlasting the body.

The findings presented in this paper aim to compose a wider picture regarding Native Hawai'ians' attitudes toward death, dying and bereavement, highlighting the gender divide. This is an approach pertinent with the work of social constructionists in psychology, anthropology and other fields in social sciences. According to Burr [20], the knowledge and understanding that we develop about our experiences, which already exist within a structured and humanly constructed social environment, are the products of our attempt to build those experiences socially, i.e., based on our several attributes, traits and characteristics, as well as resources available in our society. Drawing from this argument, the experiences of dying and grieving in the Hawai'ian context are better understood when explored through the lens of traditional and unique traits of the indigenous people of the State, a subject for further exploration.

CONCLUSION AND RECOMMENDATION

The care of the dying and the bereaved requires advanced skills, knowledge and information [31]. Therefore, the need for advanced understanding of the interplay of separate individual characteristics that shape one's worldview about such experiences is necessary. As shown in this study, men and women display strong dissimilarities at times, but share many beliefs as well. Particularly, men appear to experience more advanced fear of their death and the death of others. Their belief about dying is that it is a process that results to the annihilation of one's existence and therefore they rarely think of their death. On the contrary, women appear, indirectly from this study, more open to think and talk about their death. Similarly, they state to be more comfortable when addressing such instances with loved ones, and are open to express their emotions to family and friends, equally.

An important conclusion from this study is the following. The two genders have separate worldviews

about what constitutes normative grief; the social expectations about grief and the griever. Men consider any sign of exaggerating display of emotions to be proof of abnormal grief. On the contrary, women showed a more open and accommodating view that wants everyone to experience the event of death in their own terms.

Gender is a very important part of someone's identity. It is not merely the identification with one group or another. It spans to show the individual the social aspects that it comes with; what social expectations and responsibilities abide by the identified gender. That is relevant in this conversation because it reminds us that death attitudes might be highly informed by personal traits, characteristics and personal identities, while the latter are already shaped by the social context in which they found space to develop. In other words, the information in this chapter provides advanced knowledge about Hawai'i, while the generalisability of these findings might be limited due to different societal norms and values that may have shaped gender roles in an opposite way.

This study adds to the current body of literature aiming at informing practice among helping professions, such as social work, psychology and counselling. This new knowledge contributes to such disciplinary areas by means of shedding further light on both Hawai'ian- and gender-specific particularities when working with individuals from such background. On a similar note, this study highlights the need for professionals to further engage with these particularities, in an attempt to enhance culturally sensitive practices.

To conclude, the development of our knowledge and understanding about separate indigenous practices and beliefs will enhance the quality of death policies and end of life care, and subsequently, will enhance the experiences of service users.

Limitations

This study presents some limitations and the text has alluded to these earlier. First, this study had a small sample as far as gender is concerned, which limits the external validity of the new knowledge. Further, the use of a survey does not always depict an understanding of the information received. Perhaps by means of qualitative methodologies alone, this study could provide more and in-depth understanding of the differences between women and men but also regarding culture.

Moving forward, examining the possibility to carry out a cross-nation study about this topic, on the Hawai'ian Islands, may lead to more robust and

trustworthy data which can more specifically inform practice and policy.

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