Culture and Death: A Multicultural Perspective

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Abstract

   The factor of culture plays a critical role on how people perceive and deal with death, dying and bereavement. Each culture is unique and holds different and authentic beliefs and customs. This literature review will provide information from different cultural backgrounds among the population of Hawai`i regarding death, dying and bereavement (beliefs, customs, rituals, expectations, processes, etc.). The information aims to provide social workers and other helping professionals with appropriate knowledge and skills applicable to the culture they are working with. Thus practitioners can increase their cultural competence. Keywords: death, bereavement, NHPIs, social worker, Asian, Asian American, Hawai`i.

PART 1: DEATH, DYING, AND BEREAVEMENT ISSUES IN HAWAII

Death, dying, and bereavement are universal and unique processes that everyone will experience eventually, both from a dying person's perspective and through grieving for the loss of a loved one. In both cases the person experiences a great loss in his/her life, and the experience is processed differently every time. Grieving is also inevitable for both cases. We either speak of a person who is dying and he/she is grieving for his/her loss, the loss of his/her individuality, or of a bereaved system. A dying father, for example, is grieving that he will not see his daughter graduate. She, on the other hand, is grieving for the loss of her father. Nobody can conceptualize and experience death, dying and bereavement in exactly the same manner. Even if the same person is experiencing another loss, different mechanisms and coping skills will arise.

However the uniqueness of these significant life experiences, there are factors that can "guide" the way one is acting. A major determinant factor for social workers and other professionals such as psychologists, who practice with bereaved and/or dying systems, is culture. What are the cultural beliefs and values of the dying patient? How far should one go to convince the family to bury the body or donate its living organs to science, as opposed to cremating it, which is what Asians and Buddhists have been doing in their family and in their culture for the past century?

Different cultures perceive death, dying, and bereavement in different ways, while different religions in the same culture influence those perceptions as well. Filipinos for instance, traditionally, spend three days and nights at the cemetery where the body of the deceased is buried, out of respect for the person, a belief which is different from other cultures. In other words, death attitudes are different depending on the cultural background. Furthermore, culture itself has a great impact on the way people grieve.

> Awareness is essential for social work practitioners, and that could be identified by many different components, such as cultural awareness.

Kubler-Ross, in her book *On Death and Dying* (1969), refers to five stages one meets through the grieving process. But she also states that grief is experienced differently, every time that it occurs. Depending on many factors, the individual will not go through all the stages, or might start going through them in different order.

Hawai`i is a multicultural state, consisting of varied ethnicities, perhaps more than any other state. The cultures which compose the Hawaiian population blend with each other, and values, beliefs and customs blend as well. However, traditional death attitudes and customs are kept.

Awareness is essential for social work practitioners, and that could be identified by many different components, such as cultural awareness. Especially in a multicultural society such as Hawai`i, social workers and other professionals in the fields of death, dying and bereavement, such as in hospitals and hospices, will become more effective if they gain knowledge on how their clients-- who might differ vividly--perceive their situation/issue. For example, Native Hawaiians do believe in communication with the deceased. Thus, if a rainbow shows in the sky, they believe the dead person speaks to them and it has a positive effect on them. A culturally aware professional will accept this attitude and will avoid conflicts, as in referrals to a clinical setting. Being aware of those different perspectives, customs, values, beliefs, and principles the practitioner will likely be more effective to the client. He/she will be able to build a rapport based on trust and probably choose an approach, strategy or intervention which will best fit the client's needs, depending on the cultural background.

Hawai`i is a special gathering place with its own unique culture. It is a place where several diverse cultures emerged and intersected over history (Kirch & Rallu, 2007). For one to fully understand the cultural dimensions of death, dying and bereavement in the State of Hawai`i, it is critical to first acknowledge and understand those cultures that today

constitute the "modern culture" of Hawai`i (Green & Beckwith, 2009).

This article's purpose is to examine and provide information from different cultural backgrounds among the population of Hawai`i regarding death, dying and bereavement (beliefs, customs, rituals, expectations, processes, etc.). The information aims to provide helping professionals with appropriate knowledge and skills for the culture(s) they are working with.

This paper provides a full description of the population of Hawai`i. An overview of the population's characteristics in the past and today is depicted, as well as its strengths, and the social and cross-cultural problems that the population faces nowadays. Additionally, reference to death rates and death causes is noted. Social work practice on Hawaiian populations is examined from three different perspectives: micro, mezzo, and macro. Moreover, social work research and legal and ethical issues are also addressed. The conclusions drawn by this paper and overall from the literature review are depicted, and lastly recommendations are made, and future trends for implementations are discussed.

COMPOSITION AND DEMOGRAPHICS
OF THE POPULATION OF HAWAII

The composition of the Hawaiian population varies in many different ways. The different characteristics of the *kama`aina* (native-born, ethnic or nonethnic Hawaiian) and the *malihini* (newcomer) lead to unique death attitudes, behaviors, beliefs about dying, and bereavement processes and stages.

The population of Hawaii comprises a variety of descents and origins. Hawaii is considered the only state in the U.S. where whites compose just the one third of the population. In other states, such as California, white people usually compose the two thirds of the population (e.g. California: 76.75%) (U.S. Census, 2010; 2009; 2000).

In 1778, the population of the Native Hawaiians living in the islands of Hawai`i was rising up to approximately, 400,000-600,000 inhabitants. Those were the people that were referred as to *kanaka maoli* (Native Hawaiians). During the 19th century though, their number dropped 80%-90%. The major reason for this significant change was the diseases (measles, whooping cough, Hansen's disease, smallpox, etc.) which were introduced to the *kanaka maoli* by their contact with foreigners (Hope & Hope, 2003). In 1878, the general population of Hawai`i increased approximately 40%-50%, out of which 75% were Native Hawaiians (Kirch & Rallu, 2007; Kawaharada, 2003).

However, the number of "pure Hawaiians," as are called the Hawaiians with 100% blood quantum, has declined significantly to about 8,000 people today. The number of the people who are part Hawaiians or consider themselves to be Hawaiian, and live in Hawai`i is 225,000-250,000 nowadays, the majority of whom live on the island of O`ahu (Kirch & Rallu, 2007). This part of the general Hawaiian population grows annually by 6,000 people, more than any other race living in the state.

According to the new data from the 2010 US Census, the number of people living in Hawaii has increased during the past decade. According to the US Census Bureau, in 2000 there were 1,211,537 people living in the state. According to the 2010 Census, 1,360,301 people living in the State of Hawai`i (U.S. Census, 2010; 2000).

As indicated in the Table, the majority of the population of Hawaii is Asian alone (38.6%). Significant is also the fact that the number of White people (24.7%) is almost the same as the number of those who identify with two or more races (23.6%), (U.S. Census, 2010).

Disparities with the General Population of the US

The 2010 Census Bureau reported that the general population of the United States has increased to 308,745,538 residents since 2000. According to the U.S. 2010 Census data, which are the most recent, racially, the biggest part of the U.S. population is white Americans (approximately 80.2%). Based on 2005 estimates, on on the general population of the U.S., the rest are minority groups. More specifically, 12.8% are Black or African Americans, 1% are American Indians or Alaska Natives, 4.3% are Asians, 0.2% are Native Hawaiians and Other Pacific Islanders, 1.5% have two or more races, and 14.4% are of Hispanic or Latino descent (U.S. Census, 2010).

A simple comparison between the data of the general population of the U.S. and the data regarding the State of Hawai`i can lead one to see the major differences from ethnic, racial, and cultural perspectives (Table).

As for the general population of the U.S., white Americans compose the biggest part, as opposed to the State of Hawai`i, where white Americans are the second largest ethnic group. Also, Asians alone compose only 4.3% of the general population in the U.S., whereas in Hawai`i that number grows to the majority of the population (38.6%). Lastly, in the State of Hawai`i 23.6% people identify with two or more races, while for the general population of the

country this number is significantly lower (1.5%).

The U.S. as whole might be a racially and ethnically diverse country, but Hawai`i is by data more diverse than the nation itself, and every other state in it. There is a unique character of Hawai`i which needs to be identified by the practitioners working for its population.

Table: 2010 Population of the U.S. and the state of Hawai`i Based on Race and Ethnicity: Comparison

Population	United States	Hawai`i
Total population	**308,745,538 (100%)**	**1,360,301 (100%)**
Ethnicity		
White	80.2%	24.7%
Black or African American alone	12.8%	1.6%
American Indian and Alaska Native alone	1%	0.3%
Asian alone	4.3%	38.6%
Native Hawaiian and other Pacific Islanders alone	0.2%	10.0%
Two or more races	1.5%	23.6%
Hispanic or Latino	14.4%	8.9%
Some other race alone	-	1.2%

Source: U.S. Census Bureau data, 2000, 2005, 2010

Hawai`i is marked by a great variety of differences, such as the variety of languages spoken and the Asian/Pacific origin of those languages, which leads to a more complex environment in which social workers and other practitioners are called to adapt according to specific, commonly multicultural, needs of their clientele. Working with issues such as death and grief, and being competent to adjust to many different cultures, customs, beliefs, and procedures, as well as psychosocial and mind processes of the experience itself, cultural awareness becomes critical.

DEATH RATES AND CAUSES

To justify the importance of this theoretical approach, death rates and causes need to be examined. As noted by Callahan (1999) adjusting one's approach to the cause of death may increase a social worker's effectiveness. Causes of death vary a lot in Hawai`i, and mainly include natural deaths, accidents, illnesses and diseases, homicides and suicides. Regardless of the cause, the happenstance of death will extend to bereavement as well. The significance of these experiences cannot be diminished for any culture, but they can definitely be viewed differently.

Natural deaths: Statistics

According to data from Kaiser Permanente (KP) and the Department of Health and Human Services (DHHS) (2008), the State of Hawai`i groups certain causes of death such as cardiovascular, influenza, and pneumonia as natural causes, and therefore limits its ability to associate exact death ratios with specific causes (Lim, 2009). Regardless of the barriers to identify natural causes, the Vital Statistics Division of the DHHS indicated in 2007 that the life expectancy

for Hawaii residents was 81.7 years (CDC, 2010; Xu, Kochanek, Murphy, & Tejada-Vera, 2010).

The Hawaii Department of Health (DOH) has reported in 2009 on the 15 leading causes of death, 12 of which are diseases. According to Xu et al. (2010) the death ratios per 100,000 population in 2006 were as follows:

Alzheimer's disease	14.1
Cancer	146.2
Diabetes	18.5
Heart disease	140.2
Stroke and Cardiovascular disease	39.6
AIDS/HIV	39.3
Influenza and pneumonia	11.6.

Overall, in the year 2008, approximately 7,350 deaths, including both inpatients and outpatients, were reported in Hawaii's health institutions (Xu et al., 2010).

Suicides and Homicides

In the year 2008, there were 129 deaths by suicide reported, and an additional 42 deaths by homicide. Suicide is a common risk behavior in youth in the U.S. overall, and in Hawai`i as well. A determinant factor that may lead a young person to commit suicide is actions under the influence of drugs or alcohol (Nishimura, Goebert, Ramisetty-Mikler, & Caetano, 2005).

In both suicides and homicides, the bereaved experience a more complex grief, blended with a traumatizing event to their lives. The complexity of the experience increases when culturally grounded beliefs and values, such as spiritual or religious ideas about suicide, come into play (Orbach, 1999; Mermann, 1991).

Accidents

Deaths by accident constitute one more significant event, and an unexpected crisis in the family's life. According to data from DHHS, in the year 2008, there were 383 deaths by accident, and in 2007 there were 10.3 deaths by motor vehicle accidents in Hawai`i, as reported by health institutions (CDC, 2010).

Natural Disasters

Hawai`i is one of the states which is prone to Natural Disasters, and it has a history with tsunamis (Kirch & Rallu, 2007) as well as hurricanes. Natural disasters, as well as suicides, homicides, and accidents, may cause sudden, unexpected losses, promoting a crisis event for the people who are experiencing them (Kubler-Ross, 1979). However, each person, according to cultural, racial, and ethnic background, perceives the phenomena and events differently (Sue & Sue, 2008).

EXISTENTIAL, RELIGIOUS, AND SPIRITUAL ISSUES IN DEATH, DYING, AND BEREAVEMENT

Different religious and spiritual orientations lead to different behavioral patterns and attitudes on death, dying, and bereavement. People in near-death instances or chronic diseases, such as AIDS/HIV, seek understanding and meaning through various religious statuses (Braun, Pietsch, & Blanchette, 2000). "Spirituality refers to a universal and fundamental human quality involving the search for a sense of meaning, purpose, morality, well-being, and profundity in relationships with ourselves, others, and ultimate reality, however understood" (Canda & Furman, 2010: p.59).

Individuals who are dying, and bereaved people, are experiencing a crisis, which leads them to existential questions. People who are grieving for their beloved ones are challenged in their own existence; they face the fact of human mortality. People who are dying may focus on spirituality and religion for salvation and forgiveness. The human need for belief in a superior power is often emphasized during the death experience (Canda & Furman, 2010; Tomer, Eliason, & Wong, 2007).

Regardless of the universal character of spiritual, religious, and existential death beliefs and attitudes, diverse religions perceive the experiences of dying, death, and bereavement in different fashions. The composition of the population of Hawai`i does not only include various cultures, but is also characterized by diverse religious orientations. The latter becomes a unique factor which impacts one's perception of death, dying, and bereavement, for it has an impact factor on his/her culture.

Christianity

Christians believe that death inevitably will happen to all, and that its experience will commence an afterlife. *"Though you have made me see troubles, many and bitter, you will restore my life again; from the depths of the earth you will again bring me up. You will increase my honor and comfort me once again"* (Psalm 71:20-21).

In Christianity, it is believed that people live a short time on this earth, to be "judged" at the time of death by God and assessed on their lifestyle. An eternal life awaits all individuals, who are placed either in heaven or hell, depending on their conduct on earth. Heaven is characterized by constant joy and happiness, but tortures and punishments await everyone who enters hell. Catholics, however, introduce one more state of

afterlife: purgatory (Canda & Furman, 2010). The person in purgatory has escaped hell, and restitution of his/her sins is made in purgatory, which will eventually lead to the person's entry into heaven. The Church emphasizes the importance of a life according to the Bible, in order to assure one's way in Heaven.

The body of the deceased Christian can either be buried or cremated (even though cremation is more welcome within NHPIs, as opposed to the Mainland).

Buddhism

There are various forms of Buddhism, such as Theravadin, Mahayanist, Zen, etc., which are represented by the population who live in Hawai`i. The most common form, however, is Mahayanist Buddhism which is represented by people from China, Japan, Korea, and Vietnam (Canda & Furman, 2010). All forms of Buddhism have four basic beliefs which apply to existential issues regarding death and bereavement. Those beliefs emphasize that "…human existence is characterized by suffering…that arises from inappropriate desire that clings to what we have…This suffering can cease by eliminating inappropriate desires. . . . egotistic desire can be stopped by practicing a disciplined way of life, based on correct perception, conduct, and meditation" (Canda & Furman, 2010: p.145).

Death, for a Buddhist, is not the end of one's life, but the death of his/her body. The spirit remains and "travels" to infinity until the time it will regenerate in a different reincarnated form. In other words, Buddhism believes that life does not end with death, but it carries on to different forms according to the deceased's accumulated *karma* (cause and effect) (Long, 1975).

Buddhist clergy support the acknowledgement of death, and challenge Buddhists to be prepared for their own demise. They recommend the followers to live a calm and happy life, showing love to all living creatures and to nature, because the way that they have lived will come back like a "boomerang" to affect their *karma* for their rebirth (personal communication, January 19, 2011).

Confucianism

In Confucianism, death is something that goes outside the followers' sphere of interest. People in Confucianism believe that to get to know life on earth requires a lot of work, and no time can be allocated for death (Long, 1975). Death however is not annihilation for people in this religion. They believe in Heaven, but in a different fashion than other religions. Heaven is just a high spiritual presence that human beings know of, and have the need to believe in.

Taoism/Daoism

Individuality and spiritual life are the main focus of Taoism, one of the most ancient Chinese religions (as is Confucianism. "Since life and death are each other's companions, why worry about them? All beings are one" (Chuang-Tzu). In Taoism, death and life are two aspects of the same continuum. Death is just a transformation from the state of being to the state of non-being. Human beings need to accept death the same way they accept life, and conceptualize the importance of both.

Agnosticism/Atheism

A minority group of this world is composed of people who do not believe in any deity (atheists) or who feel that they cannot be certain whether God exists (agnostics). Some of these live in Hawai`i.

They do not believe that a deity created humans, but the opposite: that humans created deities. The individuals called agnostics, which means "with lack of knowledge" and comes from the Greek *α-γνωση*, do not believe in an afterlife, but only that death leads to non-existence. The deceased has disappeared and no longer is aware of the bereaved person's existence, and hence grief becomes pointless (Callahan, 1999).

Other Religions and Movements

Many other religions are in this world, and each one of them has developed its own views on death, dying, and bereavement. Of course there are certain similarities among religions and sub-religions, such as Orthodox and Catholics. Islam, Hinduism, Zoroastrianism, and Judaism are other religions which are seen in Asian and African populations mostly. Among the Hawaiian population the number of Muslims is growing, but it is still small (personal communication, February 27, 2011).

CULTURAL EXPRESSIONS REGARDING DEATH, DYING, AND BEREAVEMENT

The "modern Hawaiian" culture is composed of several different ethnic cultures, and thus many different customs, beliefs and values are included in the general dimensions of death and bereavement. However, there are universal aspects of the process of grieving and internationally accepted emotional stages of the dying person.

Elisabeth Kubler-Ross (1979; 1975) was a pioneer in the psychological field of death counseling, and Dame Cicily Saunders (2002) was the founder of the hospice movement. Both significantly contributed to start a movement that views a dying person as a thinking and feeling human being rather than a thing which must be dealt with, thus contributing to the method of hospice care where emotions are cared for as well as physiological needs. At the same time, while working with dying patients, Kubler-Ross analyzed what goes on in their minds.

In her experience-oriented research, Kubler-Ross (1979) found five specific emotional and mental stages that are consistent with almost all patients, all of which occur because they're emotionally beneficial in one way or another. Usually the stages require a good amount of time to experience, as with a person diagnosed with a terminal illness. In sudden, unexpected deaths there simply isn't enough time to be emotionally and mentally affected in too many different ways (Kubler – Ross, 1979).

These five stages don't usually follow any particular order, and each can be experienced more than one time. The stages are: denial and isolation, anger, bargaining, depression, and acceptance. All these phases are the same ones that dying persons, specifically those in terminally illnesses, in the Hawaiian culture go through as well as other cultures. Moreover, these five stages, as well as the modern hospice movement, are effective in grief therapy and counseling for the bereaved till today, in all the hospices or any other settings that those are applied (Kubler – Ross & Kessler, 2005; Dame Saunders, 2002; Callahan, 1999).

Native Hawaiians

No matter how hard Native Hawaiians try to maintain indigenous rituals and beliefs, the generational inheritance would be influenced by and influence other cultures (Kirch & Rallu, 2007). To fully

understand the different worldviews on death and bereavement, one should be aware of the cultures alone, the multicultural environment and the interactions between the two.

Despite the numerous different cultures on the Islands, the population of Hawai`i and especially Native Hawaiians view death and the grief process as something self-sufficient time-wise, to express goodbyes and grace to the deceased. It is a process that has its own pace and no one can hurry that. Historically, Native Hawaiians expressed grief and their sadness due to a loss in several ways. These included wailing (*uwe*), chanting rituals (*oli*), and physical degradation of the mourner or other acts of unusual grief[1], burial practices, and the *ohana* (Ushiroda, 2008). These customs have today been adopted by Guamanians and Samoans living in the state.

Until today, there have been many changes in the way people cope with the loss of a loved one. In the past, Hawaiians used to remain in the house for days after the death of the member of the family, and were "talking story[2]" to remind themselves of memories of that individual. Those days that they remained in the house, no one but a family member could go in. (Ushiroda, 2008).

The *O`hana* (family, including extended family) *process* and *storytelling* have been historically, and still are, two of the major ways people in Hawai`i express their grief. Part of the Hawaiian culture indicates a family oriented dimension of living, which leads to the *O'hana* process. Members of the same family supporting each other and promote well – being of both individuals and family as a system. Storytelling is the main way of bringing up memories of the deceased and "keeping the spirit alive" through narratives, due to the belief that the body is dead but the spirit of the deceased is still there (Green & Beckwith, 2009).

The Hawaiian culture, including NHPIs, highlights the fact that when someone dies, the deceased's spirit remains in the world and escorts the Gods. Traditionally, the body would be buried following certain rituals and customs. Years after it would be unburied and the bones (as emphasized in the Christian custom of relics) as well, were perceived as the remainders of the person who passed away. Due to the importance the Hawaiian culture gives to the bones of the dead person, as will be discussed later, cremation is not acceptable most of the time, and burials are conducted instead (Han, Collins, Clarks & Garland, 1986).

When the body is still in the house where it will be prepared for the funeral ceremony, no one is allowed to touch it, because of the belief that the body is now empty and it can take the living person's *mana* (divine power). The deceased is respected in many ways and the process of its burial, as well as the procedure of the goodbyes to that person who is dead, takes as much times as needed (Ushiroda, 2008).

Native Hawaiians believe that every person is full of *mana*, which at death resides in the *iwi* (bones). The *iwi* have to be buried in the ground, in order to impart their *mana*. In ancient Hawaii, Natives would bury the bodies in a couple of different ways. Some people would bundle the body, by bringing the knees up to the chest, in the ground. Common was as well the removal of the *pala* (flesh and organs) and their deposit at the sea, while the

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[1] Such as tattooing the tongue; painful and permanent.
[2] By this term, Hawaiians mean sharing stories, reminiscing, and exchanging information about feelings and emotions. "Talking story" is an essential part of the Native Hawaiians and Pacific Islanders (NHPIs), which through time has extended to other cultures in the State of Hawai`i.

bones would remain in the care of the family (State Historic Preservation Division [SHPD], 2011). Other times the longer bones of the body, and the *po`o* (skull) would be deposited in a cave or a crevice. Lastly, some Native Hawaiians would bury the bodies around their land in order to maintain physical closeness (SHPD, 2011).

According to the SHPD (2011) of the Department of Land and Natural Resources (DLNR), all these deposits and burial sites have remained to today, along with the Native Hawaiians' belief that the family members have the responsibility to *malama* (care for) *na iwi kupuna* (the bones of the ancestors).

The foreigners' influences in the State were accompanied by the identification of several burial sites on the islands, with a major example the *Honokahua* location on Maui. Numerous buried *iwi* were excavated that time, and Native Hawaiians started rallying against it. In 1988 rallies took place at the State Capitol of O`ahu, and Hawaiians finally accomplished to draw attention and make the excavations stop (SHPD, 2011). Since, Burial Councils[3] decide for relocation or preservation of the *iwi* found.

Religion was and still is the paramount aspect of Hawaiian life, permeating every daily activity, every aspect of secular affairs, and every significant event, such as birth, marriage, death, and agriculture. Also important are the regular calendar celebrations to ensure the peoples' prosperity and well-being. All activities are accompanied by appropriate rites, religious ceremonies, and prayers to

establish and maintain proper relations with the spirits. The ancient Hawaiians believed these spirits, who pervaded the world and shaped events, had the power to inflict injury if directed or if angered by the breaking of their *kapu* (system of rules), but could be approached and persuaded to act in one's behalf (Kamana`opono, 1999; Han et al., 1986).

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Nowadays, Native Hawaiians strongly believe that a death of one person connects that person to the family members who have died in the past. Death for the Native Hawaiians has become a way for the deceased to move to a higher level after earth and thus Native Hawaiians do not mourn death. Han et al. (1986) explain that, "reunion with ancestors was considered comforting for the deceased, as well as the surviving members of the society" (p.21).

The living are believed to communicate with the dead through signs, such as accidentally dropping something in front of the deceased's picture frame, or via visions, which help the family feel more comfortable with the death. The warm days, the sunshine, rainbows and representations of sharks or turtles – especially if these are the family's *aumakua* (totem) - convey a positive message and a connection with the spirit of the deceased (Ushiroda, 2008; Kamana'opono, 1999).

Another concept of death in the Hawaiian culture has been mostly influenced by Polynesian rituals and

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[3]A mixture of representatives from regional Native Hawaiian communities and representatives of large landowner interests. "Part of the island burial council's duties include educating landowners as to the cultural beliefs and views regarding burials encountered on their lands" (SHPD, 2011, p.3).

beliefs. It is known as *uhane* (night marchers). It was believed, not necessarily by everyone, that as soon as one went to sleep, his/her spirit slipped out of the body and took long walks, returning before the person was awake again. The *uhane,* it was believed, is the part of one's self which can verbally communicate with the spirits of the dead,. Such experiences, though, are only remembered as dreams by the individual.

Unless the *uhane* of the person had completed socially acceptable acts and had been welcomed to the family, after the person's death the spirit remained on the islands as a ghost, wondering around to fulfill its purposes. Until today, there are still beliefs in ghost activities, and *kahunas* (traditional Hawaiian priests) are invited to bless the establishment and make the ghosts leave. Many stories of ghosts and spirituality have been shared with Carroll (1996) by either Native Hawaiians, or foreigners who are visiting the islands. The House on Ku`ukama Street, on O`ahu is one of them. The tenant of one of the bedrooms, after he experienced numerous of abnormal events which included a shadowy male figure and a laugh in his ears, found out that the landlord's husband has died in the exact same bedroom (Carroll, 1996).

A major funeral custom nowadays, which comes from an influence from the Japanese culture, is for the people who attend the ceremony to give money along with a funeral card, as opposed to flowers. In that way, people contribute to the expenses of the funeral and the expenses of the lunch or dinner that will take place afterwards, as an indication of appreciation for the loved one who has passed away and appreciation to the people who honor him/her (Green & Beckwith, 2009; Ushiroda, 2008).

Death in the Hawaiian culture can be expressed through art forms, such as dancing. Hula is a unique way of expressing one's feelings and emotions in Hawaii. Hula began as a sacred ritual, and has over time flourished into an art form. Originally, it was a type of worship in religious ceremonies, and was performed to give thanks to Hawaii's ancient Gods and honor its chieftains. Later hula, chants, and songs moved from the temples into the secular world. Accompanied only by voice or percussion instruments, male — and subsequently, female — hula dancers use their bodies to express the wondrous legends of the Hawaiian Islands (Green & Beckwith, 2009). Every hula movement has a specific meaning. Different gestures symbolize flowers, animals, even conflict and war.

OTHER PACIFIC CULTURES

The multi-ethnic environment of the Pacific needs to be explored as far as beliefs and values on death and dying go. The Pacific Islander population consists of many different ethnicities and races from around the Pacific; however, only two of them, Guamanians, and Samoans are discussed below

Guamanians or Chamorro[4]
Chamorro people's beliefs about death and dying resemble those of the Native Hawaiians, either due to coincidence, past interchange, or acculturation of the Guamanians who have migrated to the islands of Hawai`i.

An estimated annual number of deaths among Guamanians is 4.64/1,000 people (U.S. Census, 2010). Death is perceived as a superior state of non-being. It is believed to be part of human nature's development.

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[4] The Chamorro are the Native people of Guam.

Nonetheless, the grieving process becomes tough for Guamanians, in the same fashion as it is for Native Hawaiians (Perez, 2005). Family is the strongest supportive system when death occurs in the family. Grief, as it is experienced and expressed by Guamanians, could be characterized as prolonged or abnormal from a clinical perspective. Chamorro people prefer to honor the deceased over the long run, and thus their grief never ends. There are memorials on an annual basis, which include many mementos at a cemetery ceremony. Grief is encouraged among family members, as well as expected, especially when it regards youth grieving for the loss of an elder. Many families talk story about the deceased and his/her visits to them through scent, touch, or appearance (Perez, 2005; Pobutsky, 2001).

Samoans.

The Samoan families in Hawai`i are extended (*aiga potopoto*), as in Samoa, each of which is entitled to a chief. Some Samoan populations in Hawai`i also own their land, which is essential to death experiences and burials. A chief in the family is the *tulafale* (orator, "talking chief"), who is the most respected member. The chiefs in the families are the ones holding and carrying on the family's history and traditions, while at the same time, those are the ones who will pass over the news of a death and a burial to the rest of the kinship (Ofahenguaue, Halaevaly, & Meripa, 2008; Tauiliili, Delvan, & Browne, 2001).

Additionally, chiefs are the ones who will make the significant decisions when someone is sick and/or is dying. For example, a Samoan mother would not sign the paperwork for her son's surgery, no matter the severity of the situation. On the contrary, the chief of the family arrived to do so (personal communication, April 5, 2011).

The Samoan culture has a unique way of viewing death and dying. Both are respected life events which are believed to offer to the family knowledge, spiritual power, or motivation for life. A dying person, as with the Native Hawaiians, is believed to have special powers (mana for Native Hawaiians) right before the spirit leaves the body, and the spirit remains in the world for its protection. Even after the spirit's withdrawal from the body, the latter still retains special powers. Thus organ donation suggestions might offend a Samoan family, and also autopsies are avoided (Ofahengaue et al., 2008).

Serenades are common among Samoans to the dying person. These have a dual meaning, first to show respect to the dying person, and secondly to comfort the relatives who are grieving for the upcoming loss. When the person passes away, it is common in the Samoan culture that the body is buried on the family's property, as a constant reminder in the lives of the survivors (Tauiliili et al., 2001).

Taliga toga (the practice of exchanging fine mats) is an essential ritual when someone dies; the survivors create mats with all the memories of the deceased to keep their spirits alive and present as a reminder (Ritz, 2006). It is also a reciprocity practice among the family members after the death of a loved one (Ofahengaue et al., 2008).

Other Pacific Islanders.

The Hawaii population is composed from more cultures from the Pacific, such as Chuukese. There is a common and mutual aspect among the majority of those cultures, which is a family-oriented grieving process.

Overall, Pacific Islanders embrace the family's support when experiencing a death, and always respect the elderly. Bodies, as with Chukeese population in Hawai`i, are preferably buried and no organ donations are welcome. Instead, the body must remain untouched for its powers to remain as well, and also for the family to be able to "interact" with the spirit of the deceased (Kirch & Rallu, 2007).

ASIANS AND ASIAN AMERICANS IN HAWAII

Asians constitute 38.6% of the population in Hawai`i (U.S. Census, 2010). That having been said, death, dying, and bereavement perspectives of the general Hawaiian population have been influenced through time from the Asian beliefs and customs (Ushiroda, 2008). Native Hawaiian customs and values remain, but do not dominate the whole population. A blending and merging process has been taking place through history, of a multi-cultural point of view in the general Hawaiian population.

Asian families are, in general, family-oriented and traditionally hold onto certain beliefs and value systems, such as gender roles. For instance, it is expected for an Asian widow to publicly and privately mourn for her deceased husband longer than any other ethnicity does (Pang & Lam, 2002). Also, children of Asian cultures and Asian American descents do not get exposed to the experience of death prior to the incident. Thus, the children's perception of death is more physiological rather than psycho-emotional (Yang & Chen, 2002).

Chinese.

Mui Hing (2002) in her study on a "good death" for the Chinese population in general, identified seven elements[5] that constitute this concept. As long as the dying person knows that he/she is dying, is capable of maintaining hope, is able to manage pain, has feelings of personal control over his/her life, feels connected to her/his supportive systems, and has accomplished preparations for "departure," then the dying person is more likely to accept his/her own death and hence, experience what Chinese perceive as a good death (Mui Hing, 2002).

Religious affiliations and spirituality help the dying person in the Chinese culture to move on to the acceptance of his/her own death (Canda & Furman, 2010; Mui Hing, 2002). However, in Hawai`i the majority of the Chinese population has no religious affiliations, while those who do are followers of either Taoism or Confucianism. A small number are Buddhists (Swartz, 2010).

In the Chinese culture, funerals are mostly large and elaborate; the status of the deceased plays a critical role in what and how many possessions will be buried with him/her, in order to attain successful entrance to the afterlife (Pang & Lam, 2002). Chinese tend to build their own altars on their properties, to respect the deceased ones. Additionally, there is the "Tomb-Sweeping Day" on April 5th, when visits to the burial places are necessary to honor the ones who passed away. Finally, "Ghost month" occurs from late August until late September, when it is believed that the spirits of the dead come to earth.

Traditional Chinese families in Hawai`i struggle when they have to bury someone who dies during that month.

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[5] These seven elements could be true for other cultures as well (Mui Hing, 2002).

Commonly and traditionally, if someone dies during that month, then the burial will take place the next month (Mermann, 1991).

Japanese.

Hattori, McCubbin, and Ishida (2006), in their study on "good death" in the Japanese community of Hawai`i, found that the concept of the dying process is essential to the death experience, the bereavement process and the dying process itself among Japanese. The concept of a good death is an omen for family satisfaction and a positive bereavement process.

In the Japanese culture, the family members are the ones who will make all the important decisions regarding end-of-life issues, and also the dying person is protected from the hearing of bad news. As long as the latter is accomplished, it is believed that a concept for a good death has been set as well (Bell et al., 2009; Hattori et al., 2006).

As noted earlier regarding Hawaiian customs and beliefs, distribution of money during funerals as an indicator of respect for the deceased is emphasized in Japanese culture. The money is given to the family members in order to cover the expenses of the ceremony and/or burial.

Bon-Odori (Bon Dance) is a Japanese tradition, which comes from Buddhism in China. *Bon* means welcoming the souls of ancestors and holding memorials for them (Yokomizo, 2001; Van Zile, 1983). Every year, during August or September in Hawai`i, Bon festivals takes place, under the Young Okinawas of Hawai`i[6] (YOH) leadership. The festivals last for a week, and are the place and time when all the relatives of the family will gather to honor their ancestors. People dance to traditional Japanese music, which has to be "happy music," for the ancestors' souls to come out. Japanese believe that the souls of the people who have passed away only come out during the night and to "happy moods" and music (Yokomizo, 2001).

Filipino.

Regardless of their devoutness during their lifetime, when death occurs Filipinos become religious, specifically following Catholic rituals and customs, and embrace spirituality (Shimabukuro, Daniels, & D`Andrea, 1999). A strong belief is that death is God's decision and act, and if someone has strong faith then death can be thwarted. If the latter does not happen, the bereaved may start feeling guilty for not having had a strong enough faith to have saved the deceased (Braun & Nichols, 1997).

As opposed to men, women in the Filipino culture grieve openly, which depicts their love for the person who has passed away, and at the same time indicates to God how heavy their grief is for the one they have lost. When a death occurs in a family, all friends and family members are expected to attend wakes; otherwise it is considered an offence. The number of people at the wake illustrates the deceased's life quality. Filipinos believe that the body of the dead should remain whole, and thus cremation is seldom a choice. At the deceased's house, a Rosary session is held every night after his/her death, in order to help his/her entrance to heaven (Braun & Nichols, 1997). The length of these sessions through time, vary based on the family's will (personal communication, March 11, 2011).

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[6] Information available at:
http://www.bondance.com/2010/09/young-okinawans-of-hawaii/

Korean.

Death in the Korean culture has several dimensions, such as the end of a painful period, the dispersion of existence for the deceased, the transmission to an afterlife world, and finally the returning to "the original place, where all life began" (Kyung Rim, Myung Ok, & Jeong Sun, 2005). Common beliefs among Koreans are ancestral spirits and afterlife. The latter is mostly influenced by Buddhism. Adult children are usually a great influence on their parents and/or elder members of the family regarding end-of-life decisions. The main decisions are made by them as long as they are the caregivers for their parents and elderly (Eunjeong & Berkman, 2010). Lastly, the social status of the deceased is essential regarding on the period of time that the bereavement and mourning will last; the higher the status of the deceased, the longer the mourning period (Kyung Rim et al., 2005).

RELIGION AND THE POPULATION OF HAWAII

After the death of a loved one, individuals and families try to find strengths that will help them adapt to the new circumstances, avoid prolonged grief, and eventually re-enter society in terms of common activities. Adaptation to a death is a critically significant event to all individuals, and coping skills and mechanisms, such as ways of grieving, have to be found either within the bereaved individuals/systems, within personal and societal informal systems, or within formal ones (Orbach, 1999; Callahan, 1999).

The system of Ohana in the Hawaiian culture is a major component when it comes to strengths after a loss. The members of the family are supportive of each other in several ways, such as psychologically, socially or financially. Additionally, Native Hawaiians and many others have a strong belief in God. Spirituality, as well as religion, is a determinant factor in their lives (Canda & Furman, 2010; Kamana`opono, 1999). That being said, Church/Temple becomes an asset for the individuals and families to overcome a loss of a loved one. Buddhists for example, cremate the bodies of the dead, while the first seven days after death are the most important regarding funeral practices and mourning; prayers are said during a 49-hour funeral period, that the deceased's spirit can receive help to reincarnate.

The Catholic funeral service, on the other hand, is called the Mass of the Resurrection. During the mass, the life of Jesus Christ is compared to the deceased's, and a final graveside service accompanies the end of the funeral, as a farewell to the deceased. Eulogies are less common during the mass; however, they are welcome prior to that; during a wake for instance (Canda & Furman, 2010). Additionally, mourning is supported by the Church and the community as a whole. As in the Orthodox Church[7], special prayers for the deceased are held during the funeral, that God will forgive his/her sins. Also, the Orthodox Church holds a special vigil over the deceased, called the parastasis of panikhida, during the Mass; the funeral service includes much Bible reading and chants as well.

Spirituality and religion are both great strengths. The people of Hawaii have strong bonds with the deities, regardless of their religious orientation, and their belief gets stronger when death approaches. Hence, supportive systems are developed with religion and church.

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[7] Although it is small, there is an Orthodox presence in Hawaii.

A MULTI-ETHNIC
STRENGTHS PERSPECTIVE

An essential strength of Asian and Pacific Islanders, which include the Native Hawaiians, is their respect for their own diversity, whether it is cultural diversity, or ethnic, or spiritual, or religious (Green & Beckwith, 2009). They value their diversities as strengths. Group orientation and the feeling of Ohana are present, individual orientations may sometimes also help overcome the grief over a lost loved one (Sue & Sue, 2008; Kubler-Ross & Kessler, 2005; Callahan, 1999).

A great difference between Native Hawaiians/Pacific Islanders, and Asians living in Hawai`i, is the hierarchical relationships. In all the Asian cultures, hierarchy within the family system and the household is a critical key for success. In contrast, many of the Pacific Islanders have chiefs, who make many important decisions (e.g., end-of-life decisions). However, these hierarchical relationships Asians have in their families help keep the bonds well formed and structured among the members, with clear identifications of each one's responsibilities. Furthermore, in a death experience, where preparations for death have to be made, in such cultures it seems easier due to responsibility allocation within the family system (Sue & Sue, 2008).

POTENTIAL PROBLEMS AFFECTING
THE GRIEF PROCESS

Acculturation

Different cultures in the state of Hawai`i still hold tight to their cultural beliefs. Native Hawaiians, Samoans, and Guamanians believe in legends and superstitions to make meaning of the significant events in their lives. However,

there have been a few influences over history on certain cultural dimensions, such as funeral practices (Canda & Furman, 2010; Green & Beckwith, 2009; Braun et al., 2000; Callahan, 1999).

The loss of one's cultural identity due to acculturation and enculturation is the strongest and most challenging issue among the general population. Each culture within the state influences and is influenced by all the others (Sue & Sue, 2008). To that extent, within time certain traditions, customs, values, and beliefs may diminish.

Risks of the Grieving Process

"Grieving is a normal life process—an adjustment reaction to a loss. No specific precautions are warranted" (Kubler – Ross & Kessler, 2005, p.12). However, the grieving process might come across with certain circumstances which will complicate the process itself. These circumstances may involve the loss of a child, or the loss of a loved one due to an accident or homicide, for instance (Teno et al., 2004; Howard & Scott, 1965).

When a complicated case of grief takes place, different and extreme responses to the loss can be observed, depending on the individual's capacity for coping, personal resiliency, and support system. For example, if the individual feels isolated, he/ she may be at greater risk for severe depressive symptoms or a suicide attempt. Alternatively, if the survivors feel rage or anger over the loss, there may be a risk of harm to others (Just, 2008; Skelton, 2003).

Another risk exists concerning the treatment of complicated grief. Such circumstances might be chronic, prolonged grieving or unexpected loss (Kubler – Ross, 1979; 1975). These determinants complicate the grieving process due to the violent and unexpected nature of the loss. Two other factors that

might impact and complicate more the grieving process include the type of relationship the individual had with the deceased, and the resiliency of the individual.

Those circumstances noted above have a universal effectiveness. The general Hawaiian culture keeps the family cohesive, and thus a strong informal support system is created and maintained through time, which allows the bereaved individuals to have several channels of emotional dis charge and to that extent improvement of their well – being at the given situation (Kubler-Ross & Kessler, 2005; Tone et al., 2004).

The Influences of Social Policies

Death can be experienced, not only from an individualized or a family system's perspective, but also from the community's point of view. The process of dying has been influenced by policies, which affect programs and services for the population of Hawai`i. The same happens with the process of bereavement.

HB1453, and HB163 are essential to formally indicate "legal and personal relationships" in the State of Hawai`i. Recognizing those relationships and putting them in a legal framework, is beneficial for relatives when the time for end-of-life decisions comes. HB1165, which relates to "compassionate passing" and is influencing the end-of-life decisions of the person who is experiencing the imminent death, highlights the right of the dying person to fill in an end-of-life form and get a prescription of medication to end his life. Additionally, in the latter bill, the importance of constructing wills, contracts, and other agreements is underscored.

"Death with dignity" is a subject related to HB1383, HB1165, and SB803, in the State of Hawai`i. Emphasis is given to the right of the person who is dying, to end his/her own life, by filling in a request form, and having a witness for it. Lastly, HB512 relates to "palliative care," and emphasizes the rights of the bereaved members of a family or friends. Palliative care should be covered in one's health insurance as long as it is prescribed by the physician.

After the *Honokahua* incident, when people rallied to assure that the relocation of their ancestors' *iwi* would come to an end, the Hawai`i State Legislature and the Governor at that time (1988) enacted Act 306. This act amended Chapter 6E of the Hawai`i Revised Statutes, and much more protection for unmarked burial sites was attained. The Act 306 created the Burial Sites Program to oversee the implementation of new laws. Additionally, five island burial councils were developed to indicate proper treatment of the burial sites that had been found till that day, and that would be found in the future. The Act set penalties up to $10,000 per burial for unauthorized action (i.e. excavation).

In 1990, the federal Native American Graves Protection and Repatriation Act (NAGPRA) was passed. This Act required that all the museums and other institutions should allow Native Hawaiians (and other natives) to repatriate skeletal remains, burial goods, and items of cultural patrimony to the lands they originated from.

Hospital Policies and Procedures.

The settings where policies influence death, dying, and bereavement issues and procedures are mainly hospitals and hospices. From the social work standpoint, a major difference between the two is that within a hospital setting, social work is a secondary service, whereas in a hospice setting it is usually a primary

service (Zerzan, Stearns, & Hanson, 2000).

Many deaths may occur during hospitalization, and furthermore, bereaved people may fill in hospital rooms, surgery lobbies, or the intensive care unit (ICU). According to CDC (2010), twelve out of the fifteen leading causes of death in the State of Hawai`i, are associated with illnesses. Also, suicides, accidents, and other causes may lead an individual to the hospital, dead or alive (CDC, 2010).

In every organization and institution there are specific policies and procedures that need to be followed under certain circumstances. When someone dies at a hospital while an inpatient, there are certain steps that have to be taken. The first thing that may have to be done is to have the person named by the deceased as the next of kin to formally identify the body. The same person, next of kin, may also allow for a hospital post-mortem examination, if the death cause has to be confirmed.[8]

Unless it is removed directly from the hospital floor, the body is kept in the hospital morgue until it is collected. Collection of the body can be done by family members, friends who have been identified by the deceased, or most commonly by a funeral director who has been contacted by the family. If the latter is the case, unless immediate cremation will be done, after embalming the funeral director will keep the body in a chapel of rest until the funeral takes place.

The possessions of the deceased are secured by the hospital staff members, and are given to the family members, if present, after the death. The doctor also gives the funeral director a medical certificate, which explains the cause of

death, and is used for death registration through the DOH. The funeral home takes care of the death certificate (DC), and ultimately the official DC is generated by the DOH. In cases of organ and body donations to medicine, there are various different policies in every hospital setting. The only common policy of the hospitals is that, as long as the death is imminent, the staff of the hospital needs to be notified in advance for the intentions of the person who is dying.

All the policies explained above, are common in the majority of private and public hospitals in Hawai`i. To that extent, despite the different cultures, the procedures people will have to go through are the same. Sensitivity regarding cultural aspects is generally shown in cases of imminent death; hospital personnel may permit the family members to spend nights at the hospital, in the same room as the patient, or waive other general policies (Pobutsky, 2001).

Last but not least, some hospitals provide support and advice services. Although it is probably helpful to start with the things that need to be done when someone dies, family members and/or friends who are taking care of the procedures may neglect significant feelings of grief during the process, which may lead to ineffective coping mechanisms. The death has occurred already and, instead of conceptualizing the facts, or maybe at the same time as that, they are trying to go through all these proceedings. Of course, not everyone can successfully go through them without support. Advice services are provided in some hospitals, in order to help family members and/or friends to accommodate accordingly after death. However, diverse cultures perceive such services differently. For example, the Chamorro people are intense in their feelings of holding

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[8] In the State of Hawaii, under certain circumstances an autopsy may be required by law.

everything in the family setting, and not being receptive to such services.

> *"You matter because of who you are. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die." (Dame Cicely Saunders, founder of the modern hospice movement)*

Hospice Policies and Procedures

Hospice is a philosophy of care which accepts death as the final stage of life. Family members and/or friends will have to go through similar processes as in a hospital setting, while death occurs. However, hospice care is developed to be sensitive by nature and provide support and quality of life services to both the dying person and the family system (Zerzan et al., 2000).

PART II: SOCIAL WORK PRACTICE AND THE POPULATION OF HAWAI`I

MICRO AND MEZZO LEVELS OF SOCIAL WORK PRACTICE AND THEIR EFFECTIVENESS

The diversity and the differences within the State have led the profession of social work to urge multicultural counseling practices and/or adjustment of Western practices, methods, and approaches with diverse clientele. The NASW Hawaii Chapter "is dedicated to promoting the quality and effectiveness of social work practice in a state rich with diversity" (NASW-HI). The profession of social work is entitled to this dedication, noted by the NASW Hawaii Chapter, and its practitioners are using methods and approaches that from various perspectives promote those standards (Hepworth, Rooney, Rooney, Strom-Gottfried, & Larsen, 2010; Toseland & Rivas, 2009; Garvin, Gutierrez, & Galinsky, 2004; Strean, 1978).

Grief support, social case work, psychosocial therapy, family therapy, group therapy, the ecosystems perspective, and palliative care are a few of the approaches at the micro and mezzo levels which have been effective with the population of Hawai`i (Ponterotto, Suzuki, Manuel Casas, & Alexander, 2010; Chang & Ng, 2002). However, the diversity of the state's population requires a diversity of methods as well, when coping with death issues, and bereavement (Ponterotto et al., 2010; Sue & Sue, 2008).

Social work practice at a micro and/or mezzo level is provided to individuals and family systems who experience unique situations and face personal difficulties, such as death experiences and bereavement, with which they are not able to fully cope (Collins, Jordan, & Coleman, 2010; Breen, 2010; Evan, 2009; Woods & Hollis, 2000). Practitioners of social work in the State of Hawai`i have been and continue to be challenged due to the ever-changing composition of the population. A variety of methodologies has been used through the years with Asian Americans and Asians who live in the State of Hawaii (Chan et al., 2005; Forisha, Wright, & Tucket, 2005; Chang & Ng, 2002). However, the effectiveness of the approaches is changing depending on the evolution of the culture's components. "Ethnic and other group values and traditions are not static, but ever-evolving" (Woods & Hollis, 2000: p.58) based on a variety of factors, such as how long an individual or a family has been in Hawaii.

It becomes impossible for social workers to adequately inform themselves about all the cultures they are working with. The clientele social work practitioners usually work with is diverse itself. Besides, more diversity arises within each culture that composes the population of the State (Ivey, Ivey, & Zalaquett, 2010; Gernstein, Heppner, AEgisdottir, Alvin Leung, & Norsworthy, 2009; Sue & Sue, 2008). There are numerous unique personalities and family dynamics within the cultures, which may influence the way individuals, families, or groups experience death and dying, and grieve for the death of a loved one. Additionally, great differences may be obvious among individuals, even more than the ones among cultures (Woods & Hollis, 2000). For example, an older Native Hawaiian might believe that people who have lost a loved one can connect with each other in a unique way that no one else can, whereas a teenage member of the same family believes that this is a superstition (Kanuha, 2005).

According to Leung, Cecilia, Siu-Man, and Mo-yee (2009) a body-mind-spirit approach that they have studied in clinical social work settings, and which was emphasized to bereaved Chinese women who were following Daoism or Buddhism at that time, was incredibly effective with the research participants. Saleh (1997) has used a case study of a Micronesian client to address barriers while counseling, as well as solutions and effectiveness of counseling interventions.

The main approaches, and their effectiveness, that have been used in the past, and are being used at the present, with the population of Hawai`i are discussed below.

Palliative and hospice care.

Palliative care refers to any care that alleviates symptoms[9] for individuals who have been diagnosed with serious illnesses, and is characterized by a team-oriented approach which refers to collective practice on the behalf of the patient's needs and wishes. This form of quality care, which is used in a variety of Hospice units in the state of Hawai`i, segues into Hospice care. The latter is a type of palliative care which is offered in the (anticipated) last six months of the patient's life, and is mostly focused on caring, and not curing (Saunders & Clark, 2002). As indicated in the *Kokua Mau*[10] organization's original site, hospice care is provided on all the islands of Hawai`i.

Hospice care helps to alleviate the stress that is encountered during the dying process by taking a holistic approach to treatment. It often serves as an educational tool to the person and their family. Hospice also provides awareness of the options that are available to the dying person. Hospice organizations also seek to educate the community and health care workers (including social workers).

The word hospice comes from the root word for hospitality in Latin. In basic terms, hospice means to provide hospitality to the dying person and their family. This means giving palliative or comfort care to the dying and helping their loved ones in many ways.

Cultural diversity among the population one works with may increase the challenges of practice in hospice (Ponterotto et al., 2010; Gernstein et al., 2009; Sue & Sue, 2008). Some cultures

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[9] As opposed to care with primary goals of addressing cause and cure.

[10] *Kokua Mau* is Hawaii's hospice and palliative care organization. Additional information at: http://www.kokuamau.org/

(and health care providers) may be more receptive to palliative and hospice care, and thus the effectiveness of this type of assistance to the population may vary. For example, Samoan populations prefer the family to be the care giver for the dying person and usually do not accept hospice care (Little, 2009), whereas Japanese culture is more receptive to this type of professional assistance (Bell et al., 2009; Laungani, 2004).

According to the study by Bell et al. (2009) more Asian Americans have died as inpatients, as opposed to the numbers of Caucasian Americans. Additionally, both Chinese and Korean dying patients have been depicted as more resistant to hospital and hospice care as opposed to other cultural groups (Kwon, 2006; Chang & Ng, 2002).

According to Little (2009) and her observations with American Samoans, palliative care has illustrated increasingly effectiveness with that population. Last, handbooks of counseling with diverse populations and multicultural counseling have provided valid information when working with NHPIs, as well as Asians and Asian Americans (Ivey et al., 2010; Ponterotto et al., 2010; Gerstein et al., 2009; Sue & Sue, 2008; McGoldrick, Giordano, & Garcia-Preto, 2005; Laungani, 2004).

Ho`oponopono

Ho`oponopono ("to make right") is a process of solving problems and an ancient Hawaiian practice of forgiveness. It was traditionally practiced by *kahuna* (traditional healers) to maintain harmony in the community and within oneself (Forisha et al., 2005; Hurdle, 2002). With the practice of *ho`oponopono,* the individual can rediscover his/her true identity after a crisis such as a death. Similar processes as this one have

historically been used within Pacific cultures such as Samoan, and Tahitian (Forisha et al., 2005).

This special Hawaiian approach has been used in the 21st century for youths, as well as prolonged bereavement instances. As for the latter instance, it is believed with *ho`oponopono* that the bereaved individual, with the help of the environment, and in a group process, in order to overcome the loss of a loved one, has to go back to level *Zero*, in which memories stop being redelivered into the mind. From that level, the person can be functional again, and pass to the acceptance stage of the loss (Forisha et al. 2005; Nishihara, 1978). However simple the process sounds, there are complexities when it is applied with different Pacific cultures (Forisha et al., 2005; Hurdle, 2002).

NHPIs, especially Native Hawaiians, Samoans, and Guamanians, seem to have been more accepting of the approach, as similar beliefs on the wisdom of elderly in the family system are held (Forisha et al., 2005; Hurdle, 2002). That being said, the process is often practiced by an older family member and not a social worker. However, there have been social work practitioners who have shown interest in this approach and have committed to receive training from *kahuna* (Forisha et al., 2005).

Ho`oponopono* has been an effective culturally-based approach regarding the Native Hawaiians, Samoans, Guamanians, and other Micronesians (Forisha et al., 2005; Hurdle, 2002; Nishihara, 1978). The *o`hana feeling has also been described as an effective intervention for family therapy (Kanuha, 2005). In addition, Sue and Sue (2008) have conducted research that indicates specific culturally-based behaviors concerning counseling with NHPIs.

Huna, Hakomi Therapy, and Spirituality

The only way that someone can run a life the exact way he/she wants to, is to connect with his/her spirit. This is the core belief of *Huna* (Hartman, 1985). The teaching and practice of *Huna* is about empowerment and increase of spirituality. It has been believed in ancient Hawai`i, and also to the 21st century, from Native Hawaiians and other groups, that it can free the spirit of the bereaved and attach it to the wholeness of the experience, in order to make sense out of its parts (Kanuha, 2005; Hurdle, 2002; Hartman, 1985).

Kahuna, who have performed *Huna*, believe that, for someone to better understand him/herself (needs, hopes, fears, etc.), he/she has to understand God first (Hartman, 1985). In the *Huna* beliefs, God is a whole entity, which includes all the individuals, whether they are dead or alive, and thus God is one of the main principles of *Hakomi* therapy[11]. *Huna* focuses on two parts of the inner experiences: the *aumakua*[12] (high self, super conscious), and *unihipili* (low self, subconscious) (Hartman, 1985). Those two can otherwise be introduced as the mind and the spirit (Hurdle, 2002).

While grieving to the loss of a beloved one, someone cannot experience wholeness (the connection with his/her spirit, the connection and understanding of God) due to rejection of a part of existence or non-existence (death in this case). Acceptance of the death experience and the grieving process are significant in this way in *Hakomi* therapy. One of the healing aspects of the latter is that negative emotions, such as anger and hate, are always accepted, and not rejected as in traditional western psychology (Hartman, 1985).

In *Hakomi* therapy it is supported that the disease is and has to be one with the cure. The understanding of both will lead to development and health. *Hakomi* therapy does not condone the absence of spiritual beliefs. The main concept of it is to teach, in a non-judgmental way, the "knowing of God" and spirituality (Hartman, 1985).

This approach has, for years, been performed by a family member or practitioner who has gained knowledge and expertise through training with a *kahuna*. It has been effective to bereaved and dying individuals among NHPIs, as Chamorro people and Micronesians (Salef, 1997).

Nowadays, *Hakomi* therapy can be taught to practitioners either as full studies, or as a certificate program. Both options are available through the *Hakomi* Institute[13]. Training in *Hakomi* therapy may last approximately 360 hours over two years. By the end of the training practitioners are identified as *Certified Hakomi Therapists* (CHT) or *Certified Hakomi Practitioners* (CHP).

Individual and group psychotherapy.

Psychotherapies come in different forms, such as counseling, and cognitive behavioral therapy (CBT). Both are the type of therapy commonly used by clinical practitioners in the State of Hawai`i, with

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[11] *Hakomi* therapy is explained later in the section, but referred to currently due to its attachment to *Huna* beliefs.

[12] This word is also used, as mentioned in chapter 1, for the family's totemic representation, their "god".

[13] "Founded in 1981 by Ron Kurtz and a core group of trainers, the *Hakomi* Institute is the original and most extensive organization providing information and training in *Hakomi Experiential Psychotherapy.*" More information are available at: http://www.hakomiinstitute.com/

effective results and outcomes in the sessions (Doyle, 2011; Sue & Sue, 2008; Yalom & Leszcz, 2005; Corey, 1995). However, different techniques, and skills of any type of psychotherapy should be adjusted to the needs and characteristics of each culture that it is used for (Gerstein et al., 2009; Saleh, 1997). For example in the Korean culture, minors are usually not allowed to attend therapy even if it has to do with prolonged grief (Laungani, 2004). On the contrary, pastoral counseling[14] is preferred by this population (Kwon, 2006).

Grief Counseling

Hawai`i has been defined so far as a "gathering place" of diverse cultures and religious orientations. This diversity has indicated different practices, customs, beliefs, and values regarding death experiences, and bereavement (Ponterotto et al., 2010; Sue & Sue, 2008).

Grief counseling and more specifically multicultural counseling for grief have been used by clinical practitioners (not necessarily social workers), as a type of psychotherapy to help clients go through the dying process, and/or help bereaved individuals and families to overcome grief or prolonged grief (Gilbert, 2010; Gernstein et al., 2009; Gamino, Sewell, Hogan, & Mason, 2009; Glazer & Marcum, 2003; Corey, 1995).

Multicultural grief counseling includes three areas of focus which can be effective within the population of Hawaii, due to its composition. The first area refers to the culture of the counselor/social worker, which underscores the necessity for competence

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[14] Pastoral counseling is a type of counseling in which priest, ministers, or other persons receive education on religion, spirituality, and counseling techniques in order to provide clinical services from a spiritual and religious perspective.

and cultural awareness. The same principles are highlighted for the second and third areas of focus, which are the culture of the client, and the multiplicity of variables comprising an individual's identity/personality (Pon-terotto et al., 2010; Jordan & Neimeyer, 2003).

According to Saleh (1997) counseling techniques and skills have been increasingly effective with Micronesian clients. As well, Wada & Park (2009), in order to improve clinical (individual and group) practice with Buddhists who are grieving, explored the integration of Buddhist psychology into grief counseling. By the results of their study it is shown that Asian clients were more receptive to this combined approach, regardless their religious orientation. To that extent, this finding seems the same for any clients from a specific faith perspective, as long as it is done sensitively.

Micronesians in general tend to emphasize their family systems, and few would go individually in therapy. This is probably the major reason why Micronesian clients are few in number, and mostly rely on the deity. Similar values are held by some Samoan families in the State of Hawaii, whereas Native Hawaiians, and Samoans tend to prefer a family counseling process which is led by a "chief" in their family system, who is usually one of the elder and wiser, according to Hawaiian and Samoan beliefs, respectively. For the same reason, *ho`oponopono* and *hakomi* therapy have been successful in the past with these populations and other Pacific Islander groups.

Family Therapy

Native Hawaiians and Other Pacific Islanders, in general are family and group oriented cultures (Ponterotto et al., 2010). Common beliefs and sets of values can be

found regarding the sense, meaning, and understanding of family bonds. Many people, including Hawaiians and/or people who live in Hawai`i, show preference for practices performed by a family member (preferably an elder, who is the wisest in the system), rather than a social work practitioner (Hurdle, 2002; Saleh, 1997). However, in such cases, that social worker might want to take more of a facilitative role, or at least make it clear that he/she recognizes the elder as a resource in the system. These cultures are receptive to family interventions (Ponterotto et al., 2010).

Asians and Asian Americans are also receptive to family and group interventions, but from a different perspective. Asians and Asian Americans promote hierarchical relationships, different from Pacific Islanders (Sue & Sue, 2008). It is essential for the family or group to follow these hierarchies, as long as the well-being of the system results from it as well (Sue & Sue, 2008; Chang & Ng, 2002; Agbayani-Siewert, 1994). For example, when social workers work with Filipinos or Filipino Americans it is important to avoid directive and confrontational styles, as well as to treat both genders equally in a family therapy (Agbayani-Siewert, 1994). Chinese families may be more reluctant than other Asian cultures to accept family therapy when a death occurs (Chang & Ng, 2002).

Potential Challengess for Social Work Practice with the Population of Hawaii.

The purpose of the profession of social work is to help the client enhance or restore his/ her capacity for optimal psychological, emotional, spiritual, social and physical health. Social workers provide primary and secondary services in hospitals and hospices, and participate on palliative care teams. Their professional values and skills are close to a perfect match with hospice and palliative care programs, which are designed to treat the whole person in an interdisciplinary manner to enhance quality of life during challenging times (Sue & Sue, 2008; Kubler – Ross & Kessler, 2005; Callahan, 1999; Kubler – Ross, 1979).

Social workers promote client self-determination and are culturally aware and thus more appropriate for care. They should be qualified in evaluating the strengths of individuals and families, and understand that good medical care requires that the wishes and needs of the individuals being served are respected (Kubler – Ross, 1979). When cure is no longer possible, a host of psychological, physical, and spiritual stressors arise that social workers are specifically trained to assist the individual and family to cope and manage.

Coping with loss and the ensuing grief process is another area in which social workers are well versed. Dealing with the intense emotions associated with grief can be overwhelming without the proper support and information. Social workers in this field are specially trained to help facilitate grief and help people avoid obstacles that can lead to more complicated reactions like depression (Kamana`opono, 1999). It becomes of great importance for the social worker to be aware of the culture he/she is working with, in order to accomplish goals and objectives that are adjusted and well–matched to the beliefs and values of the population (Ponterotto et al., 2010; Sue & Sue, 2008).

Cultural competence is a determinate factor of the social worker's effectiveness and of the effectiveness of the counseling process (Ponterotto et al., 2010; Gerstein et al., 2009; Sue & Sue, 2008), and of any level of social work practice (micro,

mezzo, and macro) in general. Having the knowledge and the awareness of the way Hawaiians perceive death, dying and bereavement might help the practitioner, by integrating that knowledge into practice, to fully understand the grieving person's mentality and to that extent be able to contribute in a more productive and effective manner via counseling, facilitation or support.

Experiencing the loss of a loved one is, if not the most challenging, one of the major crises in life. Individuals and/or families who go through that process, might be completely disorganized in their minds at that moment and thus dysfunctional for any purpose (Kubler – Ross & Kessler, 2005). Including themselves in grief counseling, for instance, has specific purposes, and one of them is to educate the social worker, or in general the counselor, about cultural elements. Those elements are most likely to provide additional information to the practitioner, in order to understand the meaning the bereaved gives to the loss and what the rationale of that meaning is. Native Hawaiians, Samoans, Chamorro, and other Pacific Islanders, for example, pay critical attention to spirituality and religion, and are also somewhat superstitious (Ushiroda, 2008). Having knowledge about these characteristics of the culture can help the practitioner to be more effective in therapy when conducting social work on a micro level.

According to Hepworth et al. (2010) creating awareness about the population one works with is also a method of enhancing the positive outcomes of the direct social work practice one conducts. Within the Asian cultures, for instance, it becomes essential that the social worker is knowledgeable about the hierarchical structure within the family system. When in family therapy, the spouses need to be treated equally on respect of both. Also, especially in the Korean culture, minors are meant to follow their parents' desires and sacrifice for the family's best interest. While exploration may be appropriate, opposition to such a belief would most likely end up ruining the interpersonal relationship with the parents, as well as violating social work ethics.

Macro Level of Social Work Practice and its Effectiveness

Death, dying, and bereavement are experiences that are addressed not only from a direct practice perspective, but also from a community based one (Wolfer & Runnion, 2008). Macro practice mainly refers to and focuses on larger systems and social change. Systems theory is a determinant component of macro practice, while the latter indicates policy analysis, policy advocacy, social planning, community organizing, community development, and other types of interventions on this level (Burghardt, 2010; Netting, Kettner, & McMurtry, 2008).

Social needs and problems that are addressed through death, dying, and bereavement processes in Hawaii, as well as other communities, are subjects of and opportunities for change, for the well-being of the parts of the community and the community as a whole. As referred to earlier, a few of the essential social problems that the bereaved population of Hawaii is dealing with are acculturation and enculturation, risks of prolonged grief, and, to an extent, loss of cultural identity (Gernstein et al., 2009; Sue & Sue, 2008). Social problems such as these may affect and be influenced by death experiences and bereavement.

Enculturation among the population of Hawaii is conceived as the process of majority groups who willingly acquire

customs, beliefs, and values from the indigenous culture, Native Hawaiian, so they can better fit in the Hawaiian community. On the other hand, acculturation mostly refers to minority groups in the state, as Native Hawaiians, Samoans, Guamanians, African Americans, etc. With acculturation, individuals are imposed with cultural beliefs and values from the dominant group of residents. Often enough, people tend to lose their cultural identity due to this process (Sue & Sue, 2008). Needs that arise from such problems and/or risks may be addressed from three different perspectives: *state*, *national*, and *international*.

State, National, and International Levels of Macro Practice

A great deal of rallying and advocacy has taken place, since the 1800s in Hawai`i by residents from diverse ethnicities and backgrounds. Among the most important causes for Native Hawaiians are legislation that has addressed respect for the bones of the deceased, the death process, and a communal respectful behavior toward the death of the indigenous people, as well as toward bereaved individuals, families, and groups within the community.

Local communities offer a handful of programs and services both for people who are dying and for people who are grieving. Quality of life is the dominant focus of the existent programs, which are delivered through governmental, non-governmental, and voluntary organizations and agencies (i.e. child welfare and family services, health services, senior centers, substance abuse programs). Hospitals and nursing homes make a worthwhile effort with end-of-life services, to promote quality services to needed families and individuals. The planning of those services is mainly performed within the social services and social work departments of the health settings. Hospices comprise a tremendous relief and support for dying people and their families and friends. Macro practice is demonstrated within these settings for social planning, implementation, and evaluation of the services and the specific programs that are offered (Burghardt, 2009; Evan, 2009).

Lantern Floating Hawaii is a ceremony held each year on O`ahu on Memorial Day. Lantern Floating brings together, every year, more than 40,000 residents and guests of the islands who cast afloat lanterns in remembrance of loved ones, or as a symbolic prayer for a harmonious future. The ceremony is led by the spiritual head of *Shinnyo-en*[15]. As stated by one of the residents during the 2010 ceremony "Nobody dies, because, if there is a connection of love between the people who are here and the people who passed on, the life continues" (personal communication, May 31, 2010). With this ceremony, the people of Hawai`i reminisce and honor those who have passed, friends and family, as a united community. Even though this ritual comes from Buddhism, this has never been an obstacle for people from different spiritual orientations to join, and this becomes one of the strengths the population of Hawai`i demonstrate.

NASW standards for palliative and end-of-life care (2004) state:

The social worker shall advocate for the needs, decisions, and rights of clients in

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[15] "*Shinnyo-en* was founded by the accomplished Buddhist master *Shinjo* and continues to thrive under the spiritual guidance of his daughter and spiritual heir, Her Holiness Keishu Shinso." See additional information at:
http://www.lanternfloatinghawaii.com/shinnyoen.html

palliative and end of life care. The social <u>worker shall engage in social and political action that seeks to ensure that people have equal access to resources to meet their bio-psychosocial needs in palliative</u> and end of life care. (p. 4)

Policy advocacy and policy practice in general have both been performed at length on the behalf of the population, in order to improve and empower the quality of services and programs that are delivered to those who experience death, and those who grieve for the loss.

NASW (2001), as well as the International Federation of Social Workers (IFSW) (2009) have essentially achieved culturally based philosophies of the social work profession. Each cultural group is unique and holds independent customs, beliefs, and values that have to be respected and sensitively addressed by social work practitioners (Gernstein et al., 2010). Cultural awareness has become of critical importance in the past few decades, especially since the 1990s (Sue & Sue, 2008). According to the International Association of Schools of Social Work (IASSW) (2009) social work education, regardless of concentration, has to be filled with culturally sensitive information.

These standards from national and international associations are landmarks for social work practice in Hawai`i as well. The needs to conserve one's cultural identity and avoid unintended acculturation are the focus of such standards. Doing so, a community consisting of numerous different cultures will then become a multicultural community, and not a community with different cultural minority groups (Ponterotto et al., 2010). In these terms, within a multicultural community, equity and social justice are essential determinants for its existence, development, and maintenance.

The Effectiveness of Policies, Organizations, and Programs

According to Mokuau et al. (2008) NHPIs have been identified by the 2000 Census as a distinct and unique minority group or race, which holds its own history and background. This identification had a major effect on the population of Hawaii. Social work practice with the population of the State has not been highly effective, in terms of cultural expertise, due to lack of information among different cultural and religious groups. To that extent, death and dying attitudes, and coping and bereavement mechanisms and behaviors, are as yet unidentified for each culture.

In their literature review, Mokuau et al. (2008) focused on publications that referred to social work practice and NHPIs. The review was conducted between 1994 and 2004, when only 32 articles were found in 23 different journals. The results have shown that limited information has been published regarding the NHPIs, and that much information published is combined with the population of Asians and Asian Americans, regardless their residence, which hinders evidence-based practice.

The identification of the populations which inhabit Hawaii has been a cornerstone to the development of policy practice and innovative research regarding different cultures, death, dying, and bereavement. As long as social work research has been retrieving information on different cultures, and evidence-based practice can be applied, new programs and services can be culturally-based and more effective to the diverse population they address. According to data from the KP (2009) only 2,735 people are using hospice services in Hawai`i. An assumption to this number may, as mentioned by Forisha et al. (2005), be the limited expertise of the staff regarding the

diversity and multi-ethnicity of the clientele. Other assumptions may include different perceptions of different ethnic families regarding hospice care, or the possibility of sufficient resources within one's own family system.

Social Work Research

The IFSW (2011) states that:
Social work bases its methodology on a systematic body of evidence-based knowledge derived from research and practice evaluation, including local and indigenous knowledge specific to its context. It recognizes the complexity of interactions between human beings and their environment, and the capacity of people both to be affected by and to alter the multiple influences upon them including bio-psychosocial factors. (p.1)

Social Work practice itself would not be effective if the theories, skills, competencies and knowledge were not tuned-in to the constant changes of the world and the cultures that inhabit this world (D'Cruz & Jones, 2004). The profession's main mission, as stated by the NASW, is the well-being of the systems (individuals, families, groups, organizations, communities) that social workers serve. In order to attain the state of well-being, one needs to be aware of the needs of the population he/she serves, depending on the geographic, age, historical, cultural, educational, etc. differences and changes through time.

Social work research is the most effective approach for social workers to become aware in their field, gain evidenced-based knowledge, and follow up with the changes and new needs of their clients. This type of research aims to promote knowledge and increase skills and competence level of the practitioners (Grinnel & Unrau, 2010; D'Cruz & Jones, 2004).

Current Findings

Limited research has been conducted to today, regarding death experience, and death, dying, and bereavement attitudes and behaviors of the population of Hawaii (Gilbert, 2010; Mokuau et al., 2005; Hurdle, 2002). Mokuau et al. (2005) have based their literature review on 32 articles published within a ten year time frame. That number equals to 0.64% of the articles published in the specific journals during that period (Mokuau et al., 205).

A great number of the articles referring to the State of Hawai`i are focused on Asians alone and Asian Americans (Breen, 2010; Bell et al., 2009; Wada & Park, 2009; Chan et al., 2005; Kanuha, 2005; Chang & Ng, 2002; Hurdle, 2002; Agbayani-Siewert, 1994; Hartman, 1985; Nishihara, 1978). According to Bell et al. (2009) and the showings of the Honolulu-Asian Aging Study they have conducted, Asian Americans tend to follow their Asian cultural background to determine their death attitudes and behaviors.

Dearth of Data

The population of Hawai`i has faced acculturation to an extended level, and thus lots of work and research is still required, in order to promote and improve culturally-based and grounded interventions at all levels. The current data from social work research regarding death, dying, and bereavement among this population lacks significant references, whereas the social needs of the population increase and become more complex as the environment and the interactions between the systems and the environment become multifold (Gernstein et al., 2009).

There is a dearth of information when working with dying and grieving Native Hawaiians, Samoans, Chamorro people, and other Pacific Islanders. This gap increases the limited effectiveness of social

work practice on all levels, as well as the expertise of the social work practitioners. This should be an area of high priority for social work practitioners.

LEGAL AND ETHICAL ISSUES ASSOCIATED WITH THE POPULATION OF HAWAI`I

State and federal laws have to be followed by every individual. Sometimes individuals and/or families from various ethnic and cultural backgrounds may hold opposite ideas on what should be done. In situations like that, the family's preferences are illegal in the State of Hawai`i. For example, Samoans believe that the burial of the deceased family member in their own property will keep the family together based on constant communication. According to state laws, this is an illegal action and people from that race have to follow different practices. Of course these are instances that cannot radically be changed by social workers, although certain services and/or programs for Samoans could be planned and developed. For example a cemetery for Samoan family members could be created and memorial programs could be offered by the community.

As discussed earlier in the paper, certain lawsuits are influencing the population of Hawai`i, and specifically Native Hawaiians. House Bills and Acts (e.g. Act 001) which relate to the bones of the ancestors and their maintenance of their own land, as opposed to transferring the remains to different locations, show effectiveness till today and are addressing legal issues that may arise. On the other hand, ethical issues which are not guided by laws but by cultural ramifications and subjectivity are harder to resolve and to that extent make judgments critical.

Respect for different customs, beliefs, and values is an essential issue that relates to the ethical practice of Social Work. It is important for practitioners to be sensitive to those differences and make decisions which are culturally sensitive. As mentioned by Sue and Sue (2008), social workers should first identify the areas of ethical dilemmas with clients from different cultures, and then proceed to interventions.

Significant attention has been given lately to ethical conflicts that arise in multicultural settings (Muller & Desmond, 1992). Especially in hospital settings when someone dies, differing cultural and value-based backgrounds of the individual/family and the practitioners may increase the complexity of the situation and will affect the given procedures. According to Muller and Desmond (1992), a variety of ethical dilemmas and issues arose after the death of a Chinese woman in a hospital. Those dilemmas included the withdrawing of the fact of death from some family members, the role of the family in making medical decisions, and the impact of such dilemmas on the family system. The authors examined all the effects those issues had on the family system, and highlighted the need for more research and expertise in such multicultural contexts.

Social Work practice has made a significant contribution to experiences such as death, dying, and bereavement (Evan, 2009). However, cultural competence of the practitioners is still a subject for development. Lo (2009) underscores how ethical dilemmas can be resolved when the practitioner becomes aware of the different cultural groups of the community he/she is working for/in. It is also highlighted that ethical dilemmas do not necessarily arise just from cultural differences, which may lead to more intense complexity of the ethical issues.

IFSW & NASW Codes of Ethics

Both IFSW and NASW state specific principles and ethical codes, which have to be followed by social work practitioners. Those codes of ethics refer to a sensitive practice and, for the purposes of this paper, culturally-based interventions, which will promote and maintain the well-being of the people who are receiving services.

IFSW (2009) states, at the preface of the statement of principles, that: "Ethical awareness is a fundamental part of the professional practice of social workers. Their ability and commitment to act ethically is an essential aspect of the quality of the service offered to those who use social work services." Cultural sensitivity and awareness are major parts of the principles. According to the IFSW, social workers should treat every client system based on the principles of human rights and dignity, social justice, and professional conduct. In all these three principles, social workers ought to provide services based on the interest of the clientele, their cultural and ethical background, and their current beliefs, and values. "Social workers should recognize and respect the ethnic and cultural diversity of the societies in which they practice, taking account of individual, family, group and community differences." (IFSW, 2009).

"Social Workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice." (NASW, 2001). NASW sets up standards and expected competences for social work practitioners, which will promote and increase social justice within the communities. According to the 2008 revised Code of Ethics, paragraph 1.05 (c) states: "Social Workers should obtain education and seek to understand the nature of social diversity…with respect to race, ethnicity, national origin, color, …, religion, immigration status…"

Both IFSW and NASW Codes of Ethics refer to areas that are sensitive for the population of Hawai`i, and more specifically the bereaved residents. Even though the accepted values and codes of ethics do serve the population, better understanding of the diversity in the specific community, Hawaii, is needed. Knowledge, not only of the different individual cultures but of their existence as a whole and their interactions is still needed and most likely in need of improvement by social work practitioners.

PART III: CONCLUSIONS

IMPLEMENTATIONS IN SOCIAL WORK PRACTICE AND IMPLICATIONS FOR SOCIAL AGENCIES

Social work practice on issues associated with death, dying, and bereavement may be found in numerous settings, as these are universal concepts of life. Hospitals, hospices, nursing homes, geriatric settlement houses, and others are settings which may frequently include grief-related social work practice. In addition, policy practice in agencies and organizations (e.g. Non Governmental Organizations[16] [NGOs]), Child Protective Services (CPS), Adult Protective Services (APS), or community programs may as well include social work with dying people or grieving individuals and systems. Social workers, as other practitioners, will most likely encounter such issues in their work with clients, at any level of practice (micro, mezzo, and/or macro) (Calahan, 1999).

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[16] More commonly known as nonprofits in the United States.

"Graveyard," Christi Sava, stock.xchng

Paragraph 1.05, section (a), in the NASW Code of Ethics refers to the necessity for understanding cultures and the importance of strengths perspectives when working with diverse individuals and/or systems. (NASW, 2001, p.7). Knowledge of information such as is provided through this theoretical approach of correlations and crosstabs about death, dying, bereavement, culture, and religion may be critically useful for social workers. Such data do not only reveal the strengths of each culture one is working with, in addition they provide full understanding of a different worldview which may be determinant in the helping process and helping relationship.

Cultural awareness regarding the concerns, practices, and behaviors of one's clientele may lead to effective implementation of theories and approaches (Hepworth et al., 2010; Dinitto & McNeece, 1997; Hancock, 1997). Awareness of culture has three different components.

First, social workers[17] should be aware of their own culture, including prejudices, typical behaviors, and certain spiritual and religious rituals attached to the culture (Derezotes, 2006). Self-awareness is a critical element of productive and effective

[17] This information and these conclusions may apply to more disciplines. However, for brevity I will be referring to social workers only.

practice, for it will eliminate micro-insults, micro-aggression and in general unintended behaviors and practices from the practitioner's perspective.

Second, practitioners should be aware of the cultures of their clients. Even if awareness has not come through education or personal enactment, having clients teaching the social worker may be productive and in the long run effective. All the cultures examined in this paper are centered on either a collectivistic or an individualistic perspective. Native Hawaiians, Samoans, Chukeese, Marshallese, Fijians, and Guamanians are all cultures of a collectivistic preference. Hence, there is an initial preference for someone who is dying to be taken care of a family member, rather than a nurse, while at the same time, grief is more welcome indoors, among relatives, rather than in therapy. Hierarchical relationships have been critical in many cultures that have been examined in this paper. Filipinos, as well as Chinese young adults, usually make end-of-life decisions for the parents, whereas Koreans follow different patterns when it comes to such decisions. Traditionally, in the latter culture, even if the patient is the father, despite the struggles, he will make the decisions.

Finally, social workers should be prone to understanding the interactions and differences of the diverse cultures, especially between them and the clients (Hull & Kirst-Ashman, 2004). Being aware of the cultures that merge into the helping relationship is not enough. The products of such a cultural relationship, though, may add significantly to the process and to the effectiveness of the practice.

"Figuring out how an individual client thinks and functions is fascinating." (Hull & Kirst-Ashman, 2004, p.19). Social work practice with bereaved individuals does

not only consist of comfort practices, or adjustment tendencies. Change is a radical component of this practice and critical in social work with bereaved systems and/or dying people. "What is left ungrieved remains stored in our body, heart, and soul. It can come out each time we experience loss anew." (Kubler-Ross & Kessler, 2005, p. 73). Prolonged grief situations/issues may increase the need for the practitioner to focus on cultural strengths, which will allow him/her to fully conceptualize the reasons why the grief is prolonged, as it may originate from different causes rather than clinical ones. For example, Filipino families are expected to prolong their grief and extend their emotions for more time than is usual in the Western cultures. If this is not the case, then disrespect is shown to the person who passed away.

Hull and Kirst-Ashman (2004) have stated: "The individual is right in front of you. The other systems with which the individual client is involved are much more abstract. Their interactions and effects may seem vague and distant. Because of the complexity of the outside systems, pinpointing targets of change often seems more difficult" (p.19).

Different cultural perspectives regarding death, dying, and bereavement attitudes and behaviors, as well as traditions and customs, can lead to productive program evaluations and assessments. What are the existing programs and services that are provided to the population of Hawaii? What are the theories and approaches on a macro level that are applied in this State? These elements may be examined through a new, culturally-based scope, and thus provide feedback which will promote needed changes based on the new needs of the population, and additionally improve the outcomes of community-based

practice (Jansson, 2010). According to Hull and Kirst-Ashman (2004) the ability to apply knowledge which concerns different cultures is an essential part of cultural competence. Such applications on the macro level of social work practice may increase the sustainability of human services in the State of Hawaii. Also, as implied by Bell et al. (2009), the same applications may promote new trends and tendencies to the populations in need, as opposed to lack of knowledge and/or trust of the services provided in one's community.

Sue and Sue (2008) have suggested that ignorance is a determinant factor for micro insults and micro aggression in the society. Social services are provided by certain individuals/workers who work at those services. These practitioners will promote the wrong idea to the service seekers, and discourage them on seeking the services again, unless they (practitioners) are aware of the population, its needs, challenges, strengths, and weaknesses. All these may be included in one's culture.

ETHICAL CHALLENGES AND RESOLUTIONS

As discussed earlier in the paper, numerous ethical challenges, which are rooted in cultural characteristics, may arise through social work practice. NHPIs, or at least a majority of these cultures, and specifically Native Hawaiians, Samoans, Chamorro, and Chukeese tend to have a chief member in the family. That member is the person who will make the end-of-life decisions when the time is right, and nobody else. "When my grandfather died, we were still in Guam, and we had to wait 11 hours for the doctor to tell us, because he was waiting for the 'chief' of my extended

family to be told first" (personal communication, April 2, 2011).

Ethical challenges and dilemmas can be experienced in many different ways, depending on the cultural awareness of the social worker. Value conflicts can arise especially when a social worker is providing services to clients whose religious or cultural beliefs support different behaviors than the social worker's. In this case, it is the social worker's responsibility to figure a safe channel of communication and practice which will promote the client's well-being (NASW,2007; Hugman, 2005; Dinitto & McNeece, 1997; Gambrill & Pruger, 1997; Wells & Masch, 1986).

Working at a hospital or a hospice with clients from many different cultural and religious values, and beliefs increases the obligations for awareness on these issues, and also the need to be mindful of any possible ethical dilemmas, and/or conflicts. For example, when a Samoan child needed an operation in a hospital setting, the mother was not willing to sign the paperwork for the procedure to take place, regardless the severity of the situation. Although under Hawaii law she had to give her consent, she insisted on waiting for the chief of the family to come in and do the signatures. Culturally she was not allowed to do what the physician was asking her to do (personal communication, March 29, 2011). In this ethical challenge, it was critical for all the parties to be culturally sensitive. Understanding of the situation, and the client's willingness, as opposed to aggressive and non friendly behaviors and communications, can lead to more successful practice. This example may be explored through the ecosystems perspective. Social workers do not only work with the client/client system. They also do not only work with the system in its environment (Person-in-Environment 'PIE'). Social workers work with the person, the environment, and the interactions between the person and the environment. The social worker in the last case can be seen as a mediator, for example, between the physician and the client. Both need to understand why the other party is making the decisions that are made. Additionally, the client system needs to understand what the best choice is at that moment.

This paper has provided in-depth information and syntheses of religious and cultural information. With this provision, social work practitioners may equip themselves somewhat better for future practices. Ethical challenges and/or ethical dilemmas have no specific resolutions. Some choices, though, are better than others, and some choices may be unethical. However, though being culturally aware and/or applying culturally-based practices, such decisions may become easier to make, and thus more acceptable to both the social worker and the client.

FUTURE TRENDS FOR SOCIAL WORK RESEARCH

Research in effective interventions to meet the needs of different populations is necessary. Furthermore, not all bereaved people, even from the same culture, express themselves in the same ways or share the same experiences in managing grief. Research needs to include bereaved persons from a broader spectrum of the population of Hawaii. Due to the diversity of the population, "bereavement studies should systematically test for cross-cultural and ethnic comparisons" (Lund & Caserta, 1998, p.295). More hetero-geneous samples need to be included in the studies, with sufficient numbers of

Hispanic, Native Americans, African Americans, and other Pacific Islanders, such as Fijians or people from the Mariana Islands. It is important to compare cultural similarities and differences to more fully understand the process of grieving in the community, and in organizational settings. To that extent, sophisticated knowledge and awareness of such similarities and differences can lead to an emphasis on which interventions or social work strategies are more effective for which culture.

Another challenge for future social work research is to improve the understanding of the impact of religious orientation in one's culture, and, furthermore, increase the knowledge of how religious beliefs and practices can be distinguished from cultural ones, or how those practices can be considered as subcultures. Moreover, the profession of social work may be challenged to name specific social work interventions for death and bereavement, not only to specific cultures, but specific to culture/religion crosstabs (i.e. Asian Agnostic vs. Asian Buddhist).

FINAL COMMENTS

As stated by NASW (2004) in the NASW Standards for Social Work Practice in Palliative and End-of-Life Care:

> Social workers have unique, in-depth knowledge of and expertise in working with ethnic, cultural, and economic diversity; family and support networks; multidimensional symptom management; bereavement; trauma and disaster relief; interdisciplinary practice; interventions across the life cycle; and systems interventions that address the fragmentation, gaps, and insufficiency in health care. These are

critical areas for implementing change in palliative and end-of-life care (p.14).

In order to gain knowledge of and expertise in the areas mentioned above, social workers need to follow NASW's continuing education philosophy. NASW views continuing education as "an essential activity for ensuring quality social work services for clients" (NASW, 2003, p.7). Furthermore, NASW encourages and essentially supports cultural competence in social work practice (NASW, 2007; 2001).

Hawaii is a State that is constantly undergoing demographic changes, and thus community changes. Such transitions (e.g. new languages, new customs, increased acculturation processes, and elimination of community participation unless in same-cultural groups) necessitate culturally-based and grounded interventions when working with dying individuals, bereaved family systems, bereaved communities and neighborhoods. The decision to become a social worker is a decision to commit to those changes and challenges, and a commitment to advocate for the well-being of the ever-changing systems; no matter how long the "living" state of the client/client system will last. Social workers should be responsible for quality services and quality interventions which embrace the diversity of the populations with which they are working.

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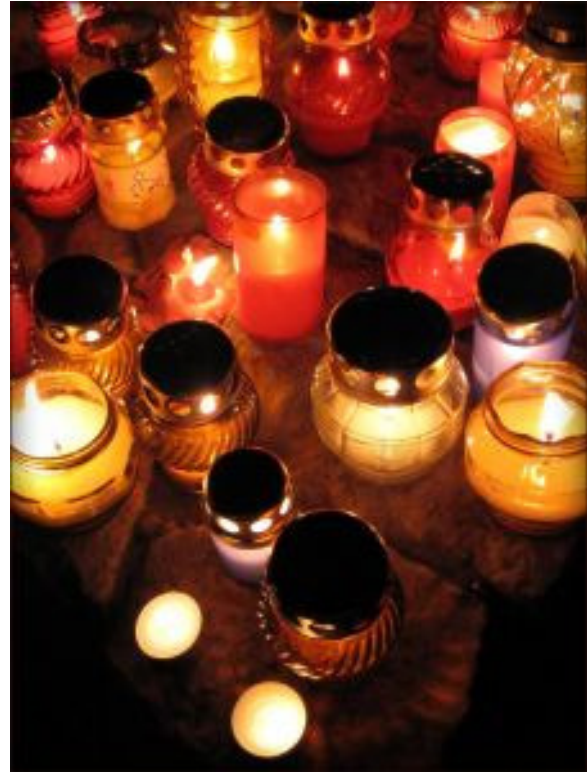
"Funeral lights," rooter, stock.xchng

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