GOOD DEATH AMONG ELDELRY JAPANESE AMERICANS IN HAWAI'I

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ABSTRACT

The purpose of this focused ethnographic study was to describe the patterns of a good death held by elderly Japanese Americans living in Hawaii. Eighteen “healthy active” elderly Japanese Americans were interviewed individually. In addition, supplementary data, such as interviews with experts and field observations were collected for triangulation of the data. Four themes were derived from 1224 keywords, 56 categories, and 13 patterns. These were: being a burden to the family, process of life and death, individual views on death, and Japanese culture in Hawaii. Being a burden to the family was the largest concern in the participants’ idea of dying a good death. Having secure financial resources were key for adequate preparation. The elderly Japanese Americans believed that suffering at the end-of-life should be avoided in order to achieve a good death. Their concept of suffering included: unmanageable pain, being ill for a long time, and being bedridden. Several participants preferred a sudden type of death because they would not have to suffer and not be burdens their family. Contentment in life was also an important aspect of a good death. There was a common belief that the way a person lived was connected with the way he/she died. A number of the participants preferred to die in their own home. Hospitals and retirement homes were other alternatives for the place of death. Individual views on death contributed to establish the concept of good death among elderly Japanese American participants. They shared similar attitudes toward death which were a part of life and inevitable. These attitudes were influenced by religious beliefs and past experiences with death. Different generations of elderly Japanese Americans had different views. The Shin-Issei (first generation who immigrated after World War II) and the Nisei (second generation) held more Japanese views compared to the Sansei (third generation) who were more acculturated. Although the Japanese American parents and children might have different views on life and death, the importance of close family relations and family support was passed on to younger generations.
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INTRODUCTION

The advancement of medical technology has led to an active discussion about how to die well. People can plan how and where to die. Health care professionals as well as the public have started to collect information about end-of-life options for a good death. However, there has been limited research regarding what good death means, especially among Asian populations. The State of Hawaii is one of the most multicultural states in the U.S. The state has been experiencing a fast growing older population. The elder population rose at four times the rate of its overall population in the last thirty years. By 2020, it is predicted that 23.6 percent of the total Hawaii residents will be above sixty (Executive Office on Aging, 2006). Hawaii’s older adult population is expected to continue rising. There has been an increasing need to learn more about these elders’ needs for quality health care. According to the U.S. Census (2006b), Japanese comprised 34.4 percent of the state older population who were sixty years old and above, making them the largest elderly ethnic group in Hawaii.

Nurses are the primary caregivers who work with patients in various settings including hospitals, homes, and communities. However, nursing literature and educational materials on culture-specific responses to older life, especially issues of death and dying among Japanese Americans, are still scarce. There is an increasing expectation for nurses who work with elderly Japanese Americans to gain a thorough knowledge about their clients’ experience and needs for having a good death to ensure the quality of nursing care. This study can provide information regarding what elderly Japanese Americans in Hawaii consider good death and what nurses could offer to help them achieve their individual good death.
STATEMENT OF PURPOSE AND RATIONAL

Death is a personally unique event that contains multidimensional aspects of life. Given the large number of Japanese Americans, the fact that Japanese in Hawaii have a longer lifespan than other ethnic groups, and the drastic increase in older adult population in Hawaii, there is an urgent need to study the meaning of good death in this population in order to ensure their quality of life and death. The purpose of this study is to describe the patterns of beliefs about a good death held by elderly Japanese Americans.
CHAPTER 1:
LITERATURE REVIEW

Cultural Ethical Dilemmas Surrounding Death and Dying

Dying is a complex, interactive process that is made more difficult when there is a clash of cultural values or when meanings are culturally unique and not readily apparent. How a person perceives dying well is largely dependent on the patient’s ethnicity and culture (Mak, 2001). Ethnicity and culture influence the person’s understanding of the meaning of the disease, the meaning of hope, and other end-of-life issues (Nishimoto & Foley, 2001).

Culture provides multiple models for how to die well (Long, 2001). Clinicians in culturally diverse settings commonly describe ethical dilemmas due to cultural variation in end-of-life preferences and perceptions of how they could spend their last days well. Examples include families and patients who block information disclosure, variable locus of decision-making authority, and various views about acceptance of permanent health status (Long, 2001). As the U. S. population becomes more diverse, investigation into cultural diversity issues will become crucial.

Social and technological changes of postindustrialism have challenged assumptions that there is a simple way to die. Policy makers, the media, and bioethicists have also looked for, and in some cases, have tried to create a new consensus. However, in the majority of developed countries, the growing frail elderly population, cultural ambivalence about the social worth of the very old, medical uncertainty about whether or not to prolong frail lives, and rising health care costs contribute to the controversy among
health professionals and the wider public about decision-making and responsibility at the end of life.

For a number of people both within and outside of the health care system, the value of prolonging life by technological means competes with the value of allowing death to occur without invasive medical intervention. At the same time, the notions of death with dignity and a good death are now widely espoused. These phrases express a cultural ideal in which dying persons can freely reject the use of medical technologies that prolong the dying process, are able to manage their own pain if pain is an issue, and can control the environment (home, hospice, hospital) of their deaths (Hart, Sainsbury, & Short, 1998).

On the other hand, critics of the health care system and families who have watched a loved one die note that for many, the dying process is characterized by suffering, loneliness, and a lack of autonomy due to the common use of invasive treatments in the hospital setting. There seems to be an insoluble tension between the idealized death and the actual practice with patients and their families who face end-of-life.

Concept Analysis of Good Death

According to a concept analysis of “good death” using Roger’s evolutionary method (Hattori, McCubbin, & Ishida, 2006), three attributes of good death were identified: sociocultural norms, personal experiences, and a continuous process. Sociocultural norms include the cultural and historical values of death and dying, the political influences, and the religious ascendancies (Hart, Sainsbury, & Short, 1998; Leichtentritt & Retting, 2000, 2001; Lloyd, 2000; Long, 2001, 2003, 2004; Mak &
Clinton, 1999; McNamara, 2004; McNamara, Waddell, & Colvin, 1995; Tachikawa, 1995; Walter, 2003). Personal experiences include age, place of death, quality of life, person's values and life conditions, and spirituality. In addition, good death is a continuous process within one's lifecycle. It inter-relates with the past, the present, and the future. It is a holistic, eclectic event (McNamara, Waddell, & Colvin, 1995; Tachikawa, 1995), changing over time (Walter, 2003).

The process of good death is generally initiated by a diagnosis or self-awareness of a terminal illness (McNamara, 2004). There are a number of overlapping antecedents with no single characteristic shared by all. Antecedents are grouped into four categories: the person's experience of dying, the social context, the person's autonomy and control over the dying process, and the quality of health care. The most extraordinary cultural difference between western countries and Japan is the role and responsibilities of family members in end-of-life decision making.

Studies in the west have focused more on the deceased rather than the consequences of good death. For example, the integrity of self and achieving respect (Leichtentritt & Retting, 2000) as consequences of good death were found in the studies with a western perspective. Generally, studies in Asian cultures have focused more on the bereaved family members. In Japanese culture, when a loved one has a good death, it indicates that the close kin have done their duty to care for the dying family member and have protected him/her from suffering, both mentally and physically (Long, 2001).
Views of Death and Dying in the U.S. and Japan

Long (2004) studied similarities and differences of cultural scripts for a good death between the American and Japanese populations. Based on an ethnographic fieldwork in both countries, she found that Americans and Japanese share some common notions of a good death. They are: (1) a dying that is peaceful; (2) the basis of peaceful death is that the last stage of life is pain-free; (3) a good death is one in which the dying person is surrounded by a caring family; (4) a recognition of a continuity from living to dying; (5) a belief that death was, or should be, a personalized experience appropriate to that person's values and life conditions; and (6) a strong concern of not becoming a burden on one's family. Such concern about becoming a burden creates ambivalence about the social nature of dying. The way decisions are made, the timing and place of death, and whether families and significant others involved during the dying process are likely to influence whether one dies well or poorly.

Although there are a number of commonalities for good death in the U.S. and Japan, the researcher has found, through concept analysis (Hattori, McCubbin, & Ishida, 2006), that the roles and responsibilities of family members for end-of-life care decision making is different between these two countries. In the Japanese society, not disclosing or partial disclosure of imminent death to the dying family member is considered a way to protect the loved one from potential harm and to maintain an atmosphere of calm and an attitude of hope. Telling the truth is considered cruel (Long, 2004). The family responsibilities also include preparing a place to die, preferably on their tatami mat at home. Whereas, in the U.S., disclosure of diagnosis to the patient is considered as a way to protect his/her right to know and to give a time to prepare for end-of-life (Hattori,
McCubbin, & Ishida, 2006). The family’s responsibility is to respect and to support the will of the dying family member at the end-of-life.

**Japanese Americans**

Japanese Americans are a group of people who trace their ancestry to Japan and are residents and/or citizens of the U.S. They have become the sixth largest Asian American community with 1,148,000 people including those of mixed-race or mixed-ethnicity in 2000 (U.S. Census, 2002). The largest Japanese American communities are in California with approximately 395,000, Hawaii with 297,000, Washington with 56,000, and New York with 45,000 (U.S. Census, 2002).

The first large group of Japanese immigrated between 1890 and 1924 settling along the West Coast and in Hawaii. In 1900, the census identified almost 25,000 Japanese on the West Coast; by 1920 there were more than 110,000, almost 70% of them in California (U.S. Census, 2006a). These first-generation Japanese (Issei) were predominantly male working at physically difficult, low-prestige, and low-paying jobs. The majority of them worked in agriculture and railroad maintenance (Kitano & Daniels, 1995). Due to the prejudice they experienced, their lack of knowledge about the new country, and the language barrier, they kept to themselves and formed independent communities where they were able to maintain familiar cultural values. The Immigration Act of 1924 banned the immigration of all but a token few Japanese (Wikipedia, 2006). In the meantime, the nature of Japanese migration changed to a female-dominated flow. As a consequence, by the time immigration was cut off, a demographic foundation had been established for a native-born, citizen generation of Japanese, the Nisei (second
generation), who by 1940 would significantly increase in number over their parents
generation (Kitano & Daniels, 1995).

The most traumatic event in the Japanese American history was the wartime
incarceration. It has been described as the most dehumanizing experience for Japanese
Americans (Ishida & Inouye, 2004). A large number of Nisei served in World War II in
the all-nisei 100th Infantry Battalion and the 442nd Regimental Combat Team to prove
their loyalty as Americans and to fight against racism (Wikepedia, 2006). After the war,
dramatic changes occurred in Hawaii. The children of the early recruits to plantation life
had already broken away through opportunities in education; returning World War II
veterans started to become a part of the Hawaiian mainstream, especially in state politics
(Ishida & Inouye, 2004). The Nisei and Sansei (third generation) continue to hold
important positions in the state economy (Kitano & Daniels, 1995).

There were Japanese women who married American GIs during World War II and
the occupation. Just after the war, an exception was made to allow those war brides to
come to the U.S. with their husbands (Kamura, 2002). Majority of them immigrated to
the U. S. between 1947 and 1955. Japanese immigration to the U.S. was otherwise
forbidden until the early 1960s. Japanese immigrants who came after the war are
categorized in Shin-Issei (new first generation) (Matsumiya, et al., 2002).

The Sansei, the Yonsei (fourth generation), the Gosei (fifth generation), and
beyond are the most acculturated generation with a high degree of integration in housing,
education, and occupations. Most of them are less familiar with the Japanese language
and customs. Interracial marriage has increased to 51% which has promoted further
assimilation into the mainstream American culture (Kitano, Fujino, & Takahashi, 1999).
Meanwhile, the earlier generations are confronted with issues of older life. Health needs, housing, social and family supports, long-term care, safety, and transportation are current concerns (Kitano & Daniels, 1995). Traditionally, when a parent is sick, the eldest son’s family becomes the primary care provider at home (Shiba, Leong, & Oka, 2005). However, the younger generations may now choose to place dependent elderly in institutions, although the choice is difficult and may cause much guilt. Family contacts are usually frequent with the Japanese elderly. There is reliance on the family structure and less dependence on outside individual agencies and organizations (Ishida & Inouye, 2004).

Views of Death and Dying among Japanese Americans

Matsumura et al. (2002) studied how and to what extent acculturation changes attitudes toward end-of-life care and advance directives in Japanese Americans and Japanese nationals. They found that preference for disclosure, willingness not to be resuscitated, and views of advance care planning shift toward western values as Japanese Americans became more acculturated. English-speaking Japanese Americans have more positive attitudes toward forgoing care and advance care planning than did Japanese-speaking Japanese Americans and Japanese nationals. Moreover, English-speaking Japanese Americans were more willing to withdraw care. However, the desire for group decision making (family decision making) was still preserved.

Similarly, Kalish & Reynolds (1976), whose research included Japanese Americans in their Los Angeles-based study, found generational differences regarding attitudes toward end-of-life care. For example, the majority of the Issei, who were Buddhists, spoke Japanese, and practiced customs and traditions of Japan, tended to
maintain Japanese views of death. On the other hand, the majority of the Sansei, who had little religious contact and weakened adherence to traditional rituals, tended to view death in a more westernized way.

In Hawaii, the majority of older Japanese Americans are Issei or Nisei. The majority of first-generation Japanese Americans immigrated to Hawaii beginning more than a century ago; most arrived seeking work on Hawaii's sugar plantations (Okinawa Prefectual Museum, 2000). The second generation grew up in a world that combined Japanese and American values. In 1934, approximately 85% of all the second-generation Japanese American children in Hawaii went to the Japanese school after the American public school (Okinawa Prefectual Museum, 2000). Their parents expected them to learn the Japanese language, Japanese values of family relationship, harmony with others, commitment, consideration to others, et cetera. Therefore, the second generation is more likely to have mixed American and Japanese views of the world. These different orientations toward traditional Japanese culture would be reflected in values, preferences, and end-of-life behavior among the generations. A similar conclusion was noted of Japanese Americans by Hirayama (1990).

Religion may influence end-of-life care preferences. Japanese Americans are typically Protestant Christians (Wikipedia, 2006). Some are followers of Mahayana Buddhism, Zen Buddhism, and sectarian Shinto. After Filipino Americans, Japanese Americans are the second largest Asian Christian community. Christians were less supportive of euthanasia than practitioners of other religions. Tanida (2000) studied 388 Japanese religious organizations (143 Shinto, 157 Buddhist, 58 Christian, and 30 others) regarding euthanasia and extraordinary treatment during the dying process. The
researcher found that passive euthanasia and indirect euthanasia were accepted by approximately 70% of the respondents. On the other hand, active euthanasia was favored by less than 20% of them. Shinto and Buddhists advocate being natural when medical treatment becomes futile at the terminal stage. Whatever the origin of the concept, denial of extraordinary treatment in Catholicism or being natural in Shinto and Buddhism, the consequence is a general rejection of aggressive treatments at the end-of-life.

If American health care professionals are unaware of preferences for end-of-life care and the meaning of dying well for multigenerational Japanese Americans, then miscommunication may occur, leading to conflicts across generations or within the family (Braun & Nichols, 1997). Therefore, it is important to gain insight into the meaning of good death to meet the unique needs of Japanese Americans elders. Also, clinicians and policy makers would be more aware of appropriate attitudes, clinical care needs, and legislative health policy issues to improve the quality of living and dying for this population.
CHAPTER 2:
THEORIES RELATED TO AGING AND CULTURE

Theories from gerontology describe how and why human aging takes place. They are grouped into three broad categories: biological, psychological, and social. The research involved with biological pathways has focused on distinct indicators of the aging process, many at the cellular level. The psychological aging theories focus on the behavior of older people in regards to stages-of-life perspective, age differences within comparable groups of people, and patterns of change with age (Schroots, 1996). The social theories attempt to explain the social process of aging, the social status of the aged, and the ways in which social institutions are formed by, adapt, or react to changes in the age structure of societies (Marshall, 1996).

The concept analysis of good death by the researcher (Hattori, McCubbin, & Ishida, 2006) revealed that psychological and social aspects of living are main components of this concept. For example, the perception of acceptance of death is one of the essential parts of good death. Acceptance of death includes awareness of dying, preparation for death, and adjustment to death. "Breaking bad news" becomes an issue when a person faces death. In some cultures, telling the true diagnosis and prognosis is regarded as protecting human rights. On the other hand, in the Chinese culture, individuals appreciate being told the truth about their diagnosis but not prognosis. It is because they often associate cancer with death (Mak, 2001). Thus, the meaning of truth telling may vary from culture to culture and from individual to individual.

The theory of transition by Meleis (Chick & Meleis, 1986; Meleis, 1986, 1991) describes transitions that are developmental, situational, or health/illness events. While
adulthood to mature adulthood is a developmental stage that alters role relationships and expectations, this study focused on the perceptions of good death for Japanese Americans rather than the transition to death. Meleis’s theory also focused on health/illness events that are tangential to this study since the participants were “healthy elders 65 years and older.” Though illness influenced some participants’ idea of good death, the events were not the focus of this study. The participants’ perception and description of the outcome, good death, was the focus.

In this study, the researcher focused on an aging theory: Theory of gerotranscendence and a cultural theory: Interactionist theory to see if these theories were congruent with the study findings.

Theory of Gerotranscendence

The theory of gerotranscendence was looked at because these hypotheses of being old and preparing for death may share similar views with that of the elderly Japanese Americans. This theory has been developed by Tornstam (1989; 1994a; 1996). He believed that human aging is characterized by a process where experience in the world gradually changes individual perceptions, values and activity patterns of mid-life into something different, which younger persons often have difficulty understanding (Tornstam, 2005a). The definition of gerotranscendence is “a shift in meta perspective, from a materialistic and rational view of the world to a more cosmic and transcendent one, normally accompanied by an increase in life satisfaction” (Tornstam, 2005b). This is not always related to religion.

Gerotranscendence is recognized as the final stage in the natural process toward maturation and wisdom. Erikson (1997) added gerotranscendence in her ninth stage in
her theory of life cycle, which illustrated how older people face the deterioration of their bodies and abilities. This life cycle theory might explain Japanese Americans' good death by analyzing their past experiences and coping style toward older age. However, this study is not concerned with past stages of development or what is needed in their current stage of life. The focus was on how Japanese Americans’ meaning of good death might be influenced by their inner maturity wherever they may be.

There are four major hypotheses in gerotranscendence theory (Hauge, 1998). First, aging is qualitatively different from a mid-life existence. An individual's main task at an early age is to learn about society and the world, whereas, the main task in later life is to learn to know oneself and the collective world surrounding the aged.

Second, some older people who do not seem physically or socially active might be considered to be disengaged or apathetic in the western society (Tornstam, 1997). However, they might be vigorous in another form, such as spiritual activities (Tornstam, 1997).

Third, a positive aging process is one in which the individual may freely evolve to a more transcendental state, meaning that it is natural and positive to retire and engage in more meditation. Finally, cultural characteristics and human phenomena such as grief and life crises may hinder or accelerate the process towards transcendence.

The signs of gerotranscendence can be explained as ontological changes on three levels: the cosmic level, the level of self, and the level of social and personal relations (Tornstam, 1996; 1997) (Table 1). On the cosmic level, there is an increasing feeling of a cosmic communication with the spirits of the universe. Feeling of communication with the oceans, nature, and the starry sky are included. The perception of time can change

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from the normal linear view. The perception of past, present, and future can change. Other meta-perspectives toward gerotranscendence on the cosmic level include a redefinition of the perception of life and death, a decrease fear of death, and an increased feeling of connectedness with past and future generations. On the social level, there are decreased self-centeredness and an increased time spent in meditation. On the level of social and personal relations, there are decreased interest in superfluous social interaction, decreased interest in material things and the freedom of asceticism development (Tornstam, 1994; 1996; 1997). The theory of gerotranscendence was compared with this study’s findings. It will be described in Chapter 5.

**Interactionist Theory**

In addition to the focus on inner maturity of the aging process seen in the theory of gerotranscendence, the researcher was also interested in the elderly Japanese Americans’ shared understandings of good death and how it was culturally constructed. Interactionist theories focus on the person-environment transaction process, emphasizing the dynamic interaction between older individuals and their social world (Hooyman & Kiyak, 1999). Generally, interactionist perspectives tend to concentrate upon small-scale levels of social interaction, such as among individuals and small social groups (Livesey, 2003). Therefore, they are sometimes referred to as a micro level of sociological analysis (Table 2).

Everyone in a group shares the same purpose and the meaning of the situation is more or less the same for everyone. Humans have developed two abilities to enable purposeful human interaction (Livesey, 2003). One of them is communicating through language, which permits the extension of meaning to human behavior. The other is the
ability to remember meaning and to act purposefully on the basis of this stored cultural knowledge.

These abilities mean humans can develop cultural systems that can be learned through a socialization process. Thus, the ability to communicate symbolically (through words, gestures, looks, and so on) gives humans the ability to develop very rich cultures that may be limitless (Hooyman & Kiyak, 1999). The environment can be controlled and shaped socially and physically. This involves the idea that society is a product of the human ability to think and express thoughts symbolically. According to this perspective, the things that people recognize as being “part of our society” or “part of our culture” are simply products of their mind. Society is an elaborate fiction people create to help them make sense of their relationships and world and impose some sort of order on them (Livesey, 2003). Culture, therefore, represents the general store of shared meanings that people create to give them a feeling of having things in common and as the basis for constructive social interaction (Hooyman & Kiyak, 1999). The result of comparing this theory with the study finding will be presented in Chapter 5.
CHAPTER 3: THE RESEARCH METHODOLOGY

Ethnography

When researchers use qualitative approaches, reality is explored from an emic perspective (the perspectives of the participants) and everyday life is examined in an uncontrolled, naturalistic environment (Morse & Field, 1995). Ethnography is the single research method whose purpose is to understand and describe why a group of people behave the way they do (Roper & Shapira, 2000). Ethnographic theories reflect that human beings are conditioned by their own cultures so they can explain alternative realities. This study focused on one group that is the elderly Japanese Americans in Hawaii and investigated the group’s understandings of good death within its group context. Ethnography was an appropriate design for this research.

Focused Ethnography

In this study, focused ethnographic method was used to evaluate or to obtain information on the special topic, good death (Morse & Field, 1995; Morse & Richards, 2002). The data were generally obtained from small groups, in this case, elderly Japanese Americans in Hawaii (Boyle, 1994; Morse, 1991).

Focused ethnography shares with classical ethnographies a commitment to conducting intensive participant observation activities within the natural setting, making inquires to learn what is happening, and with other available sources of information, to gain as complete an understanding as possible of people, places, and events of interest (Morse & Field, 1995; Roper & Shapira, 2000). In keeping with the ethnographic practice of using the “researcher as instrument” (Kauffman, 1995; Speziale, 2003), data
are usually collected through participant observation, interviews (formal and informal), and a review of existing documents. However, especially in focused ethnography where the topic is specific and identified before the researcher begins the study, data collection may include only some of the strategies that define ethnography. Fieldwork in the traditional sense may not be employed. Data may consist only of interviews (Morse & Richards, 2002). This study used individual interviews with participants, field notes, memos, self-reflexivity, and supplementary data that included individual interviews with experts, field observations, and review of relevant literature.

**Researcher as Instrument- Reflexivity**

In order to accurately collect and analyze the data, the researcher needed to understand her own background and biases brought into the study. The researcher recorded self-reflexivity as one source of data. Reflexivity is defined as “how I, as a researcher, impacted on the data I was gathering, and the critical analysis of that role” (Carolan, 2003, pp. 8). The researcher cannot understand the phenomenon being studied unless she knows what her personal attributes mean to the people being studied (Carolan, 2003). Clarifying the researcher’s own bias in the study by recording self-reflexivity increases confirmability of the study (the maintenance of neutrality and the prevention of personal bias to influence the research) (Speziale, 2003).

Self-reflexivity would never be absolute because of the limited nature of the conscious process (Denzin & Lincoln, 2000). It is rather an ongoing process, in which contexts of meaning are explored and illuminated at one particular time from one particular perspective (Russell, 1996).

Cultural background, age, gender and social status, obvious personal features, and
The professional background of the researcher will likely affect data collection (Morse, 1991). Keeping a record of feelings, reactions, inner conflicts, biases, and other results of introspection is recommended (Arendell, 1997).

**The Researcher’s Self-Reflexivity**

➤ *My background (Written September 2005)*

I am a Japanese female in my early 30’s. I moved to Hawaii in 2002 from Osaka, Japan to study full time in the doctoral program in nursing. I worked as a registered nurse on oncology units and in home care agencies for several years in Japan. I have been interested in end-of-life and palliative nursing care because I have seen a number of dying patients suffer from cancer. This has made me realize the urgent need to improve end-of-life care in both clinical facilities and communities.

➤ *Conflicts as a researcher, a nurse, and a doctoral student (Written September 2005)*

I am aware of conflicts among my roles as a researcher, a nurse, and an international doctoral student. When I conducted interviews with old dying patients about end-of-life issues for another study, I, as a researcher, wanted to ask questions about death and dying that were probably not easy to talk about for the interviewees. During these interviews, as a nurse, I worried about the moral aspects of conducting such interviews with a vulnerable population because of the sensitive nature of the topic. As a graduate student with a few experiences of family deaths, I felt that I was too young and immature to deal with a topic of death and dying. When the interviews became deeper, I was sometimes overwhelmed and felt it was very difficult to continue. I handle these
conflicts by reading previous studies and learning from the pioneers. Also, I sometimes shared these conflicts with the participants and sought their advice during casual conversations. What helped me to continue to study about death and dying is the belief that the end-of-life environment needs to be improved for elderly Japanese Americans.


From the experience of living in Hawaii for two years and conducting the pilot study of good death with elderly Japanese Americans, I find that the Japanese American culture in Hawaii is not a reproduction of the Japanese culture in Japan. The Japanese language is used less among Japanese Americans and English is more common even among the elderly population. Consequently, their communication style is westernized compared to those of Japanese nationals. Some traditional Japanese events are well maintained by Japanese Americans. For example, the obon festivals (festivals in middle August for welcoming the spirits of deceased family members back to home) has become a popular community event during the summer in Hawaii. People perform bon dances (a special form of dance for obon festivals) and buy food at night stalls. However, in Japan, obon festivals are performed differently. The dances are more active with different styles. There are usually more varied selections of music and foods. Such festivals are evolving each year. It seems that Japanese Americans maintain an old style of the obon festival, which is rarely seen in Japan today. This may reflect the time they immigrated from Japan.

Although there are apparent distinctions between Japanese Americans and Japanese cultures, I am aware that there are aspects of these two cultures that are shared.
Reading the literature about Japanese American history in Hawaii and asking questions about the culture to the participants will minimize such ignorance.

» My religious perspectives (Written December 2006)

I am a Buddhist. The teaching of Buddhism influences how I see life and death. Buddhism teaches that there is no clear distinction between life and death. No attachment to life and death leads to enlightenment.

One of the biggest concerns among participants in order to have a good death was an adequate preparation for death. From a Buddhist point of view, an attachment to life should be avoided. Such preparation would be considered as attachment. However, I have no opposed opinion or criticism about the findings because it is what I heard from the participants. Besides, I have many attachments to life, such as relationships with others, my career, foods, et cetera.

When participants explained their good death using Christian teachings, I sometimes found it difficult to fully understand their perspectives. One participant told me that I would go to hell because I was not a Christian. Buddhism does not have such concept. So it was a surprising experience for me. Since the purpose of the interviews was to listen to the participants’ story and to understand their emic views of good death, such an experience became valuable data to learn about elderly Japanese Americans’ views of good death.

» Biases (Written September 2005)

I believe that elderly Japanese Americans may benefit from this project if the government and/or private health care agencies in Hawaii utilized the results learned from this project. However, the influence that the government and/or health care services
have over the elderly Japanese Americans' good death might be little or none. I need to be aware that the reality of the situation may be different from what I believe at this point in time.

➤ My good death (Written September 2005)

My idea of good death would be achieved when I feel satisfied with my life and have many life experiences and good memories. Pain needs to be controlled. My span of life does not have to be as long as the 2002 Japanese female life expectancy, 85 years old.

➤ My good death (Written April 2006)

Pain and other symptom management is a priority. There is no quality of life without it. Death and dying should happen in a comfortable environment although it does not have to be at home. Leaving no regrets about my life is my ideal. However, it would be hard to achieve. At least these regrets should be accepted. Preparation for own death is necessary. I would like to have control over my life to the end.

Philosophical Perspectives

Philosophical perspectives of ethnography include ontology (what is there to be known), epistemology (how knowledge is acquired), and methodology (how knowledge products are created) in any ethnographic study (Germain, 2001). The ethnographer needs to do more than just describe behavior. Understanding why and under what circumstances the elderly Japanese Americans created particular patterns of good death were essential.

Research Setting

The U.S. Census (2006b) showed that there were over 200,000 Japanese in the state of Hawaii in 2000, which represented approximately 20% of the population in the
state. The data collection occurred in Honolulu on the island of Oahu. Honolulu was chosen because this city and county had the greatest number of Japanese Americans residents, 161,224 (18% of the total population) in 2000 (U.S. Census, 2006c). Japanese had the second longest life expectancy in the state at 81 years. It was projected that the number of all elders in Honolulu will rise to 18% of its total population in 2010. As a result, it will become the most aged county in Hawaii (HMSA Foundation, 2006).

**Timeframe at the Sites**

The interviews with elderly Japanese American participants started in September 2005 and ended on January 2006. Then, the interviews with experts were conducted between January and March 2006. The total hours for these interviews were over 20 hours. Field observations were conducted from September 2005 to April 2006. The researcher spent 11 hours for the field observations at five different sites.

**Participants**

Participant recruitment was purposive and opportunistic. The participants were selected purposefully by their ethnicity, gender, age, generation, marital status, living arrangement, and religion. The goal of the purposive sampling was to have at least one participant with each factor from the total number interviewed, and this was accomplished.

**Inclusion/Exclusion Criteria**

The participants were Japanese Americans living in Honolulu, Oahu in the State of Hawaii. Inclusion criteria were over 65 years old, living in the community, and ability to write, read, and speak in either English or Japanese. Only healthy active people who were not inpatients or home care recipients were asked to participate. According to
Symbolic Interactionist perspective (Livesey, 2003), the researcher estimated that the
difference within their generation would not be a significant source of the difference in
the perception of good death. An assumption made by the researcher was that most
people in this age group in Hawaii have witnessed and shared the same historical and
social events, such as the World War II and the compromising affects it had on Japanese
Americans. Therefore, there were no specific inclusion criteria for a particular generation.

Recruitment

The researcher recruited the participants from an annual senior exposition, two
senior centers, a Japanese teahouse, a church, and a Buddhist temple. In addition, a
snowball sampling was used. The senior exposition had actively been advertised in
television commercials and local newspapers. So the researcher believed that she could
approach a number of elders at that site. The other locations were chosen because their
members were mainly Japanese Americans.

Senior exposition

The senior exposition was held for three days on Friday, Saturday and Sunday in
downtown Honolulu. The atmosphere was cheerful with a number of colorful balloons
and fun music since the theme was “good life”. There were a dance festival from local
senior dance clubs, free health checks and flu shots, and a number of vendors.

The researcher went to the exposition on Saturday morning. There were already
hundreds of elders at the site. The researcher approached a total of three elders (two
males and one female) who looked Japanese. A small number of the recruitment trials
was made because the researcher soon realized that it might not be a proper place to bring
up the issue of death. In the beginning of the conversation, the researcher introduced
herself as a doctoral nursing student who studied a good death among elderly Japanese Americans. She then showed a research flyer and asked for participation. The typical reaction from these three people when they heard the topic of death was cold and negative as they immediately said, “I have no idea about your topic.” or “I have no time.”

The researcher found that the random participant recruitment for this study might not be appropriate. Talking about death was an emotional process which needed mental preparation and a certain level of a trust relationship between the participants and the researcher. The researcher needed to be introduced by somebody who the participants trusted.

*Japanese teahouse*

There were three Japanese teahouses in Honolulu. Classes of *Way of Tea* were held in these teahouses. The researcher contacted one of the tea instructors and asked him if she could visit a teahouse for the participant recruitment. The researcher knew the instructor because she had taken *Way of Tea* class from him. He agreed to help with the recruitment and introduced her to the students in one of the teahouses. The researcher met approximately ten students. Eventually, six students expressed interest in participating in this study. Three qualified as participants.

*Senior centers*

The researcher called two senior centers and asked the directors if it was possible to recruit participants. After reviewing the interview guide and the research description paper, both the directors permitted the researcher to conduct the research at their sites. At senior center A, the director distributed ten research flyers to the Japanese American members. In the senior center B, the director introduced the researcher to the elders in
classes and at lunch. It gave the researcher a chance to distribute the flyers and to recruit the members. Six participants were recruited from the senior center B. There was no response from the senior center A.

The reluctance to talk about death was observed in the senior center B. It was not seen in the senior center A since the researcher did not have an opportunity to meet the members. Approximately two thirds of elderly Japanese Americans in the center B refused to participate in this study and said, “I have nothing to talk about death. I have never thought about such a thing.” or “What? Good death? I have no idea what it is.” The topic of death did not give them a positive impression.

Church and temple
Ten research flyers were distributed at a protestant church by a church member. Five flyers were distributed at a Buddhist temple by the researcher. There were two and one participants recruited from the church and the temple, respectively.

Snowball sampling
Six participants were recruited using a snowball sampling method. All three participants from a retirement home were introduced by a sister of a participant from the church. The other two participants from the church introduced two friends in a senior club and a friend in her neighborhood.

Sample Size
The total eighteen elderly Japanese Americans were interviewed. There were four males and fourteen females. Data analysis was concurrent with data collection. The data were saturated at the end of these interviews. When no new data were added to the emergent categories or patterns and no new dimensions or insights were identified that
could explain the research questions, the point of data saturation, the active fieldwork phase ended (Germain, 2001; Roper & Shapira, 2000).

**Demographic Data**

The mean age of the participants was 78.16 years old (SD= 6.67, Range: 65-91). Seven participants were married, three were divorced, seven were widowed, and one was never married. There were four Shin-Issei, ten Nisei, and four Sansei. The average length of stay in Hawaii was 71.05 years. The average number of children was 2.0. Half of the participants lived alone, five of them lived with a spouse, and others were with their children. Approximately 70% of the participants were Christians and 20% were Buddhists. The rest believed both in Christianity and Buddhism or had no religious beliefs. Twelve interviews were conducted in English, six were in Japanese, except for one interview which contained mixed English and Japanese. The average length of the interviews lasted for 40 minutes. The demographic data of the participants are listed in Table 4.

**Data Collection**

Individual interviews (first and second interviews), supplemental data sources, and written field notes were used to triangulate the data. Triangulation of the data provides credibility, which is essential to ensure rigor within the study (Morse & Richards, 2002). Supplementary data were used to evaluate if the findings from the interviews with participants could be supported by other data sources. Field notes were kept in order to record data that did not appear in audio recording including the researcher’s personal impressions toward the interview sessions. This information was analyzed as data.
Individual Interviews

Individual unstructured interviews were used because the researcher had a limited amount of knowledge about the research topic and was learning about the topic from participants as the research progressed. Eighteen individual interviews plus five second individual interviews were conducted at a mutually agreed site between the participant and the researcher. Locations included a local senior center, a Japanese teahouse, the participants’ home, hamburger shops, the university cafeteria, and a retirement home. These interviews were audio recorded and transcribed by the researcher right after the interview sessions.

Individual interviews were considered more appropriate than focus group because speaking up in a group requires a great amount of effort for the Japanese. Showing disagreement in the group is considered immoral or too aggressive in a Japanese culture (Sugihara & Katsurada, 2002). By doing individual interviews, the participants did not have to worry about the issues of breaking group harmony, male-female or senpai-kohai (older-younger) relationships that could occur in a focus group (Hattori, 2004). In order to maintain harmony, a distinct double structure: tatemae and honne (Sugihara & Katsurada, 2002) was used. Tatemae (who one is supposed to be) referred to the conventional morals forming the basis of societal consensus, on the other hand, “honne” (who one is) refers to the individual’s reasons and opinions behind tatemae (Nakane, 1970). Therefore, it would be difficult to hear the participants’ honne in a focus group.

The interview was unstructured with one question in either English or Japanese. The researcher first asked, “What does good death mean to you?” to the participant. If the participant did not sufficiently understand the question, the second and/or third
question (i.e. the second: "How would you describe a good death?" and the third: "What is your definition of a good death?") was posed.

The researcher’s role was to listen and let the participants tell their story without interruption (Morse & Richards, 2002). During the interview, usually the participants first told their stories. After they finished speaking, if the researcher wanted more information regarding particular areas of interest, an interview guide with probe questions focusing on the ten aspects of good death (control of life, family, past experience, preparation for the end-of-life, religion, spirituality, quality of end-of-life care, place of death, timing and age of death, and finance) was used. This guide arose from a previous concept analysis (Hattori, McCubbin, & Ishida, 2006) and the pilot study (Hattori, 2004) (Appendix A). In addition, questions raised from the context of the interview were asked. The selection of the probe questions and the way these questions were asked varied depending on the content of the interview and interaction with the participant (Morse & Richards, 2002).

The researcher held a second individual interview session with five participants who had shared rich information about the topic in the first interview and agreed to have the second interview. The purpose of the second interview was to confirm the credibility of the findings by sharing the analysis from the first interview with the participants. If the participants agreed with the findings of their description of good death, it would strengthen the research credibility (Yonge & Stewin, 1988). Even if the participant rejected the researcher’s interpretation, the rejection might enhance the understanding of the participant’s perspectives (Taylor & Bogdan, 1998). In this study, no disagreement with the researcher’s interpretation and analysis was recorded. During the initial
interview, the researcher listened to the participants' statement carefully and regularly clarified their meaning.

Field Notes

The researcher kept field notes during the data collection to increase the rigor of the study (Morse, 1991). After each interview, what the researcher heard, saw, experienced, and thought was recorded. Detailed, accurate, and extensive field notes were necessary for a successful qualitative study (Bogdan & Biklen, 1982; Speziale, 2003). Because a tape-recorded interview might overlook some of the important information, such as the physical setting, the impressions the observer had and the nonverbal communication in an observed interaction, field notes were kept as a supplement to the interview. Field notes were also used to record personal insights. Such personal reflections were used when the researcher analyzed the emic/etic (insider/outsider) views of good death.

Supplementary Data Sources

There was an assumption that good death can be described verbally. However, the concept might not be fully addressed by words. Use of supplementary data sources helped to add unspoken data to understand the concept of good death. Other purposes of using supplementary data sources were to understand the culture, to analyze past events to determine their influence on current behaviors, and more importantly to validate the interview findings (Germain, 2001; Roper & Shapira, 2000).

In this study, supplementary data were obtained by interviews with experts, including a Buddhist monk, a Christian pastor, a hospice nurse, and a vice president of a mortuary. An expert in this study was defined as: a person who knows a particular
culture well as he/she interacts with the people of the culture for religious, business, and educational purposes. The interviews with the experts started after the initial analysis of all the transcribed interviews with the elderly Japanese American participants were completed. This sequence prevented unconscious bias in the data analysis due to unsorted data from the participants' interviews. Field observations were also conducted at a senior center, a funeral, a burial, Buddhist lectures, and a life plan office in a mortuary. A comparison of the findings from relevant literature with findings from this study was also used as supplementary data.

Interviews with experts

The experts included a Buddhist monk from the Jodo Shinshu sect, a Church pastor from the United Church of Christ denomination, an experienced registered nurse who had worked in a hospice on Oahu, and a vice president from a Japanese family owned mortuary. All of experts were Sansei Japanese Americans who lived in Hawaii all their lives except for the Buddhist monk who was a Japanese national and came from Japan one year ago to replace another monk. He used to work in Hawaii 18 years ago. The demographic data of the experts was listed in Table 3. Interviews with the experts were audio recorded, transcribed and analyzed using the same data analysis method on page 36.

Buddhist monk

The two most common religions beliefs held by Japanese Americans in Hawaii are Buddhism and Christianity. These two religions have coexisted in the society. For example, Obon Festival in summer is a Buddhist tradition to welcome ancestors' spirits to the home. This festival has been one of the most popular community festivals in
Hawaii. It provides an opportunity for young and old to reconnect with their cultures and traditions. At Christmas time, Japanese Americans will exchange gifts with each other to show their appreciation and friendship.

In Hawaii, there are 43 Buddhist temples and 14 sects in 2005 (Nagai, 2005). The researcher contacted a Buddhist monk as one of the religious experts. The researcher found an advertisement for a series of lectures entitled “Why we live?” in a local Japanese paper. These lectures were given by a Jodo Shinshu Buddhist monk. He also broadcasted his lectures on the Japanese radio station every Saturday morning. The researcher called the monk to explain the research focus and if it was possible to attend his lectures. The monk welcomed the researcher to his lectures and agreed to the interview.

The interview was held in the temple office after the second lecture. It was private. The interview took approximately 40 minutes and was in Japanese. The monk explained what he believed about elderly Japanese Americans’ meaning of good death using his experiences of managing funerals and talking with dying patients in hospitals. He also used quotations from Tannisho and other Buddhist textbooks to describe what Buddhism teaches about life and death.

Christian pastor

Christianity is another popular religion among Japanese Americans in Hawaii. After the World War II, a number of Japanese Americans converted to Christianity. Among Sansei and later generations, Christianity is more popular than Buddhism. There are around 22 Christian churches in Hawaii in 2005 (Nagai, 2005). In Hawaii, California, and Washington, congregations can be comprised entirely of Japanese Americans.
(Wikipedia, 2006). The researcher contacted a Congregationalist church (the United Church of Christ). This church was initially founded by a Japanese pastor in 1904, and the church building looked like a Japanese castle. Worship services were conducted in both English and Japanese.

The researcher called the church office, explained the research topic, and asked for the interview. The clerk introduced one of the pastors and gave his contact number. Then, the researcher called him and explained about this study. He suggested contacting a Sansei Japanese American pastor as he was an experienced pastor in the long-term care facilities. He was also a minister in a hospital and hospice. The researcher called this Sansei pastor and had an appointment for an interview.

The interview with the pastor was held in a church office. Doors were open for the breeze but it was private. The interview lasted about 45 minutes. He was very friendly and calm. He talked about elderly Japanese Americans’ views of good death with experiences of being a pastor for about 30 years, interacting with dying patients in a hospital and hospice, talking with Buddhist colleagues, and being a son of mother who needed nursing care at home.

*Hospice nurse*

The researcher wanted to hear what nurses who worked with dying elderly Japanese Americans and their family on daily basis thought about their good death. The researcher contacted a former hospice nurse as a clinical expert for this study. She was also a nursing faculty in a community college. The nurse and the researcher had known each other before. The researcher worked with her as a translator, when the nurse had given lectures about “Caring for terminally ill patients” for nursing students from Japan.
The researcher contacted the nurse and explained the research purpose and the interview procedure. She agreed to participate in this study.

The interview was held after her lecture in a reading room at a nursing school. There were two student groups chatting in the room though it was distanced and did not disturb the interview session. During the interview, the nurse talked about this topic straightforwardly. She used a number of examples that she had experienced while working with older and dying elderly Japanese Americans and their families in her practice. The interview session lasted for 15 minutes. Although it was short, it had rich information. The researcher recorded a lot of stories and her views regarding this topic.

Vice president of a mortuary

The elderly Japanese American participants who had their funeral plan had bought it from this same mortuary in downtown Honolulu. The mortuary has been serving mainly Japanese people. It was opened in 1900 by a Japanese family. The researcher felt it would be worthwhile to explore the expectations held by Japanese elders utilizing the mortuary regarding their beliefs about having a good death.

The researcher called the mortuary office and explained the research purpose and asked for the interview. The interview appointment with the vice president of the mortuary was confirmed the following week. The interview was held in a private room in the mortuary. It took approximately 20 minutes. The mortician talked about what he heard from the Japanese American families concerning their loved one’s funeral and how the mortuary could provide the best service for them.
Field observations

Data from the field observations were recorded during or after the event. It included what the researcher saw, heard, and felt. It was stored in the same ATLAS.ti 5.0 data file.

Senior center

The field observation in a senior center was held two times while the researcher recruited interview participants. The observations included Japanese American elders’ attitudes when they first heard about a good death, when they chit-chatted among themselves during the class and the group lunch, and during casual conversation with center staff and volunteers about the research topic.

Funeral and burial

In addition, the researcher looked for obituaries of elderly Japanese American in local newspapers. She went to a funeral of 104 year old Issei Japanese male. The researcher was interested in how his long life would be seen by the deceased family members and the funeral attendants. Burial was also another closure of a family member’s life and death. The researcher had a chance to observe it followed by a funeral.

Buddhist lectures

The researcher attended three lectures given by the Buddhist monk who was interviewed as an expert. Every lecture was approximately two hours long. These lectures were held in either the temple office or a senior center in Honolulu. The attendees in every lecture averaged 10 people who were all Nisei and Shin-Issei Japanese elders and mostly females. Their average age was approximately 70 years old or over. Most of them have come to the temple and lectures for more than a decade. As the monk
spoke Japanese only, most of the attendees understood Japanese. For the attendees who spoke only English, other bilingual attendees were available for translation.

*Mortuary*

The researcher visited the *Life Plan* office in the same Japanese mortuary. The researcher informally interviewed the *pre-need* (funeral planning) counselor about the available funeral plans for elderly Japanese Americans.

*Relevant Literature*

The criteria of selecting the relevant literature as a supplementary data source for this study were: the research focus was on improvement in the end-of-life environment; the research participants were patients, families, and/or people in the community; the participants' ethnicity was either Japanese nationals or Japanese Americans; and the research was published or written in the past five years. The result was eight studies (Braun & Zir, 2001; Hattori, 2004; Hattori, McCubbin, & Ishida, 2006; Kagawa-Singer & Blackhall, 2001; Long, 2001, 2003, 2004; Matsumura et al., 2002).

*Data Analysis*

Data analysis was guided by Roper & Shapira (Roper & Shapira, 2000). The analysis began while data were being collected, as the researcher discovered additional codes and made decisions to follow a path to more intensive investigation. For the interviews in Japanese, the data analysis started right after the completion of back-translation process. Conducting inductive analysis requires immersion in the material to gain these insights (Roper & Shapira, 2000). This was achieved by repeatedly reviewing the interview transcriptions, field notes, and memos of what the group participants said.
and did and the researcher’s responses while in the research environment. The systematic review of these records is the key to ethnographic data analysis (Roper & Shapira, 2000).

**Creating Patterns**

The first step of this data analysis was to examine if the obtained data could be grouped into meaningful pieces to answer the specific question, “what is a good death?” These pieces were called codes or descriptive labels that were first examined individually and later combined to generate broader and more abstract categories (Roper & Shapira, 2000). For example, “a lot of pain” and “prefer for someone to pull the plug” were coded from the participants’ transcribed interviews.

The next step was to group the descriptive labels into a smaller number of conceptually similar categories. Each of these categories integrated several codes and became more broad and theoretical. With further analysis of categories, patterns emerged to obtain a more conceptual understanding of good death and its relationships with the elderly Japanese American culture. For example, the code of “a lot of pain” and “prefer to someone pull the plug” were categorized in “pain” and “euthanasia” respectively. Eventually, in addition to these two categories, three other categories, “being ill for a long time”, “bedridden for a long time”, and “family suffer”, formed the pattern of “avoid suffering”.

**Memoing**

The purpose of creating memos is to understand the researcher’s ideas or insights found during the data analysis process. Moreover, memos are used to support a rigorous systematic analysis. (Roper & Shapira, 2000). The researcher recorded memos at the same time when descriptive labels were coded and patterns were sorted. In the end, there
were 71 memos created. While these memos helped to find commonalities that allowed
the researcher to make connections between pieces of information, they could also
identify inconsistency in the data that needed to be explained.

Data Arrangement

ATLAS.ti 5.0, qualitative data analysis software, was used to organize the
research data. This software was especially designed to support the researcher to do
more than carry out the coding and sorting out the data. It encourages the researcher to
build up systematic relationships among the codes and categories. They are often
referred to as having theory-building functions (Coffey & Atkinson, 1996). However,
ATLAS.ti 5.0 cannot make the interpretations from the data. Interpretation and synthesis
of the raw data remains dependent on the cognitive skills, insight and understanding of
the researcher.

A project (a hermeneutic unit, "HU") was created as the first step in ATLAS.ti
5.0. HU served with the purpose of organizing the total number of findings, codes,
memos, structures and data within a research-task as a name and register a main file
around it. Secondly, all data-files were linked to the HU. The next step was reading of
data-texts, marking or quoting analytically particular sections as well as assigning codes
and memos to those. A comparative analysis of coded texts and linking further data-texts
was conducted. The last step was to organize the various object-types, such as codes and
memos, into “families”, which might then also be analyzed selectively or in contrast.
Eventually, it allowed the researcher to acquire conceptual, semantic, or logically
expressive networks from the previously generated codes. Those networks lay the
foundation to form the subject-related theory (ATLAS.ti Scientific Software Development, 2005).

**Audit Trail**

The researcher kept an audit trail during the research period to strengthen the confirmability of the study (Speziale, 2003). An audit trail is a recoding of research events, as well as the researcher’s decisions and insights over time in a way that can be checked by another individual (Morse & Richards, 2002; Speziale, 2003).

The researcher asked Dr. Anne Leake to be an outside tracker for this research. Dr. Leake had conducted a focused ethnographic dissertation about the Filipino diabetic population on Oahu, works in local clinics, and has been a nursing faculty at the university in Hawaii for a number of years. Therefore, the researcher believed that she was the most appropriate tracker because she was academically prepared, knowledgeable about cultures in Hawaii in terms of different ethnicities and had expertise in cultural studies. The researcher met her after the initial data analysis was completed in June 2006. The list of information provided for review by the tracker and the comments from the tracker are found in Appendix B. These comments and suggestions were used to revise the paper.

**Ethical Considerations**

Ethical issues and conflicts may arise because the ethnographer interacts with the participants in constantly evolving, unpredictable human situations (Germain, 2001). This research was reviewed and approved by the University of Hawaii Committee on Human Subjects through Expedited Review Process on August 12, 2005. There was no institutional review board at the interview and field observation sites. The researcher
initially explained the research purpose, procedure, and ethical concerns to administrators and obtained their consent to collect data at each site.

The most common ethical issues, including informed consent, the researcher’s responsibility to participants, risks versus benefits, and to a lesser degree, reciprocity, were considered and dealt with before the research began (Lipson, 1994).

The purpose of informed consent is to make sure that participants fully understand what it means for them to participate in the study and that they fully consent to do so (Lipson, 1994). The research information sheet, which included the purpose and procedure of the study and its related risks and benefits, was given to the participants and the experts and explained by the researcher prior to each interview. Only after they agreed to participate in this research and signed a consent form (Appendix C and D), did the interview proceed.

Privacy, anonymity, and confidentiality of the participants during the period of data collection and at a time of publication must be protected. The researcher transcribed each interview from the recorded file after each interview. These interview files and transcripts were coded with a number and stored in a locked cabinet in the researcher’s office. The research data will be immediately destroyed upon completion of the project.

Cowles (1988) illustrated how qualitative interviews on sensitive topics can stimulate powerful emotional views on the part of participants, such as uncontrollable crying and fighting to regain control both during and after data collection. Death is a personal and an avoided topic for most people, particularly those living in developed countries (Mak, 2001). Before the interview session began, the participants were told that they could refuse to answer a particular question or end the interview at any time.
without prejudice or penalty. In addition, this risk of having negative emotions arise from the interview was mentioned in the research information sheet.

When the researcher noticed that the participants might be experiencing negative feelings during the interview, they were asked if the interview session should be stopped. This was seen when the interviewee was talking about her past experiences of significant others' death with tears or was answering "I don't know" to every interview question. However, nobody wanted to stop the interview. Most interviews took place in a rather positive atmosphere with jokes and laughter. The participants often mentioned funny anecdotes about their deceased significant others' lives.

The researcher believed that reciprocity was an important part of this study. Reciprocity in general is expected and interventions of some kind are inevitable, however, their degree and type are influenced by the population being studied (Lipson, 1994). The basis of ethnographic research is to empower or assist the group to make changes in a desired direction.

During the interview session, all of the participants conducted life reviews to a certain extent and clarified their needs in their older life. This might provide psychological and spiritual well-being to the participants. In addition, the participants and the future Japanese American population might benefit from this research if the results influence the government and/or private health care policies in Hawaii. What was learned from the participants will be shared with other cultural groups by local and international publications and attending symposiums. At the end of every interview, the participants were given a $10 gift card from a local store for their time and contribution to this research.

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Back-Translation Process

There were five interviews in Japanese with Shin-Issei generation participants and Nisei participant. They could understand English. However, they preferred to be interviewed in Japanese because it was easier for them than speaking English. Japanese was their native language.

After all the interviews in Japanese were carried out and transcribed, the back-translation process started. This method was the most common translation procedure used by nurse researchers who conducted cross-cultural studies (Willgerodt, Kataoka-Yahiro, Kim, & Ceria, 2005). The basic form of back-translation starts when the source document is translated into the target language by a bilingual person and then independently translated back into the source language by another bilingual one. Disparities between the two translators are negotiated (Brislin, 1970). In this study, the source and target language were Japanese and English respectively.

The back-translator was recruited through the Department of Second Language Study in the University of Hawaii at Manoa. The researcher contacted an assistant director in that department who put the advertisement on the department’s email lists serve. There were five replies, including master students and graduates of the Second Language Studies. After examining their experiences as a translator or back-translator and their professionalism, a married couple of a fourth generation Japanese American husband who was a native English speaker and a Japanese national wife who was a native Japanese speaker was hired. Both worked as part-time translators for a local Japanese Programming TV station in Hawaii. The husband held a Master’s degree in Second Language Studies and the wife held a Master’s degree in Intercultural Communications.
Using a married couple for back-translation was recommended by Mimura & Griffiths (2004) if such a couple satisfied the certain criteria: 1) they are a couple with native English speaker and a native Japanese speaker, 2) they were reared and educated either in English in an English-speaking country or in Japanese in Japan until at least 18 years old, 3) they have spent more than five years together since they married. The expectation is that such couples can exchange a native speaker’s insight in the ways of expression in different languages as an intimate couple (Mimura & Griffiths, 2004). The couple back-translators in this study satisfied the above criteria.

The back-translation process began with the researcher, who was bilingual but her native language was Japanese, who translated the original Japanese interview transcripts into English. Then, the husband translator proof read those translated transcripts, corrected the grammatical errors, and pointed out the items that English speakers would find hard to comprehend. As the final step, the wife back-translated those transcripts into Japanese. The communication between the couple and the researcher was via telephones and emails.

A decentering process was also systematically conducted (Blislin, Lonner, & Thorndike, 1973). Decentering in this study occurred when the English translation and Japanese back-translation were not identical. In order to develop equivalent or near-equivalent sentences that corresponded to sentences in the original Japanese language, multiple rounds of translations were conducted (Blislin, Lonner, & Thorndike, 1973). The husband highlighted in green the items in the English-translated transcripts where editing was needed and where more appropriate use of words should be considered. The
wife highlighted in yellow the items where she found that it was hard to translate from English to Japanese.

For example, there was a Japanese concept, *meiwaku*. The researcher translated it to “annoying”. In the Japanese original transcript, the participant said *meiwaku* when he recalled 10-year of caring for his wife at home.

Original Japanese version was: “あれもね、キッチンで見が回って、倒れて、ここを打って、こちらの足を打って、車椅子に１０年間乗ったった。だからほんとうと迷惑よね。”

The researcher translated it as: “She fainted in the kitchen and injured her leg. Since then, she has been wheelchair-bound for 10 years. To be honest, I felt it was annoying.”

The wife back-translator told the researcher that she did not find an appropriate Japanese term for “annoying” in this context. So the researcher discussed a more appropriate translation for *meiwaku* with the husband translator. He said, “Annoying means irritating or *shitsukoi*. It is too strong, so it sounds mean. I don’t think anyone would say that about their spouse, unless they were joking.” The researcher told the husband translator that the participant did not sound like he was joking and asked his suggestion on the appropriate English translation for this statement. As a result, it was decided to use the term *difficult* for the Japanese concept of *meiwaku*. Both the researcher and the translator agreed that *difficult* sounds both serious and tactful. It sounded that you loved them, and you would help them without question, but it was not easy.

Finally the back-translated Japanese text became: “台所で気を失って足を打ったんです。それ以来車椅子に乗ったままの生活が１０年。正直言って罵られたね。”

The concept of *meiwaku* has become *iya*. *Iya* means dislike or hate in English that was not an exact concept as *meiwaku*. However, *meiwaku* involved the feeling of
These two concepts interrelated to each other. When one version has ideas and words which, in other language, seem socially insensitive or can be expressed only with difficulty, modification of words and concepts that have no clear equivalence in the other language is allowed (Blislin, Lonner, & Thorndike, 1973; Maneesriwongul & Dixon, 2004). This careful back-translation process is the key to achieve semantic equivalence to retain the same meaning of each item after translation into the language of each culture, as well as, conceptual equivalence (Maneesriwongul & Dixon, 2004).

After completion of the back-translation process, the researcher found five points that were significant to this process.

1. It is essential to have thorough information about the back-translator’s background, personality, and work style.

2. Having a married couple who are of Japanese origin and either English or Japanese native speaker has given the researcher a better opportunity for more accurate translation. Since they lived in the culture as Japanese Americans in Hawaii, they had little difficulties understanding the participants’ narratives. The couple constantly gave the researcher their advice about not only the issues of translation but also understanding the generational differences among Japanese Americans. In addition, they mentioned that they enjoyed this job because it made them understand each other better. This led to the excellent quality of back-translation.

3. Because these interviews did not include any medical jargons, the couple accepted this job. With medical jargon, professional translators would be needed raising the costs of the research.
4. Although the topic is an emotional topic, these translators did not have difficulty with the process of translation and back-translation. Rather this couple showed their interests on the topic because they wanted to know what their Japanese American and Japanese national families might think about their good death. This helped to enhance the back-translation quality.

5. It was important to maintain the participants' confidentiality. The researcher did not reveal their name, age, gender, occupation, the site of recruitment, or other personal participant information to the translators.

**Limitations**

The participants were recruited from specific locations that included a church, a temple, and a senior center. Snowball sampling technique was also used. This could have resulted in obtaining an inadequate representation of healthy active elderly Japanese Americans living in Hawaii. For example, those who did not socialize with others in the community may not have been included. Thus, there might be other views about a good death that were not highlighted in this study. However, each participant in this study came from different demographic category of gender, age, generation, marital status, living arrangement, and religion to provide a diverse sample for the study. Therefore, this small sample is within the nature of focused ethnography. This limitation could be resolved only by collecting as many participant narratives as possible to cross validate participants' views of a good death and for the researcher to validate her own views with participants.

A number of elderly Japanese Americans refused to be interviewed after knowing the topic of this study. One of the reasons was that death was usually an avoided issue to
bring up among families and friends in the Japanese American culture. It was a personal matter and even a taboo especially for the older generations and their views may not have been reflected in the results. Being a stranger to the community had its positive and negative sides. The participants may have been hesitant to wholly reveal their views on the topic of death to the researcher. However, there were participants who said that it was more comfortable to talk about death with the researcher as a stranger.

This study was conducted by a single researcher. The researcher maintained the sensitivity to her own bias that could have been brought into the data collection and analysis process. Self-reflexivity, audit trail, filed notes, and memos were recorded to avoid such influences. However, these attempts might be inadequate due to a limited nature of the conscious process (Denzin & Lincoln, 2000). The researcher constantly shared her self-reflexivity and the study findings with Sansei and/or Yonsei academic advisor, back-translator, graduate nursing colleagues, and other friends for the purpose of member checks. This process was conducted in an informal manner. These members shared their stories about their grandparents’ and parents’ ways of living and dying. They also shared understandings about the researcher’s experiences of cultural differences written in self-reflexivity. Such information helped the researcher to gain deeper insights in the research process and appropriate understandings of the participants’ narratives.
Four Themes

The data analysis was conducted concurrently with the interviews. Thematic saturation was achieved in 18 interviews. There were four themes found for good death among elderly Japanese Americans in Hawaii. These were in descending order: *Being a burden to the family, process of life and death, individual views on death,* and *Japanese culture in Hawaii.* The participants’ concern about *being a burden to the family* was the largest theme. *Japanese culture in Hawaii* received the least attention from them. These themes were derived from 1224 keywords, 57 categories, and 13 patterns. Each theme and pattern with number of the keywords is listed in Table 5.

1. Being a Burden to the Family

There were four patterns under being a burden to the family. These were preparation, family support, friends support, and finance.

*Preparation*

*Preparation for Death*

Twelve of the 18 participants had already prepared for their own death. Living wills and living trusts were their two major preparations. They were informed and completed those preparations through senior volunteer work associations, local senior centers, and friends. All of them chose no resuscitation if they had terminally ill conditions.

“If my doctor diagnoses that I’m going to be a vegetable, and there’s no hope for recovery due to injuries or a disease, let me go without treatment. My husband has the same opinion as me. It means to leave me alone without treatment. It does not mean to
"kill me", but "let me go."

"Ah, I think that the main thing is you don't prolong life. Just for the sake of prolong life."

Living trusts were prepared primarily for their children. They were also done to avoid paying a succession tax.

"I have already given her (daughter) all of my estate. I cannot keep it after my death. So I've given it away before I die. The government will take it if I don't bequeath it more than 6 months before I die. So I have given it away early. I'm not going to die yet, though."

"Dealing with my house and some of my savings, only a little bit though, was difficult. Half of your property, car, or house will be taken as a succession tax. It is called a living trust. In order to create a living trust, we went to see a lawyer and decided that we will give our house to our son without condition. In addition, we will give our savings, although it's almost nothing, to our grandchildren. We have only one grandchild. We have one son and one granddaughter. We will give it to her. Because we finished the paper work three or four years ago, I can die anytime."

Another way of preparation was through funeral planning. Two participants prepared for their funeral by buying a funeral plan from a mortuary. Other two stated that they should start working on funeral preparation but they have not done it yet.

"Participant (P): The only thing that I have to start working on is the funeral preparation. Researcher (R): I see.
P: What needs to be done after I'm passed away, you know. I haven't done the details yet which I should. I've been negligent on that, you know."

Preparation for death has brought the participants a sense of relief. Seven participants talked with their children about their preparation, though others said that it was difficult to bring up a topic of death.

"So this is where the folder is, just take this to A (name of a mortuary). They'll take care of everything. Everything is in there. So ah, we have a cemetery plot and everything. So our son on mainland was here in August. I showed that to him and he said, "Thanks because I know you are doing this for us, not for yourselves." And he said, "I think it's very considerate." And we said, "Yes, we don't want to leave the burden of deciding what kind of funeral we want in our death."... So that part I feel very "anshin" (relieved).
Yeah, satisfied that. And I feel that the person has all of those things in place, and he or she dies, I think it’s a good death, because she was prepared for it.”

“I plan to very shortly writing down things that I would like to have done when I die. You know. But I have already talked about it many times in many forms to my friends and my son, you know. So he kind has an idea, however, I would like to write it down and leave it for him. Because I think it is going to be since I have only one son, he will have to carry all the responsibility and it is hard enough. So I should make it as simple I can for him.”

“Yes, it was difficult to bring up this issue (preparation for death). When your head it is still clear but you just don’t feel well, it’s difficult to talk about how we should deal with these things.”

The participants’ parents’ generation were either Issei or Nisei. In the Issei generation, the concept of living will and living trust had not been as known as it is today. On the other hand, the Nisei generation was more likely to prepare for their own death. The parents in the both generations were reluctant to talk about issues related to death and dying with their children.

“R: When your parents (Issei) died, did they have living wills or living trust?
P: No
R: So you children or one of your parents have to deal with them?
P: But we took care of them. You know, we have to be oyakoko (filial piety) you know. So we took care of them.”

“R: Did you talk about it (preparation for death) with your parents (Nisei)?
P: No, you’re right. They hesitant. They were reluctant to talk about it, you know.
R: I see.
P: I think it’s a part of the culture, Japanese culture, you know?
R: Yeah.
P: Sort of reluctant to talk about those things.
R: May be Nisei and Sansei is very different.
P: Yeah. In the Nisei, my parents were Nisei. They were still reluctant, you know. They were more Japanese.
R: Interesting. When your parents were passed away, you took care of all the legal papers?
P: Yeah, my brothers and I, yeah.
R: Did you find it was hard?
P: Not not ‘cause they already had a legal part of it, you know, through a lawyer. Then, there was all pretty well prepared.”

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**Preparation for Older Age**

As a preparation for older age, ten participants purchased long-term care insurance including home care insurance and nursing home insurance. In addition, three already moved into a retirement home which provided 24-hour nursing care services at the residential site when needed.

“We bought nursing insurance. The reason why is because we have only child and he’s young.”

“P: I do not know whether my dying is same because umm... My son will not take care of me in the way I did (to my husband). But I have a long-term care in preparation for that.
R: You have insurance.
P: Yeah, because a lot of families, it’s different. Somehow, you know, ...because they are unique... I have to be realistic about my dying.”

“You see really old people here (a retirement home), you know, need 24-hour day care. And if I live that long, hope I don’t, if I do, I need such a care for myself, too. So that’s what convince us we should move here.”

**Avoid Being a Burden**

Sixteen participants wanted to avoid putting physical and emotional burden on their children and/or spouse. They believed that preparation for their older life and death would ease such a burden. Physical burden included providing home care for a family member. Emotional burden included having children make the decisions on medical treatment and funeral after their death.

“P: I have home care insurance. And my daughter said she would take care of me at home. So we have that insurance. But I hope I won’t be too much of burden. But she wants to take care of me at home.
R: That’s good.
P: But if I have to go to a hospital, I have insurance for 24 hour nursing. If it becomes burden on her, I would like to go in a nursing home.”
"R: Have you had living trust or living will?
P: Yes I have. It's more for my family. I don't want when they are grieving, and I know they are grieving because we have a good close relationship to my children and us. Even we know we eventually go, your parents will go as I did with my parents. In their grief, I think one of them to make all the decisions so I have set it down okay for it. About how I want to be and where, you know, how we financially do, you know, the properties we have. So that there is harmony as best as we can."

Two participants mentioned that taking care of their grave after death would become a burden to their children and should be avoided. One of them was planning to ask her family to put her bones in a Japanese mass grave. Another one was wondering what the best way was.

"P: I kind of haven't decided if we should have a plot in temple. But right now, I don't feel I want to be underground and they (family members) have to come and take care of weeding the place. You know, my friend just spent one hour or so weeding it. I don't know if I look for niche. My folks are in Nuuanu over there. I don't know. I have to think about it.
R: You concern about your family need to take care of your grave.
P: Worry about putting flowers all the time, you know. Taking care of it. That's what we do with our parents now. They don't take care of it. We don't mind doing it, then take flowers for their birthdays. I don't mind doing that. It's I hate burden, you know. I have people believe in scattering death. Ashes. Both my friends used to go out to Tantalus. Scattered it. The "Hakujin" (white people) believe that it's only the memory they have, instead of graves. Because I went to see graves a way up to Manoa by the theater. It's old grave, yeah. It's not taken care of. Like in Japan, they do believe in "hakamairu" (visiting one's grave). But, in here, there is a different concept. But, in Japan, I would like to build a tombstone like that. But not over here after I see some places are not taken care of."

**Family Support**

Certain expectations of family support had always existed among the participants' parents' generation. Those parents did not prepare for their older age in the same way as these participants did. Three of the participants who were Nisei said there were unspoken parent expectations for their children, especially for their oldest son and his wife to care for them in their older age. It was the Japanese cultural expectation. Since
the culture has changed, they could not expect their children to do the same as they had done for their parents.

"P: Oh, certainly. His (her husband’s) mother lives with us since our marriage.
R: Oh, really?
P: She was a widowed. So I didn’t know it. She came with us after our wedding and lived with us until she passed away when she was 90.
R: How long did you live with her?
P: Well, I would say 40 plus years. And she had nine children. My husband is the youngest of the nine. Only we took care of because of me, I think. Every day I didn’t take lunch at work, I came home and check on her. All we ate breakfast and I prepared for lunch. She was typically a mother-in-law because we knew our parameters, you know. We understood each other. No harsh words, no abuse or anything.
R: Back then, was it usual to live with mother-in law?
P: Here, yes. They were not prepared like I am with my children. They never have to take care of me because I have set it up. But then it is an attitude. They didn’t prepare for it not they didn’t have means to take care of themselves but I don’t know what or why. I think my generation will pretty much not 100 % I’m sure, but pretty much we are good to our parents to take care of them. It is only from our time. When we get old, our children and I are different."

"After my mother died, I’m "chonan" (the oldest son), so my mother my parents lived with us for years. Once my mother died, we didn’t need a big house. So we moved to a small cottage in the back built as a retirement cottage. We had lived in there for 5 years. One day, some day, dawned on us. Who’s gonna care for us when we need care? Our two sons are in mainland. Nobody here for us to care for us. So we realized the importance of moving in the retirement home."

Majority of the participants tried to avoid being a burden on their family members. Those participants planned their older life and death ahead of time. However, such planning was made with certain expectations of support from their children. The participants believed that such expectations would not be considered as a burden by their children. Instead, it should be regarded as reciprocity of what they had given to their children. Wife, daughter, and/or daughter-in-law were expected to become a caregiver at home. On the other hand, when there were husband and/or sons only, the participants
tended to consider asking for caregivers from outside sources. There were different gender expectations.

“My daughter takes very good care of me. My only daughter. She has seen me go through hard times. My husband was stubborn. So I have nothing to worry about. My daughter will take care of everything.”

“I told my husband that I’d take care of him, and that he doesn’t have to do it for me. I can’t expect him to lift up one of my legs and change my diaper! Right? So I tell him when he’s sick, I’ll take care of him until his death but he doesn’t have to do it for me. That’s what I think right now. But I’m not sure about what will happen when the time comes. So I told my husband that he doesn’t have to take care of me. I say, “I love nursing homes.” I told him to put me in a nursing home. I have insurance just for that.”

The participants as parents tried to avoid being a financial burden on their children. However, this can happen even when they had enough funds or insurance to afford their nursing care. Otherwise, children were expected to pay for it.

“I think of my sister. My sister (Sansei) is 2 years older than I am. And she has arthritis, Parkinson’s, diabetes, and all kinds of health problems... And ah, she has a caregiver that comes in ah, to help her about 6 hours everyday. Her children pay for the caregiver for her.”

One participant could get emotional support from her son anytime which gave her a feeling of security.

“You almost have to expect the family support. But ah, then, if the family is so small like ours are so small. This only so much support you can get from them, yeah? Like you said, they are so busy with own families and own lives. You know, it’s a kind of limited. But they are always there. So at least, I know that if anything I need to talk anything about, I can call my son. He always says I’m always here. You can always call me.”

**Friends Support**

Friends played significant support roles in the female participants’ older life. They had long years of friendship from work, church, and senior clubs. Friends could provide participants with a better attitude in older age, frequent checks on each other, good role models in older age, and emotional support for themselves and their children.
"I think socially active is very important. Because we can be active in (senior) club and come home and not have any other social life but ah, you have a circle of friends and you do other things with them. I think just keeps your whole attitude better."

“And within the group itself, we have friends some become closer friends than others. So it’s always a matter of, “Oh we haven’t seen this person for a long time. I wonder how she is doing. I give her a call to see how everything is.” And ah, things like that. So I feel ah, social contact is also very important.”

“...when I see my friends in their 80s, still doing well, still walking around, still participating. Gee, I admire them. I wish then I could continue when I am in that age. One of my friends is still golfing in that age. She is going to be 81 next year. So, at least I have a goal to shoot for. I hope when I’m 80, I am still golfing.”

“I can continue to see my friends and have relationship with them and while I am dying. And I am able to speak to somebody about the process that I go through. It can be just a good friend or somebody who is knowledgeable enough about the process that I am going through which is a dying process... Yeah, because I feel that it is personal and everybody’s journey is different but you need to talk about it.”

“I tell my friends. I always tell them when I die, they can, I know they will talk to my son. They need to remind him, if he has any question, he is able to ask them. And they will know.”

One participant was concerned that all of her church friends were elders. As they had similar problems as she did, she would not rely on them for support.

“R: If you became sick, would your children be the ones you’d depend on?
P: Yes, it’d be them.
R: What about people in your church?
P: No, it will be certainly my children. There are only elderly people in my church. Everyone is having a hard time because most of them are old. Young people rarely come to that church.”

Financial

Five participants expressed the importance of financial resources to better prepare for older age and death. For example, one participant who lived in a retirement home said the couple paid $240,000 as an entry fee and $3,900 per month. When they require
24-hour care in the future, the cost increases to $7,000. These prices have been rising annually.

"R: Why issues about finance affect a person having a good death?
P: If you don't have money, you can't buy a funeral plan or you know, or buy a place to live, worry about ah, care giver incapacity. So definitely.
R: Do you think it's important?
P: Yeah, financial. Yeah. I am well prepared.”

“I feel better fortunate because we have Medicare, we have HMSA. And my husband has an insurance, you know, he is in private. He was for private and I was for state. Right? So his insurance covers only a little, may be a hospitalization for so many days. But HMSA and Medicare that’s ah, I’m not worried about health care per se. Because I have all the insurance. I feel safe, you know.”

Summary of Being a Burden to the Family

The participants showed the largest concern of being a burden to the family members, especially to the children. In order to avoid this, they combined several ways to prepare for older age and death. These included: living wills, living trusts, funeral plans, long-term care insurance, finances, family support, and friends support.

At the same time, the parents had certain expectations for their children which involved physical, mental, and financial support. The gender of the children influenced such expectations. For example, females were expected to be a caregiver, not the males.

2. Process of Life and Death

There were four patterns under process of life and death. These were avoid suffering, how you live and die, place of death, and new aspects of life.

Avoid Suffering

Suffering at the end of life lower the quality of life and dignity. Thirteen participants stated that good deaths could not occur with suffering. Suffering included physical pain, being ill for a long time, and being bedridden.
"My sister is 2 years older than I am. And she has arthritis, Parkinson’s, diabetes, and all kinds of health problems. And she, years ago, she told me everyday my body aches. And ah, I don’t know if it’s because arthritis or Parkinson’s, but ah, what she says everyday it hurts. So I said, “Well, how about taking painkillers?” The doctor gave a prescription for painkillers. She said, “Yes, it helps for may be an hour, after that pain comes back. It doesn’t go away completely. Everyday, in the middle of the night I get up, my body aches.” So you know, everyday she is suffering.”

“But he was ill for a long time. And a I feel sorry for them that he suffered for long.”

“But ah, I think if you, suffering to the point you just in bed all the time, you cannot get out of a bed, you have bed sores, and you know, you are not ah, like you have Alzheimer’s, you don’t know what’s going on, yeah. And to me, that’s that’s really ah, not quality of life.”

Three participants said that they did not want to live longer if they suffered. One participant said death under such condition could be called a good death because it meant termination of such state. Euthanasia was mentioned by the other two participants.

“For people who are suffering, I feel, I am not in the position so I don’t know how they feel. But I feel a lot of times, “Do I want to do that?” I think I would rather not live longer under that kind of condition. And to me at the time like that, death comes I feel that’s a good death. You know, it puts the person out of misery and suffering.”

“Yeah, if it’s suffering that doctors can’t do anything. I think they should have...yeah, sympathy death. Not hanging on suffering and suffering. But I don’t know. Christian, my daughter, don’t believe that type of death. But I don’t know. But to suffer namelessly is not necessary to me, if it is down, if death is gonna to be the end result.”

As a consequence of suffering, two participants said that it would make a family suffer more during as well as after the death. Seeing a family member suffering was painful. Survivors would remember such scenes forever and feel regret.

“...we talked about managing pain because we both didn’t doubt that it was very important to control pain so that the process is not painful to everybody. Not only the patient but family.”

“When somebody dies, I wish he can pass away without suffering. Once you see him suffering, people surrounded by him, especially his family, will remember it forever. So I wish he can go quickly with least suffering... When a person is dying, people say that it is very hard to see because of ongoing suffering. Those people remember such scenes
and regret about what they could help. My dog passed away without suffering, though I remember him and cry. So when people watch a death face, I wish the face looks beautiful without marks of suffering. Yeah? Suffering leaves marks on a death face.”

How You Live and Die

Contentment

Two participants said contentment in one’s own life was important to having a good death. Contentment resulted from achievement and having no regrets in life.

“At least, he (brother-in-law) did all the taste. He wanted to go to yukimatsuri (snow festival). But just he couldn’t make it, you know. There was no opportunity. So he couldn’t go to that. But he went to sakura (cherry blossom festival) and he went to Okinawa, too, you know. That’s his home. He did the things he wanted to do so. I guess when you think about it, that’s good dying, you know. No regrets, you know.”

One participant divided a life into three stages: getting education for a better life, raising children, and a time to give back. By achieving those goals she was content and felt happy with her life.

“I wanted to add that in the different time of your life, you know, when you are young, you are going to get educated, you work hard so that you can buy whole better life that. And after, you have raised your children to your satisfaction they have done mostly by themselves but our encouragement, ah, and the another part of your life was time for you to get back. My husband and I have done that. We try to. So we volunteer a lot. And we are very active in a community... I think once you made your goal. I am not greedy but I am content. I am happy with my life. The world has been very good to me. And it’s time to pay. I believe almost if I don’t give back, what? I will be almost punished. I just want to get back that.”

One participant compared her father’s and sister’s life. Since she looked at his life as fulfilled, she believed that his death was good. On the other hand, she saw her sister’s death was not very good since she did not take care of herself and died young. She called it, “free living”.

“My dad I feel fulfillment. Taking care of family all that so okay, I guess. But for my sister, I felt it was quite too soon, you know. And then, she should have a, you know, she
kinda lived by herself, she didn’t take care, you know. So I don’t think that was a very good, you know."

Dying with Family Around

Three participants did not want to die alone. It sounded lonely. They felt sorry when they heard their friends died alone. However, one participant thought that dying surrounded by family did not sound realistic. He said that he rather go alone and quietly.

"Ah, I hope I have a, you know, if I am gonna die, if I’m sick and die, hopefully it will be in a pleasant situation with my family around me."

"Family, we don't have, it's not, I suppose there some ah, pictures or movies about family cross around and ah, within terminal events and all. But that's not really gonna happen, you know. It's desirable to approve other people just towards this end. In fact, I'd rather go quietly. And in fact, I don't think I even want anybody to hold a funeral or anything else."

Timing of Death- Sudden Death

Seven participants stated sudden death as their ideal way of death. Heart attack was the most representative of such a death. They believed that sudden death would cause the least amount of trouble for everyone and there would be less suffering compared with a gradual death. There is a Japanese saying, pokkuri (just like that) to refer to sudden death. Two participants brought up such concept.

"P: I do not know if it’s a good thing or a bad thing, but sometimes, people die suddenly, pokkuri.
R: They even have temples for that, don’t they?
P: Yes, they do (laugh). I often think that it’d be better to die that way (sudden death)."

One participant wondered if sudden death might be easier for the wife who otherwise needed to provide nursing care for her husband.

"Some of my friends lost their husbands suddenly. When they woke up, their husbands had just died unexpectedly. Although it's a different case from mine, it’s still very shocking and I feel sorry for those friends of mine. But in retrospect, I sometimes think
that husbands who die quickly are more “okusama-koko” (doting husbands), compared with the ones who get worse each year, with their wives having to take care of them.”

Two participants wished to die in their sleep because there would be no suffering at the time of death. Dying in one’s sleep would lead to a peaceful death. They referred to sudden death as the most desirable way to die.

“I would not, just may be have a heart attack. Just go peacefully or die in my sleep like my friend. Not a long ago, just found her in bed. So I would like to be just at home and just go peacefully.”

One male participant who took care of his wife at home for ten years also preferred sudden death than gradual one. He believed that living with a disabled family member for a long time would make the family suffer.

“She was wheelchair-bound for 10 years. I suffered, too. That’s why the feeling of sadness grew less and less. If she had died suddenly, everyone would’ve cried. But, everyone had a hard time with her, so there were no tears. It can’t be helped. That’s the nature of people…. Surprisingly, everyone cries more if one dies suddenly like “pokkuri”, from things like heart attacks. So if someone was sick for ten years, maybe nobody would cry.”

Although there were a number of positive opinions about sudden death among the participants, a few participants showed negative feelings about this type of death. One participant had mixed feeling about how she wanted to go. She believed that sudden death was good in terms of suffering less. However, there would be no control in the dying process and no time to plan for the end-of-life. As a result, the family might suffer after her sudden death.

“P: How I describe a good death? You know, sometimes I have mixed feelings because sometimes you are gonna die you prepare for it. But if you are suffering in the process of the dying, its’ not too comfortable, too, yeah? Whereas, if you go all of sudden, you are gone already, you don’t have to worry about anything. So but ah you know, we have no control over there, you know.
R: So you want to avoid suffering?
P: Well, if I need to suffer, you know, you know like a lot of pain. Then, you know, I will kinda think, “Oh, better to go most suddenly.” But I don’t know. Does give me a time to plan, you know, so I, I kinda, you know, not really decided which is better.”

“I feel that the person has all of those things in place, and he or she dies, I think it’s a good death, because she was prepared for it. If you are not prepared and you die suddenly, because most people who know they are going to die who are suffering from illness will take care of those things. But if die suddenly, and if you don’t take care of those things, the survivors suffer.”

One participant referred to her husband’s death as a sudden death. He had been sick for a few years, however his death was unexpected. He was found dead in his bed in the morning. She felt that he might have died with regrets that he was not being able to see his son before he passed away.

“I think that it was good for him since he died quickly. The only regret he might have is that our son came late and couldn’t see him.”

Length of Life

Age of death influenced the participants’ perception of good death. If a person died too young, it was not considered a good death. According to the participants, the borderline age to have a good death was over 80. When a person was in his 60’s or younger, it seemed too young to die. It was still too young to die in their 70’s because they felt people today were still active at that age. When it came to the age of over 80, the participants started thinking that it was not a bad an age to die. Death in their 90’s was recognized as a long life.

“R: How old was he (your father)?
P: He was 64. Yeah, that was kind of young.”

“...nowadays 76 is not considered that old (laugh). Because a lot of my friends are two years older than I am or even in their 80s.”

“P: ... Do you know ‘x’ hospice?
R: Yes, it is a nice hospice.
P: Yeah, so they (her sister and brother-in-law) are thinking about it. It’s so sad. And he is 80. So that’s not too bad.”

“I think ah, you know, at least fortunately for me it’s been a fairly good span of life compared to some people go through.” (Spoken by 81-year-old participant)

“R: ... So your mother-in-law died when she was 97 years old.
P: Yeah, it is a long life.”

However, if a person lived a long life without quality, his death would not be viewed as a good death by participants. Long life and quality of life needed to be combined together to achieve a good death.

“I feel if I’m going to live a long life, I want to live a quality of life. That’s why I believe in keeping up with my exercising to keep my body, ah, healthy. And I also believe in keeping my mind active. This is why I am participating in a senior citizen club.”

Age also controlled the opportunity to talk about death among family members. One participant said that she could not talk about preparation for death with her family members because she was the younger one. She needed to go to talk with her younger relatives and friends.

“Because where I am in family, I am the younger in the family, yeah. So I don’t think I can talk to them. So my family probably not to be. Probably my niece and nephews the ones to talk to, we may have a chance to talk to. Mostly my friends will be my support.”

**Place of Death**

Over half the participants talked about the place of death as part of good death.

Three participants had a positive feeling about dying at home. It would bring comfort to the dying person. In addition, it enabled the family to be able to prepare for his death.

“R: Some people say dying at home is preferred.
P: Yes. Most people prefer that.
R: Do you prefer that, too? Why is that?
P: Well, I guess you feel comfortable. Being in a hospital seems cold. Ah, dying at home is...Gee I have never thought about those things.”
"Well, I think about it. Yes, I’d prefer to die at home if possible. If you were to just get a phone call from the hospital, it’d be such a shock. Wouldn’t it? It’d be tough for the family."

On the other hand, two of the participants had a negative opinion about dying at home. One of them thought that coming back to home just to die would cause more problems. So she would rather stay at the hospital. Another participant worried about death happening at home. She was worried that somebody living in the place after her death might not feel good about it.

"R: According to place of death, what settings do people want to end their life and what needs to happen there?
P: What setting? Well, I know there are people like to die at home. But I don’t mind dying at hospital. I mean if I’m there, you know, I don’t wanna be brought home with all the tubes and so on (laugh) to just come home to die. Because you know, I guess may be from long time deep inside, you know. I feel that I’d better to go in a hospital to die."

"If I insist on going home, you know. I, ah, if it happens at home, that’s it. But ah, I wouldn’t want to say that I have to be at home. You know (laugh). I feel that I don’t know. Someone is coming who is going to be using the place, you know, may not feel, you know, it was a death in a house, you know (laugh). I don’t know. That’s what I feel. I wouldn’t insist on. You know like some people say, you know, almost the end, and want to get home, you know. But ah, I don’t feel like that. I feel about whoever is coming to the house, I don’t want them to feel that (laugh). I don’t know (laugh)."

Nobody talked about nursing home as a good place of death. One participant called a nursing home “hell.”

"Once you enter a nursing home, it’s hell. It’s pitiful. I know! I wanted to give her (mother-in-law) nursing care, but I had a job back then. I worked until I was 72 years old."

There were three participants who had moved into a retirement home. All were satisfied with the care program that the home offered. They expected to use care program when they become ill. This gave them a sense of security.

"Fortunately, here environment is very good. So it’s not like to turn into the outside, you know, where you do have to worry, you know? What’s gonna happen in case, for
example, you have a Alzheimer, you know. And I guess when you are outside, you have to depend on your family then, you know. To take care of you and so on. But here fortunately, like I said, it’s ah well organized, you know? In the ….like mental disability like Alzheimer’s or dementia.”

“P: Yes the advantages of living here (retirement home) is you have the three levels of care, you know. You have your independent living, your assisted living, and your skilled nursing when you are really bad.
R: Okay
P: Ahuh
R: Is it all included when you moved in.
P: Oh it is all included.
R: Really
P: That’s why you have the sense of security. If anything happens, all those programs are included, yeah? If anything happens to you. Like you probably see some people in a wheelchair. There are more going with a wheel chair (pointing at the elevator hall, there are a few passing in front of us), there are other two with walker crossing. So it includes all different types of people with ah, some kinds of disabilities also mental disabilities, too. Alzheimer’s and so on. And they have a residency with Alzheimer’s and so on.”

New Aspects of Life

The Paranormal

Two participants said that they had experienced paranormal events in the past. They were not sure how it affected their view of life and death. However, such experiences made them realize that there was a connection between this life and the afterlife. One participant recalled that her aunt and her mother were seeing their deceased family before they passed away.

“P: Well, you know, my mother told me her sister, her oldest sister, before she died, she had a Alzheimers. Before she died, she saw a balcony and she saw her mother coming to see her. You know, she said to her mother, “Oh you came to get me.” You know? Something like that. When she (the participant’s mother) was dying, you know, it’s kinda interesting, you know. She was in a private room and ah, she had a heart attack. She kept looking at one corner of the room. Just looking at one corner, do something and she looked again. You know, I wonder she sees her family coming to get her or something. And then, afternoon I was going home ‘cause I was with her all night. But in the afternoon, my daughter was saying she also saw her looking but she also saw her talking. My mother must have been hallucinated. I don’t know. But I said how nice that
family member is coming to get you (laugh). She had a peaceful death which is good. You know?
R: Did it happen soon after that event?
P: Well, in the next day. Early morning she died.

Another participant experienced that her father, husband, and beloved pet died on the same date. She believed that her father assisted freeing her from her husband.

"My husband died in March 15th. It was the same day with my father's death. My father might help me because my husband was a nagging one. Isn't it unusual to have a same day? My dog died on the same date, the 15th in different month."

Appreciation

A sense of appreciation grew further as the participants became older. Three of the participants said they appreciated life, older age, and financial resources. Everyday changed into a precious day.

"I appreciate each day and say I could let to be lived safely today. I have deeper feeling of appreciation. Before I go to bed, I hold my hands and say "thank you" to the faucet and all others. I appreciate the Shinto god and Buddha in bed before I sleep. Indeed, it is about appreciation. When I use one thing for a long time and cannot use it anymore, I clean and put it in a bag. Then I throw it away with saying thank you for letting me to use it for a long time. I feel more appreciation arisen."

Summary of Process of Life and Death

The participants worried most about suffering in their older age. In order to avoid suffering, some preferred a sudden death. However, there were ambivalent views on the best time of death. Contentment in life and dying with family around led to a good death. The length of life greatly influenced whether the person had a good death. The appropriate age for a good death was over 80 years old. Places chosen for dying were at home, a hospital, or a retirement home. However, no one wanted to die at a nursing home due to perceptions of poor quality of care. Several participants found new aspects
of life, as they got older. They understood the connection between this life and the
afterlife. In addition, the sense of appreciation of life increased.

3. Individual Views on Death

There were three patterns under individual views on death. These were religion,
past experiences of death, and attitudes.

Religion

Christian Influences

Twelve participants were Christians. All of them believed in the existence of
heaven. Some could visualize a clear image of it. Others had knowledge of heaven from
hearing about it repeatedly. Although participants had similar but slightly different
concept of heaven, all shared a sense of security and peace. Such a sense reduced their
fear of death.

"I see a clear picture of heaven. I believe they told me the life after death. And I do
believe there. But I don’t know a sure picture that some people know. Just definitely
know that. But I just I have been told and I accepted it. So I think, as you get older, I
think more to get thinking more of death, yeah. But right now, it hasn’t sunk into my
believe us yet, right now. But I have to be thinking about it (laugh)."

"R: Does the religion influence your views of dying?
P: Yes, because you know, in the bible it says that he is going to prepare a place for us,
you know? So I think that assurance so I am not afraid of dying, you know. We just feel
that we have that assurance so everybody is secure, you know.”

"R: (Reading the participant’s summary paper)
Protestant Christian says death is not to be feared but actually welcomed.
P: As a bible believer, that’s my perception.
R: Okay
P: I am not sure what other Christians agree with me (laugh). That’s what I want to be
from my limited knowledge of bible.”
Two participants described what they believed about the spirit. A person’s spirit came from God. Death meant that the spirit went back to God.

“So spirit resides in the body until the body dies and we go back to God. Actually we came from God, as spirits god created us for we have lived on earth for x number of years until the body dies, then spirits turn back to God.”

One participant liked singing hymns. It helped her to survive the difficulties in her life. Her singing of hymns helped to confirm the existence of God.

“I sing hymns all the time. It makes me feel like everything will be fine, even though I may have hardships, because God is there.”

**Buddhist Influences**

Five participants were Buddhists. They all believed in ancestor worship. Visiting ancestor’s graves or praying at altars was an important ritual. They cleaned and decorated their ancestors’ graves or altars. They did it to make their ancestors happier and more comfortable in their afterlife. Such ritual communication would result in the participants’ feeling of being protected.

“You talk about ancestor, yeah? You have to be good. You are bad, you go to hell, yeah? Japanese temples are for ancestor, yeah?”

“There’s a Buddhist altar and his afterlife name. I offer incense, change the water (for offering), and pray with my hands pressed together every morning. I do it to ease my mind.”

**Past Experiences of Death**

All of the participants had experienced their parents, siblings, spouse, and/or friends’ death in the past. A few of them started to develop deeper insights and more realistic preparation for their own death by learning how their significant ones’ died.

“Just go peacefully or die in my sleep like my friend. Not a long ago, just found her in bed. So I would like to be just at home and just go peacefully.”
"You know, especially this year, we have so many friends passed away. Not all of them were a kind of unexpected type of death, yeah. So, in middle of this year, I told my husband, "I think we better go and have our pictures taken, individual portraits taken." Because every time I go to a funeral, you know, you look at the deceased picture, some of them are very nice pictures taken quite recently. And ah, the way you know them. But some of the pictures are twenty years old (laugh). That's not the way she looks, yeah. And so, I think about it. I think you know, anything can happen anytime. So my husband and I made an appointment and went. We had portraits taken."

**Attitudes**

**Death**

As the participants got older, they started thinking more realistically about their own death. Six participants described death as a part of life and inevitable. They recognized that a person was going to die no matter what occurs.

"As you get older, you begin to think. Think about those things (issues of death). But ah, you know, something about inevitable. So, live each day to the fullest. (smile)"

"P: But death again, you know, a part of life. You know? It says continue you have to expect that, you know? R: Okay P: And as long you prepare for it, and you expect it, you shouldn't have to struggle finding avoided, you know."

Although the researcher did not hear negative opinions about avoiding death from the participants, it might not mean that they were ready to go anytime. One participant mentioned that everybody hopes to live longer if they were not suffering.

"There are people, young and old, who want to die because they lose memories and suffer from diseases. Except for those people, when your head is still clear and you don't suffer very much, everybody hopes to recover and to walk outside one more time."

One participant said that she had no purpose in her life anymore. She had originally come from Japan and divorced her American husband. She said that she had a tough time raising her three children by herself in Hawaii. She was feeling worthless.
about herself because all of her children were married and having independent lives on
the mainland. Although she did not have ongoing problems with her family, health,
finance, et cetera, sometimes death looked attractive to her.

"I, well, really, there's no purpose in life if one is too happy. It is like, "God, I don't
mind dying anytime." Well, when I went to... what? a cliff. Falling to my death.
Certainly, I feel that I am attempted to do so.
R: Oh, really?
P: I think, "Well, it's good to drop dead." I can't think otherwise. When I was young, I
thought that I'd feel sorry for my children or that I would cause trouble. But now, even if
I died, nobody would mind. There are only people who say, "Mama, enjoy yourself. Sell
your house and enjoy your life." There's not one single person who I'll cause problems
for when I die. It's like what Ayako Sono (a writer) said: "Having no one who's relying
on me leads to the least encouragement to live." But, being too happy is... It's better to
have some problems. I felt like I agreed with her."

One participant was concerned that things might not go as he planned at the time
of death. In other words, the matter of death could be beyond his control because his
family members might not agree with his wishes.

"But I think it's (advanced directives) ready to be a reviewed or changed or whatever
because I feel now is really hard to go according to your wishes because the families
somebody in the family might object, you know?"

Older Age

Four participants expressed their feelings about older age. One of them was
optimistic about getting older. As she became older, she started to realize that she could
manage more than what she had imagined about old age. She was 75 years old, however,
and she did not feel old.

"I think a lot of people will do in this way, too. You know? A long time ago, may be 40
years ago, when I was young, you know. I used to think, "Hoho, somebody age 75 must
be very old." But I'm at the age 75. I don't feel old. Do you know what I mean? I feel
old in a certain way but you know, able to do a lot of things, you know? People at age 75
couldn't do a long time ago. May be you know. You change your attitude."

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On the other hand, the rest of the participants did not have positive views of older age. They were most afraid of losing their cognitive function due to aging.

“R: ... So (good death for you is) also without any painful effect of old age including bond to a wheelchair, incontinent, blind, deaf and helpless (Reading the summary paper that he had written for the interview).

P: This is what I am observing here in this retirement home. Especially those bond to a wheelchair whose body is still alive but their mind. So it’s really sad.

R: So you want to avoid it.

P: Yes.”

“But it might not be good to live too long and start to forget things. I may ask, “Who are you?” That would be the worst situation. That would be the worst. I am already forgetful. It causes problems. I don’t want to live that long.”

One female participant worried about how her face would change due to old age and deteriorating health condition. She did not want people to remember her with such a face. She wanted to move into a nursing home that was located far from her home so that nobody could visit her and see her aged face.

“I told my husband that when I need to enter a nursing home, please send me somewhere like Australia or Alaska, where nobody can visit me. The reason why is that I don’t want to be seen with a haggard and deathly look on my face. I want people to remember my smiles as I’m chatting. The neighbor islands are small. People in Hawaii are very loyal, so they’d visit me even if I’m on the big island or in Kaneohe. I told my husband that my wish is that he send me somewhere very far. When I get older, I won’t put any make up on. I won’t do anything. I don’t want anybody to see my sick face.”

Summary of Individual Views on Death

Religious beliefs, past experiences of death, and attitudes towards older age and death influenced the participants’ views on death. The majority of the participants understood death as a part of life and inevitable. Religion gave them a sense of security about the afterlife which helped decrease the fear of death. The participants were likely to project past experiences of their significant others’ death onto how they saw their own end-of-life. If such experiences were acceptable ones, their attitudes towards death and
dying would be positive.

4. Japanese Culture in Hawaii

There were two patterns under Japanese culture in Hawaii. These were cultural values and generation differences.

**Cultural Values**

Family was a big part of life among the participants. They often mentioned how hard their parents had worked to raise their children. The concept of *oyakoko* (filial piety) was emphasized by two participants. Family helping each other to reduce a burden on parents and supporting parents when they got older were considered virtues.

“My marriage was late because of 5 children. My youngest was a brother. He became a doctor. Each one finishes college, we helped each other. So nobody married until the last one was through. And he went to medical school (laugh). But we never questioned. And this was unsaid by my parents. But we agree. So I credited especially my mother. But we cooperated, we agreed.”

“P: You know, because we have observed our families suffering but not suffering, struggling to make a living. And the war, the World War II came along and all that. And all of that... And, of course, now they have even worse wars but even before then when our children were born and growing up. It seems like that *oyakoko* thing was kind of dying off. Yeah. So we have a family reunion like a we just have in August. We have it every five years. And our ah, T-shirt that we make for reunion.
R: Really?
P: With "*oyakoko*" on it.
R: It’s nice.
P: Yes, when we first started family reunion, my uncle who was like our family leader, ah, he said that ah, “We always have to pass down to our future generation the idea of *oyakoko*...”
R: It’s nice.
P: Yeah, so he made a film. Ah, he gave, he and my auntie’s fifties anniversary, he gathered family members from different families and different generations. And we talked about like I talked about my mother and my cousin talked about his father and all this, ah, what our parents did and how we would remember our parents. And ah, so anyway, this is now grandmother, us, we have six generations now. Not all living six generations (laugh). So our family model is “*oyakoko*”. Yeah?”
One participant mentioned the concept of *shikataganai* (it cannot be helped) when she described death as a part of life. Another one used this concept when he explained about his emotional changes while he took care of his sick wife for many years. Both of them used *shikataganai* as acceptance of unpleasant and uncontrollable reality.

“I’m not afraid of dying per se, yeah. Of course rather live, but if you go. You know, there is a Japanese say *Shikataganai* (laugh) *Tokiga kitara* (when the time comes) (laugh). Yeah, that’s how I feel.”

“She was wheelchair-bound for 10 years. I suffered, too. That’s why the feeling of sadness grew less and less. If she had died suddenly, everyone would’ve cried. But, everyone had a hard time with her, so there were no tears. It can’t be helped. That’s the nature of people.”

One participant who was Shin-Issei felt that long-term care insurance system was a cold system. As a Japanese, she believed that nursing care for family members was a personal business. She compared different views on long-term care between American and Japanese.

“That insurance (her long-term care insurance) has choices. One is for people who want to be in a nursing home. The other is to ask visiting nurses to come three or four times a week for nursing care. But even though it’s three days per week, what happens during the other four days? Who’ll prepare the meals three times a day? It’s impossible! My husband is old, too. As a result, it seems like a very cold system. People in Hawaii or the U.S. are very business-minded about these things. In Japan, this is a personal matter. People have different views on this. But, I don’t think like that (like Americans). It’s very business-like.”

Fourteen participants were born and raised in Hawaii. They all went to American public schools and never lived in Japan. One participant said that Japanese Americans still held Japanese values although they acted more like Americans.

“R: Do you expect any culturally compatible health care?
P: That’s a good point but because I think that we were born here and raised, you know, we are more American. But I still have Japanese values, too, you know.”
Generation Differences

Two participants pointed out that there were generational differences among Issei, Nisei, Sansei, and above. Such differences were more apparent between Nisei and Sansei.

“P: ... When we get old, our children and I are different.
R: So their belief is different among Issei, Nisei, and Sansei?
P: Especially Issei and Nisei, there are some differences, of course. But I think there is big differences between second and third. They’re westernized. They’re Americanized. It is infinite difference. And they leave home early and not struggle or sacrifice like I did, you know. They are more provided for. As my children were sent away to college but with the all financial backing. They are good kids but they are different. But our expectation is different, too.”

“P: ... And our older son is ah 52 now. He was born just about a time when the ah, the older generation thinking was beginning to change. And ah, because the younger generation is little different, yeah.
R: Do you think when you say younger generation, you refer Sansei people? Or,
P: Yes, our third generation. Generation after us, yeah? Ah, the “oyakoko” this to me that is a kind of ah dying off after our generation.”

The four Shin-Issei participants had married American men and moved to Hawaii as war brides after World War II. They spoke no English and had limited knowledge about U.S. society. One of the Shin-Issei participants mentioned encountering prejudice in these days from almost everybody including Nisei Japanese Americans. It has changed much today because Japanese culture has been immersed into the local Hawaii culture. This participant believed that people’s view of life and death are different depending on their age and generation.

“When I came here, it was right after the war. So, there was always prejudice coming from the Nisei generation. But, it’s different now. Today, people can learn various things from Japanese TV programs with English subtitles. So many people like to watch these programs. When I arrived here, I could only watch such programs once a week, or 1-2 hours on Sundays. There were a couple of old Japanese movie theaters. I went there to see movies because they were my only joy. That’s how it was in Hawaii back then. I think that people have different thoughts on that, depending on their age.”
Summary of Japanese Culture in Hawaii

The Japanese culture in Hawaii is complex. People from different generations experienced unique historical events and human relationships within their cultural milieu. As a result, their views of life and death became varied. There seem to be a discrepancy of expectations and values between Nisei and Sansei. As the Japanese concept of oyakoko (filial piety) disappears, the Nisei parents were aware that they could not expect their children to take care of parents at home, as was traditionally expected. As the younger generations become more acculturated, it is unclear what effect traditional Japanese values will have on future generation.
CHAPTER 5:  
DISCUSSIONS

Verification of the Findings

Triangulation of the data is essential in order to establish rigor of the study in ethnography. In this research, supplementary data sources, which included interviews with experts, field observations, and findings from the relevant literature, were used to increase credibility of the findings from the interviews. The discussion that follows evaluates whether the supplementary data sources support the findings from the interviews of elderly Japanese American participants in the study.

Being a Burden to the Family

The wish to avoid being a burden to family members was the theme which concerned the elderly Japanese American participants most in this study. Literature that focused on Japanese or Japanese Americans' end-of-life beliefs also yielded similar results.

Hirai, Miyashita, Morita, Sanjo & Uchitomi (2006) studied 13 advanced cancer patients, 10 family members of those patients, 20 physicians, and 20 nurses in Japan to identify the components of a Japanese good death. “Not being a burden to others”, was one of the major components of a Japanese good death. Other components included: having no financial worries, not being a burden to family members, and not making trouble for others. These were equivalent to what the researcher found in this current study of Japanese Americans in Hawaii.

Matsumura, et al.'s study in Los Angeles and Japan (2002) found that Japanese-speaking Japanese Americans (JJA), who were less acculturated when compared to
English-speaking Japanese Americans (EJA), were more reluctant to be a burden on their families. These JJA were mainly Issei or Nisei generation, who still held traditional Japanese values of reservation and self-sacrifice. In addition, they were less likely to have enough relatives around them to form a decision-making unit. As a result, they have developed a strong sense of avoiding being a burden.

The researcher’s pilot study (Hattori, 2004) also found that the elderly Japanese American parents felt guilty about being a burden on their children, though the children were expected to show their filial piety.

The concept analysis of good death in the Japanese community (Hattori, McCubbin, & Ishida, 2006) uncovered the link between coherent family relationships and not being a burden on the family. Although the importance of family support at the end-of-life was emphasized and expected, the dying still had a strong sense of avoiding being a burden to family.

**Preparation**

Preparation for death was the topic of the most concern to elderly Japanese American participants in order to have a good death. Participants prepared living wills, living trusts, funeral plans, and more to avoid being a burden on their family members. All of the experts in this study also observed the importance of preparation for death among Japanese Americans. Having everything arranged was part of having a good death for them.

“I think the only other thing that I can think of that’s important to them as related to good death is ah, a lot of times, they consider having everything in order a part of having a good death”
“To have everything arranged, yeah, so the person who is dying would know that when they die, things will be taken care of.”

The participants’ parents were reluctant to talk about preparation for death. One expert mentioned that it was still true today. As a result, it has made it hard for the family to determine is best for the dying or deceased family member.

“One is, you know, because of Japanese, they don’t want to talk about. They don’t want to a head of time. And, because of that, it makes it hard on the family.”

The church pastor said that helping a dying person and his family to get along well with each other was one of his roles as a pastor. He believed that minimizing tension between the person and his family was an important preparation for the one’s end-of-life.

“I can talk to the family about death. I can talk to the patient, talk about death and dying. Then they talk to, so I am between the patient and the family. Sometimes they get mad at me because they don’t want that. That’s I have to say, “No, that’s okay.” If they get mad at me, not at the family. So they can get along together and to help each other.”

The elderly Japanese American participants were likely to prepare for their death and older life by avoid burdening their family members, especially their children. Two experts also mentioned that they did not want to cause trouble for the family. Deterioration of health due to older age was a source of concern for their children. So elderly Japanese Americans tried to manage any problems by themselves without letting others know.

“That something I found especially for Japanese. Many are not thinking about themselves. The feeling like they’re causing trouble for the family. So many times, even when there are awful things they don’t want to say anything. They don’t want to upset the family.”

“They may cause problems if they aren’t strong to the family. They think that the family become weak.”
"But with Japanese American families, they had (to) think that they don't bother the family. They don't wanna pull on families and friends."

The elderly Japanese Americans worried about causing problems or giving their family members a hard time after their death. Therefore, it was important to select a funeral plan which enabled their children and/or spouse to have an easier time at the time of their funeral. According to the pre-need counselor in the Life Plan office in a mortuary, there were twelve different plans to choose from. He explained that almost all Japanese clients chose “Plan I: Chapel over cremated remains (no viewing)” that included: preparation for legal documents; transfer of the remains from the place of death to mortuary; care of the remains, cremation, and cremation container (cardboard); use of chapel and lanai (balcony); coordination of funeral service; and snacks for the guests. All of these would be completed by a mortuary. The cost for the Plan I was $3,205. The Japanese preferred this plan because it was convenient for surviving family members. He also mentioned that the majority of Japanese started to consider purchasing their own funeral plan in their 60’s.

The relevant literature also emphasized the importance of preparation for death to achieve a good death. Braun & Zir’s study (2001) focused on Christian clergy’s and congregation’s perceptions of good death and the role of churches to enhanced end-of-life care. The participants were 43% Asians, 34% Caucasians, and 23% Pacific Islanders in Honolulu. Most of the focus group participants supported early planning and discussion of end-of-life wishes which were related to their definitions of good death: “accepting death”, “being pro-active in resolving issues” and “not prolonging life.” Such preparations included “completion of living will and designating a surrogate”, “making
decisions related to burial and cremation”, and “outlining funeral or memorial service.”
In addition, “discussion with family, minister, and physician regarding the end-of-life
issues” was noted.

In the concept analysis of good death (Hattori, McCubbin, & Ishida, 2006), it was
revealed that an acceptance of death was one of the antecedents of good death. One of
three essential parts of the acceptance of death was preparation for death. Advance care
planning was influenced by the quality of healthcare available, finance and inheritance
for the family and significant others, the fulfillment of obligations, the maintenance of
social relationships, and individual’s view of death and dying. These were similar to this
current study’s findings.

**Family Support**

Family support was an essential part of good death among the elderly Japanese
American participants. Family support was based on the Japanese traditional concept of
*oyakoko* (filial piety). The three main expectations of the Japanese American parents to
their children were: being an emotional supporter, caregiver, and financial supporter.
One expert said that family involvement was one of the characteristics of Japanese
American families.

“P: One thing about Japanese Americans is family involvement.
R: Family
P: Yeah. Again it’s not just blood family. Extended one.”

The hospice nurse witnessed family members as spokespeople for their parent or
spouse with the health care professionals as one way of family support.

“Usually, it wasn’t the patient who communicate with the staff, was the family member.
Usually there was like one or two family members who are like the spokespeople. And
so those with the people you would do your communication was weren’t patients
themselves who would communicate with the staff. It seems like that only happens in cases when the patient didn't have anyone around. You know, the support system wasn't there. And then, they will communicate directly. Otherwise, there is usually someone in the support system."

The relevant literature also supported the importance of family support to having a good death for Japanese and Japanese Americans.

The researcher’s pilot study (Hattori, 2004) discovered that the Japanese American children usually relied on constant and sensitive family involvement in end-of-life care for their elderly parents. They were expected to fulfill three major roles: emotional supporter, caregiver, and inheritor.

Christian clergy and congregations in Honolulu believed that emotional support from the family during the death experience was highly expected (Braun & Zir, 2001). The family was expected to be present and give support to the dying.

Hirai et al. (2006) emphasized the significance of emotional support to achieve a good death among the population of Japanese patients with advanced cancers. The family was expected to support the dying family member by spending enough time with him, being present when he was going to die, and actively listening to his personal feelings. The family also needed to assure him that they would do well after his death. In the researcher’s current study, such worries after the participants’ own death were mentioned by several participants. In order to minimize anxiety, they completed a living trust with their lawyer for their children and/or spouse.

Family support continued after the family member died. In a funeral of an elderly Japanese American man, his children and grandchildren read the eulogy that
demonstrated their constant prayer for a peaceful afterlife and an appreciation of what
their parents gave them.

“Papa, go with peace to join Mama in that wonderful time,
    Where there is no pain nor stress, only love sublime.
I know that Mama welcomes you with open arms,
    With the special way that only she had with her charms...

Thanks to all the ways you taught me to live,
    Even in a world of “taking”, instead, to “give”.
There are so many wonderful memories you left
    With your special gifts and talents so deft...

Goodbye, Papa, now rest in peace and love.
    There is no longer the need to push and shove...
We will carry on and do you proud.
    In everything we do, thanks to you, there won’t be a cloud.”

**Friends Support**

Support from friends in older age was important among the female participants.

However, there also was a concern that those friends were old and had similar problems
as the participants due to older age. So there was a hesitance to ask for help of their
friends. The Christian pastor had an example that the church program successfully
granted a dying person’s wish. As a consequence, he could die peacefully.

“Here is one example. There was a man who was dying and he was very upset. I asked
him, “What can I do for you?” He said “I have a Japanese garden. I built it by myself.
Can you help to get somebody to take care of the garden?” He said, “May be 2 months.”
And I said to him, “Oh, why?” Because, you know, if he’s gone, it’s gone. He does not
have to worry about his garden. He said his family will feel guilty. They know how hard
he worked on this garden. Well, his garden, if they cannot take care of the garden, the
garden looks bad. They will really feel bad, guilty. So he said, “Somebody can take care
of the garden for a while until the family settles down. I can feel peace.”
Avoid Suffering

Freedom from pain and other symptoms was a crucial component of a good death for the participants in the current research. Fear of pain, illness and being bedridden for a long time made them think that the sudden type of death was preferable. Freedom from physical and psychological pain allowed the dying person to be calm (Hirai et al., 2006) and to keep his autonomy and control over the dying process (Hattori, McCubbin, & Ishida, 2006). Braun and Zir (2001) also mentioned that having no pain and suffering was desired to achieve a good death.

To the hospice nurse, Japanese Americans tended to appear to tolerate pain. They did not want to impose on other people. In addition, pain was also regarded as being emotional which was not a traditionally accepted behavior among Japanese.

“But it is hard to assess pain in the Japanese American because we’re raised and taught not to, don’t be so emotional. And you know, pain is a part being emotional. So a lot of time, it’s hard to, even if you told them, you know, “It takes half an hour for pain medicine work if you take it by mouth. You need to let me know early.” A lot of times, they would wait almost too long to tell you they’re in pain, you know, can’t stand it. Of course, the pain medicine takes for a while to work. But they don’t, they don’t complain, you know. It’s you are raised, you know, not to complain and not to make an impose, I guess, another people. So, oh yeah, that’s different.”

A few participants were concerned that the surviving family might have a hard time if the family member suffered while dying. On the other hand, one expert believed that the dying person was not conscious enough to feel suffering. It just seemed so to his family.

“... And the person who are dying. Many are not suffering that much. Looks death, yeah? When the person is dying, they don’t look happy. So family thinks they are suffering. So the family gets upset.”
How You Live and Die

Contentment in life

The Japanese American participants said that contentment in life, such as a sense of achievement, no regrets, and fulfillment, was a part of having a good death. The experts also agreed with this. Being seen as a good person, having a good life, and doing things to one's satisfaction would lead to a good death.

“So if the patient or the family member did a lot of things that they wanted to do, if they were seen as a good person, to them this is seen as somebody has had a good life.”

“In funeral, the pastor recommends family to write a eulogy not just about the fact, when he was born, etc, but tell the story. Tell something to make people laugh and cry. So the emphasis is on life. So good death is concentrating more on life. We all know when the person had a good life, his death is good.”

The relevant literature also supported that contentment with life or living a full life led to a good death (Long, 2003). The perception of living life to the fullest results in a sense of enjoyment of life, and a good quality of life and/or good life. Consequently, there is a minimum amount of regret about the past. The completion of all business in due time is also an important feature of living a full life (Long, 2001).

Contributing to others at the end-of-life was also an important antecedent of good death. As death approaches, the dying reflects on his successes and failures and finds that personal relationships outweigh professional or financial gains. This was heard from the participants in the current study. Volunteering and being active in the community resulted in their contentment with life.

“Completion of life” and “contributing to others” were important elements of good death among the Japanese population (Hirai, et al., 2006). Having no regrets about dying and feeling one’s life is completes led to “completion of life.” Feeling that one can
contribute to others and feeling that one’s life is worth living resulted in “contributing to others.”

The perception of contentment with life was related to self-existential issues. The quality of death was influenced by the quality of life, that is, a good death was to die being remembered for one’s contribution in life (Braun & Zir, 2001). Those who could assure that their lives were meaningful and worth living would die a good death.

Dying with family around

The participants had mixed views of dying with family present. One said that dying alone was lonely. So he wanted to die surrounded by his family. Another said that dying with family around was not realistic because his children lived apart from him and had their own busy lives. Relevant literature pointed out that the basic idea of having a good death is not dying alone. Dying surrounded by family and loved ones was indispensable for a good death (Braun & Zir, 2001; Hirai et al., 2006). Dying with family around might be beneficial not only to the dying person but also to family. One of the experts pointed out that knowing the person was having a good death would ease his family members’ mind.

“We all die. It’s how you go ... If it’s been good, peace. That’s good death. All the other things you do whether I go and talk to dying or somebody take care of dying..., that’s all help them to have good death. Because it’s not only to help the person who is dying, but if the death seems a good death, it helps the family.”

Timing of death- Sudden death

The initial reason for preferring to die suddenly among the participants was to not suffer long in their older life. Dying in one’s sleep by a heart attack would be ideal. Sudden death may make it easier for their spouse and family, since they did not have to
worry about providing long-term care. However, there were mixed feelings regarding
sudden death because the deceased might leave regrets and the family might suffer due to
the lack of preparation for death. The relevant literature also showed ambivalent views
about dying suddenly.

The participants from the researcher's pilot study (Hattori, 2004) showed similar
views regarding the timing of death. Sudden death would bring no long-term physical
and emotional complications. On the other hand, the bereaved family members may
experience shock and permanent regrets could remain. Sudden death may not give
enough time for family to adequately prepared for the death of a member as opposed to a
gradual death.

The Christian clergy and congregations in Honolulu believed that sudden death
was a barrier to a good death (Braun & Zir, 2001). It was unanticipated and deprived
people of adequate preparation time. As a result, past hurt and issues could not be
resolved. One did not have the opportunity to articulate life's purpose and received
positive feedback about one's contributions to others.

Long (2001, 2003, 2004) pointed out that a natural way of death could also be
achieved by dying a gradual death. The deceased who died from rosui (gradual death)
was believed to have no physical and psychological pain and suffering when they were
dying and felt only peace. Moreover, the deceased who died this way would be respected.
The consequence of rosui is called daiojo (peaceful painless death after a long life) (Long,
2001).
Length of life

Age of death was a significant determinant to determining if one’s death was good. The current study found that the participants thought 80 years old and older was a proper age to die a good death. If one died at younger age than 80, his death would be considered as an early death. The relevant literature supported the importance of length of life.

Hattori, McCubbin, & Ishida (2006) pointed out that the age of a person who died would determine if the death became acceptable or was seen as tragedy. An older adult’s death was likely to be expected by family members, but a child’s death would be a significant loss for the family.

Most elderly Japanese Americans preferred to die in old age (Hattori, 2004). In the case study of a 46-year-old female’s death, the participants were concerned that she would have had regrets being separated from her son and family when she had more things to accomplish in her life. Leaving regrets behind was the initial reason why they believed that dying at a young age would not be a good death.

Place of Death

The participants from the current study chose home or a retirement home as their preferred place to die. However, there were also worries that dying at home might cause problems. In addition, there were financial restrictions to dying in a retirement home. The relevant literature did not clearly identify where the ideal place was to have a good death. The place must be where the dying could achieve a natural way of dying, maintain control over the place of death (Hattori, McCubbin, & Ishida, 2006), receive individualized care, have open communications between the dying, his family, and health
care professionals, his favorite place, a living situation similar to being at home, and calm circumstances (Hirai et al., 2006). The family might be expected to take responsibility to prepare for a place to die, preferably on a tatami (thick straw mats that cover the floor) at home (Long, 2004).

New Aspects of Life

A sense of appreciation of life, older age, and financial resources increased in the participants' older life. Hirai et al.'s study (2006) also mentioned that their participants felt a greater sense of appreciation of others in their older life. This was categorized as one of the essential components of Japanese good death.

Individual Views on Death

Religion

Religion mainly influenced the view of the afterlife among the participants from the researcher's current study. Hattori, McCubbin, & Ishida’s concept analysis of good death (2006) also pointed out that religious beliefs shaped views of the dying process and afterlife. The Christian participants believed in heaven, which reduced their fear of death. The Buddhist participants expected protection from their ancestors as a result of their ancestor worship. The Christian participants from a focus group in Hattori's study (2004) also expressed the belief that the existence of heaven led to a lessened fear of death.

The Christian pastor noted that the emphasis was not on death but life. He mentioned that people wanted to die early to avoid suffering. In his Christian view, he believed that people should not focus on their own suffering. It made them suffer more. They should learn and follow what Jesus did when he was suffering.

"The point is not to concentrate on suffering but what Jesus do at the suffering."
In Buddhism, death is just a moment in one’s total life. Death is not a consequence of life. The Buddhist monk mentioned that there was no prayer in Buddhism for somebody who was dying. Chanting was not for the dying or deceased person. Chanting worked to out-focus people from the fear of death.

“Now it is specifically taught in Buddhism that life does not become death. For this reason, life is called, ‘no-life.’ It is specifically taught in Buddhism that death does not become life. So death is called, ‘no-death.’ Life is a period of itself. Death is a period of itself. They are like winter and spring. We don’t call winter the future spring, not spring the future summer.”

“There is no prayer in Buddhism for somebody who is dying. Think about they (his colleges working in hospitals) use Christian prayers. We do chant but we don’t really know what that means. We don’t know the word because it’s Sanskrit. But for the Buddhist perspectives, we chant and chanting is to comfort the person to focus something. Then the person is not thinking about death.”

The researcher attended a series of Buddhist lectures. In these lectures, the monk explained about Tannisho (The Lamentations of Divergences) written by Yuien was one of classic textbooks used in the Jodo Shinshu sect of Buddhism (Unno, 1984). In Jodo Shinshu sect of Buddhism, solving gosho no ichidaiji (the crisis of afterlife) was the most urgent matter that people had to do. Once people overcame this problem, they would experience peace and a sense of security. As a consequence, it gave them strength, and would lead to a fulfilled life.

**Attitudes**

**Death**

Majority of the participants agreed that death was a part of life and inevitable. Good death could not be accomplished without one’s acceptance of death (Braun & Zir, 2001; Hattori, McCubbin, & Ishida, 2006). One expert said that the Japanese are likely to learn to accept things including death.
“You know, once they realize they are dying most of them are afraid but afterward they accept it. One thing about Japanese is they learn to accept things. More than other ethnic groups.”

Although the participants planned their end-of-life with living wills, they were aware that they might not be able to die as they wished and articulated in their will. The relevant literature also pointed out that many of their participants knew of individuals who had stated in living wills that they did not want heroic measures, but these documents were lost or their consideration delayed (Braun & Zir, 2001). As a result, their wishes were ignored.

**Older age**

Both positive and negative opinions of older age were mentioned by the participants from the researcher’s current study. The relevant literature reflected older age as a cause of negative changes and a barrier to a good death. Aging was related to loss of mental control (Hattori, McCubbin, & Ishida, 2006; Hirai et al., 2006) and loss of pride (Hirai et al., 2006). Maintenance of a sense of control and pride was an important aspect to achieve a good death.

**Japanese Culture in Hawaii**

**Cultural Values**

Culture primarily forms how a person makes meaning out of illness, suffering, and dying (Kagawa-Singer & Blackhall, 2001). The concept of filial piety was mentioned by the participants from the researcher’s current study with the emphasis on it being a Japanese tradition that needed to be passed to the next generation. The pilot study found that adult children usually relied on roles of constant and sensitive family involvement in care (Hattori, 2004). Filial piety toward parents also benefited the
children. It indicated that the children have done their duty to care for their dying parent and have protected them from suffering, both mentally and physically (Hattori, McCubbin, & Ishida, 2006). However, filial piety could cause parents at the terminal stages to suffer more since their children might ask the doctors to do everything even when continued medical intervention appeared unnecessary and rather harmful (Braun & Zir, 2001).

The experts emphasized the acceptance of death, not bothering family members, strong family ties, and difficulty with pain assessment as being characteristics of elderly Japanese Americans in Hawaii. They also noticed generational differences regarding expression of pain, attitudes toward sudden death, and religion. When the nurse talked about pain assessment, she added that the way to express pain was different between Nisei and Sansei. She described it using an example of her parents.

“My mom is third generation and my dad is second generation. And my mom and family are a lot more able to express themselves. They feel it’s easier for them to express themselves. And my father’s family is more closed.”

**Generation Differences**

One expert pointed out that sudden death was preferred by Sansei because it was fast and bothered others less. On the other hand, Nisei were likely to think gradual type of death as a good death.

“Ummm, I think for, it might be generational, but I have heard, you know, it seems like that the older generation, the second generation, not necessarily older but newer coming over the second generation (laugh) they do look at as the gradual, comfortable death would be considered as good death. But I’ve noticed that the people like third generation beyond, they seem to feel the fast is better. Because, you know, you are not imposing and you don’t suffer as long.”
According to the expert from a mortuary, 70% of the funeral services the mortuary held for Japanese were Buddhist services and 15% of them were Christian services. The rest were other ethnic services, such as Korean, Vietnamese, and Chinese. Although the Buddhist services outweighed Christian ones, he has observed that Christianity has been more popular among younger generation. Thus, Christian services may increase in the future.

“Japanese, well. In the old days before, the majority was Buddhism or Buddhists, yeah, with the first, second generation. As the generations go by, we are in third generation or forth generation. Most of the children are turned into Christian. So Christian is started to be more norm and we have various churches on the Christian sector side, you know. Christian goes Protestant, Baptist, Episcopalian, and many different sects, too. Ah, and we do service all of these areas, what the family whatever their desires are. More more are becoming Christians, too. (laugh)”

The different views of life and death between Nisei and Sansei were particularly mentioned by the participants from the researcher's current study. Participants felt the Nisei had more Japanese views compared with Sansei who were more Americanized. Kitano & Daniels' (1995) book of “Asian Americans” also pointed out such generational differences. They found that the aging Nisei have become much like the Issei. Nisei now seem to reflect Issei values. Their everyday activities are associated with the middle class and the Japanese culture, such as working hard, saving, raising children, low rates of crime, and demonstrating good citizenship. These authors considered the Sansei generation and beyond as the most American of any of the other Japanese generations. Many Sansei have never faced overt discrimination. Some have never had close ethnic ties or ethnic friends. As a result, the Nisei have reservations about the character and value systems of the Sansei.
Theory of Gerotranscendence and Japanese Americans' Good Death

The theory of Gerotranscendence (Tomstam, 1989; 1994a; 1996) was explored to see if it consistently portrays elderly Japanese American experiences of good death. The question, “Has your focus of your life changed as you got older? How has it changed?” was posed to all of the participants. In addition, the researcher analyzed the 18 interview transcripts for signs of gerotranscendence (Table 1).

There were no common signs of gerotranscendence found among the participants. How people age and the perception of their own aging was different for different individuals. On the cosmic level, their views of time have been changing. For example, one participant felt that she started thinking more about her younger years. Two participants said that every day is so precious and they tried to enjoy each day. There has been an increased connection to the earlier generation as one participant was continuously thinking about her parents, as she got older. A few participants also showed changed views of life and death. They had less fear of death compared to when they were younger. Death was viewed as a part of life.

On the level of self, most of the participants had a decreased self-centeredness. They cared about their family. This was also a characteristic of Japanese. There was a shift change from egoism to altruism as three participants showed increased appreciation toward the universe, a long life, material possessions, and life in general. Some of them started volunteering in the community to give back what they had received from society.

On the social and individual relations level, there was a changed meaning of relationships as one communicated with only close or old friends rather than seeking new ones. Money became less important, and human relationships became more valued.
As a result, the eight signs of the theory of gerotranscendence were applied to the aging process among the elderly Japanese Americans. There were nine signs that did not apply, such as “mystery in life” and “rediscover of the child within.” It was concluded that this study results were not congruent with theory of gerotranscendence.

**Interactionist Theory and Japanese Americans’ Good Death**

Elderly Japanese American held similar shared meaning of good death; however, this shared meaning could vary by generation. Different generations of Japanese Americans went through different experiences that affected their views of life and death.

The Shin-Issei participants came from Japan to Hawaii as war brides after World War II. At that point in time, they were unable to refuse to come to the U.S. due to pressure from the Japanese government and their families. When they came to the U.S., they did not know much about the western culture, nor did they speak English. They struggled to live with their American husbands in their new environments. There was no choice to obtain a divorce and move back to Japan. Four participants in this study were of the Shin-Issei generation. They all said that they still feel misplaced living in Hawaii. They held their identity as Japanese nationals even though their citizenship have been American. They had mixed feelings about where they called home and where the best place to die would be.

One of the most remarkable events that influenced the Nisei’s views on life and death was World War II. Most of them had parents who were Issei sugar plantation workers. They experienced being poor in childhood on the plantation. Their parents worked hard to get them better education and new opportunities for their future.
However, at that time, there was a stereotype of the college educated Nisei working at fruit stands (Kitano & Daniels, 1995).

The incarceration of the Japanese during World War II led to a change in the lives of the Nisei. Because a number of Issei leaders were imprisoned, Nisei were pushed into leadership positions. Currently, Nisei and Sansei have held important positions in the State of Hawaii economy and leadership. Nisei reflected Issei values and wanted to pass those ideals to future generations.

The generation of the interviewees affected their choice of religion. When the researcher visited a Buddhist temple for an interview, the researcher saw many Nisei Japanese Americans. There were no Sansei. As the generations progressed, they have become less Buddhist and more Christian (Matsumura, et al., 2002).

Most Sansei have acculturated (Kitano & Daniels, 1995). There has been a higher degree of integration in terms of housing, education, and occupations compared with the Nisei-generation. It seemed that the Sansei did not understand the struggles of the older generations and the things that came easily were never fully appreciated. However, the Sansei still believed in such values as hard work, good education, family and community solidarity, and perseverance- values passed down from their Issei and Nisei heritage.

There appeared to be continuity between the Japanese generations with certain values, but this was weakening due to western education, interracial marriages, and a decreased use of Japanese language.

The participants in this study consisted of Shin-Issei, Nisei, and Sansei generations. Stored cultural knowledge, shared meanings, languages, and symbols that created culture seemed similar among the participants, however, significantly different
with each generation. Different generations of elderly Japanese Americans might share similar patterns of good death, however, it would never be entirely the same. As a result, there could be conflicts between the parents and the children at the time of end-of-life decision-making. When the Interactionist theory is used to further explore the patterns of good death among elderly Japanese Americans, it should be looked at within each generation separately, as their shared meanings and stored cultural knowledge vary.
CONCLUSIONS

What it means to die well for elderly Japanese Americans in Hawaii has been an unclear subject since there was limited literature focused on the quality of death for Japanese Americans. In this study, the patterns of a good death for elderly Japanese Americans in Hawaii were explored using focused ethnography. The study found that their definition of a good death was multidimensional and connected to their past, present, and future. Life and death was an individual process, and every journey was different. The findings from this study could not entirely describe what a good death meant to every elderly Japanese American. However, it articulated the patterns of beliefs about a good death held by them.

There were four themes of good death among elderly Japanese Americans found in this study. These were: Being a burden to the family, process of life and death, individual views on death, and Japanese culture in Hawaii. Being a burden to the family was the largest concern among the participants.

Being A Burden to the Family

The elderly Japanese Americans were particularly aware of becoming a burden to their family members in their older age. Burdening someone had an extremely negative implication. Their meaning of burden was to put physical and emotional difficulties onto their family members in the participant’s older age and around the time of death. Physical burden involved family’s providing care at home. The emotional burdens were family members having to make decisions on treatment and dealing with legal issues. The majority of participants had already taken certain actions to avoiding being a burden. They had made living wills, living trusts, funeral plans, and/or enrolled in long-term care.
insurance as preparations for their own death and older age. Completion of such preparations had led to a sense of relief. Adequate funds were a key to successful preparation. Such preparations were necessary to achieve a good death.

While there was a strong wish to avoid being a burden to the family members, there were also expectations of receiving support from their children. This included emotional support, care-giving at home, and financial assistance. The elderly Japanese American parents believed that their children would not consider providing support as a burden. It should rather be regarded as reciprocity to what these parents have given their children. The elderly Japanese Americans believed that the Japanese traditional concept of oyakoko (filial piety) should be passed on to the younger generations.

Female Japanese Americans believed that having a network of friends could lessen the burden to their family members since they could develop a bigger security net. Friends provided frequent check-ups to each other, emotional support, good role models in older age, and better attitudes toward older life. The participants were more likely to ask for support of their younger friends. When there were only older friends, they hesitated to do so. The age of the friends influenced how much support the participants could ask for because older friends had similar problems related to older age.

**Process of Life and Death**

Contentment with life was an important part of good death for the elderly Japanese Americans. They perceived that the way a person lived was connected with his/her way of death and dying. Their meaning of contentment included having achievement, fulfillment, and no regrets in life. A number of the Japanese American elders preferred to have family around at the time of death because their death was a
family matter. On the other hand, others believed that dying surrounded by family was not necessary because death was a personal matter. These people were more likely to prefer a sudden type of death because they did not want to be a burden to the family. Such a death was believed to result in less suffering for themselves and their families. A heart attack was the most frequent example of sudden death. The elderly Japanese Americans’ concept of suffering included: unmanageable pain, being ill for a long time and being bedridden. Participants also pointed out that sudden death might result in having no control over one’s own end-of-life, therefore, not having adequate preparation for death. This could make families suffer more.

The age of death determined if one died well. The elderly Japanese Americans believed that the proper length of life was over 80 years. Moreover, age affected the opportunity to talk about issues of death within the family. It was taboo for the younger family members to bring up such issues to the older members.

One’s home was considered the best place to die for the elderly Japanese Americans. However, there was a belief that dying at home was not a realistic idea. It was due to limited availability of family support and worries about the negative impact of the death on future house users. Dying in the hospital was a more practical idea since the family would experience fewer burdens. The quality of care in nursing home was perceived as poor. So nursing homes were not selected by these elders as a preferred place of death. Those who moved into retirement homes were satisfied with the quality of nursing care in the facility. They felt secure about their older life because they knew their long-term care needs would be provided for.
Japanese American elders who discovered new aspects of their lives started to see the world differently. Realization of a connection between this life and the afterlife has changed their attitudes toward life and death. Death was not a special event. It rather became a time to see their deceased family members again. Also, the sense of appreciation toward the universe, a long life, material possessions, and life in general increased.

Individual Views on Death

The elderly Japanese Americans in Hawaii shared similar attitudes toward death. Death was recognized as a part of life and inevitable. The participants had both positive and negative views regarding older age. Those who recognized aging as a positive process indicated that they did not feel old and they were still active. Others feared the possibility of deteriorating health status and changing body image occurring in the near future. The attitudes toward death and older age were also influenced by religious beliefs. Belief in heaven among Christians, as well as, ancestor worship among Buddhists promised life after death. In addition, past experiences of death affected their attitudes toward death and older life. For example, when a person had witnessed his friend’s peaceful death, he tended to have positive views on death and dying. In contrast, when a person saw or heard that his relative suffered when dying, he imagined his own death in the same way.

Japanese Culture in Hawaii

Different generations of the elderly Japanese Americans had slightly different concepts of good death. The Shin-Issei and Nisei held more Japanese views compared to the Sansei who were more acculturated. The Sansei-generation were likely to prefer a
quick painless death, while the Shin-Issei and Nisei still considered a gradual death as a good death. Each generation recognized that their views of life and death differed from other generations. However, all believed the importance of close family relations and supporting each other.

**Implications for Nursing Practice**

Nurses who work with elderly Japanese American patients and/or clients in Hawaii need to remember the importance of involving family members in care planning. Decision-making on treatment was likely to be made by the family unit. In addition, nurses might not hear complaints about physical symptoms directly from their Japanese American patients. Elderly Japanese Americans may feel afraid of imposing on the nurses, in other words, burdening others. The concept of *koraesho* (self-tolerance) still exists among these elders. Thus, the nurse should remember this characteristic of elderly Japanese Americans and carefully assess their conditions and offer assistance.

Another implication of a good death among the elderly Japanese Americans that nurses need to remember is that the dying individual needs to know if the family would live well after his/her death. Nurses can help the patient by listening to what their concerns are regarding his/her family’s future and by finding the appropriate support resources. Securing as much personal time with the family would enable the patient and the family to talk about the past and the future. The conflicts within the family in the past could be resolved and their worries about the future could be reduced.

Elderly Japanese Americans usually have an attitude that death is inevitable. This attitude is related to the concept of *shikataganai* (it cannot be helped). However, there are a variety of views on life and death due to different attitudes toward older age,
religion, and past experiences. Examination of such aspects would help nurses to plan for individualized care to assist their patient to have a good death.

Finally, nurses need to be aware of the existence of generational differences on the concept of good death. There could be conflicts between the elderly Japanese American parents and their children regarding issues of end-of-life decision-making. Nurses need to help the family understand and accept their parents' wishes in their end-of-life. This will reduce the risk of their living wills being ignored.

**Implications for the Future Research**

This study investigated patterns of good death among the elderly Japanese Americans in Hawaii. Future research needs to be conducted to determine how generation and gender influence these patterns of good death. Their generation may determine what their perception of a good death would be. This study found that elderly Japanese Americans in different generations held common but also different patterns of beliefs about a good death. For example, a gradual type of death was preferred by the Nisei generation. On the other hand, the Sansei generation preferred to die suddenly to have a good death. Gender might also influence a person's perspectives regarding good death. This study found that the expectations for friends' support and care giving role within family to have a good death were different between male and female. Gender roles are more apparent in the Japanese culture to compare to western societies. Japanese American females in Hawaii have a longer life expectancy, which was approximately five years longer than that of males (male 74.8 years: female 80.1 years) (U.S. Census, 2006c). In light of these statistics, there is a need to assist the greater number of elderly Japanese women. Future research in these areas may bring a clearer understanding of
how these themes of good death play out with elderly Japanese Americans. In addition, it will lead to further understand the elderly Japanese Americans' view of good death.

Repeating the study using a larger, wider sample should be conducted to determine if the same themes emerge with other elder Japanese Americans in Hawaii. This will provide rich descriptions on what good death means to this population. In addition, the findings from this study should be tested quantitatively. These results can be compared with other ethnic populations in Hawaii since Hawaii has one of the largest cosmopolitan population in the U.S.

Gerotranscendence and Interactionist theory were not fully tested because the results of the study did not show a good fit with this population on the topic of good death. For future research, it is recommended to focus on nine signs of gerotranscendence that were not revealed in this study to discover if there were a cultural basis for not being mentioned by elderly Japanese Americans. The nine signs were: mystery in life, subject of rejoicing, self-confrontation, development of body transcendence, rediscover of the child within, ego-integrity, role-play, emancipated innocence, and everyday wisdom. Interactionist theory can be tested with each generation of Japanese Americans since their shared meanings and stored cultural knowledge are different from other generations. This study demonstrated the complexity of the concept of good death for elderly Japanese Americans.
Table 1: Signs of Gerotranscendence (Wadensten, 2003)

<table>
<thead>
<tr>
<th>Level</th>
<th>Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The cosmic level</strong></td>
<td></td>
</tr>
<tr>
<td>➢ <em>Time and space</em></td>
<td>Changes in the definition of time and space develop. For example, a transcendence of the borders between past and present occurs.</td>
</tr>
<tr>
<td>➢ <em>Connection to earlier generations</em></td>
<td>Increasing attachment. A change from a link to a chain perspective ensues.</td>
</tr>
<tr>
<td>➢ <em>Life and death</em></td>
<td>A disappearing fear of death and a new comprehension of life and death.</td>
</tr>
<tr>
<td>➢ <em>Mystery in life</em></td>
<td>The mystery dimension of life is accepted.</td>
</tr>
<tr>
<td>➢ <em>Subject of rejoicing</em></td>
<td>From grand events to subtle experiences, the joy of experiencing macro-cosmos in micro-cosmos materializes.</td>
</tr>
<tr>
<td><strong>The self</strong></td>
<td></td>
</tr>
<tr>
<td>➢ <em>Self-confrontation</em></td>
<td>The discovery of hidden aspects of the self, both good and bad, occurs.</td>
</tr>
<tr>
<td>➢ <em>Decrease of self-centeredness</em></td>
<td>The removal of self from the center of one’s universe occurs.</td>
</tr>
<tr>
<td>➢ <em>Development of body transcendence</em></td>
<td>Care of the body continues, but the individual is not obsessed by it.</td>
</tr>
<tr>
<td>➢ <em>Self-transcendence</em></td>
<td>A shift occurs from egoism to altruism.</td>
</tr>
<tr>
<td>➢ <em>Rediscover of the child within</em></td>
<td>Return to and transfiguration of childhood.</td>
</tr>
<tr>
<td>➢ <em>Ego-integrity</em></td>
<td>The individual realizing that the pieces of life’s jigsaw puzzle form wholeness.</td>
</tr>
<tr>
<td><strong>Social and individual relations</strong></td>
<td></td>
</tr>
<tr>
<td>➢ <em>Changed meaning and importance of relations</em></td>
<td>One becomes more selective and less interested in superficial relations, exhibiting an increasing need for solitude.</td>
</tr>
<tr>
<td>➢ <em>Role-play</em></td>
<td>An understanding of the difference between self and role takes place, sometimes with an urge to abandon roles. A new comforting understanding of the necessity of roles in life often results.</td>
</tr>
<tr>
<td>➢ <em>Emancipated innocence</em></td>
<td>The addition of innocence to maturity.</td>
</tr>
<tr>
<td>➢ <em>Modern asceticism</em></td>
<td>An understating of the petrifying gravity of wealth and the freedom of asceticism develops.</td>
</tr>
</tbody>
</table>
Everyday wisdom

Reluctance to make simple duality categories of right from wrong is discerned and a preference for withholding judgments and advice is developed. Transcendence of the right-wrong duality ensues.
Table 2: Interactionist Theory

<table>
<thead>
<tr>
<th>Social group</th>
<th>Correct behavior of “Good Death”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Commonalities</td>
</tr>
<tr>
<td>Masculine</td>
<td>Shared meanings of “Good Death”</td>
</tr>
<tr>
<td>Feminine</td>
<td>(e.g. family-decision makers)</td>
</tr>
<tr>
<td>Language</td>
<td>Symbols</td>
</tr>
<tr>
<td>Stored cultural knowledge</td>
<td>Self</td>
</tr>
<tr>
<td>Physical Psychological Social</td>
<td>Shared meanings</td>
</tr>
<tr>
<td>Culture</td>
<td>Environment</td>
</tr>
<tr>
<td>Spiritual</td>
<td></td>
</tr>
</tbody>
</table>
Table 3: Demographic Data of the Experts

<table>
<thead>
<tr>
<th>No.</th>
<th>Occupation</th>
<th>Gender</th>
<th>Generation</th>
<th>Length of Stay in Hawaii</th>
<th>Interview Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Buddhist Monk (Jodo Shinshu)</td>
<td>Male</td>
<td>Japanese national</td>
<td>1 yr</td>
<td>1/25/06</td>
</tr>
<tr>
<td>2</td>
<td>Christian Pastor (the United Church)</td>
<td>Male</td>
<td>Sansei</td>
<td>Lifetime</td>
<td>3/6/06</td>
</tr>
<tr>
<td>3</td>
<td>Hospice Nurse</td>
<td>Female</td>
<td>Sansei</td>
<td>Lifetime</td>
<td>3/8/06</td>
</tr>
<tr>
<td>4</td>
<td>Vice president in a Mortuary</td>
<td>Male</td>
<td>Sansei</td>
<td>Lifetime</td>
<td>3/22/06</td>
</tr>
</tbody>
</table>
Table 4: Demographic Data of the Elderly Japanese American Participants

<table>
<thead>
<tr>
<th>No.</th>
<th>Gender</th>
<th>Age</th>
<th>Generation</th>
<th>Length of Stay in Hawaii</th>
<th>Place of Birth</th>
<th>Marital Status</th>
<th>Number of Children</th>
<th>Living Arrangement</th>
<th>Medical History</th>
<th>Religion</th>
<th>Language</th>
<th>1st Interview</th>
<th>2nd Interview</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Female</td>
<td>75</td>
<td>Shin 1</td>
<td>33 yrs</td>
<td>Japan</td>
<td>Widowed</td>
<td>2</td>
<td>Son’s family</td>
<td>Orthopedic surgery on legs &amp; back</td>
<td>Buddhist</td>
<td>Japanese</td>
<td>9/18/05</td>
<td>9/25/06</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>76</td>
<td>Shin 1</td>
<td>53</td>
<td>Japan</td>
<td>Married</td>
<td>1</td>
<td>Spouse</td>
<td>Healthy</td>
<td>Baptist Christian</td>
<td>Japanese</td>
<td>9/25/05</td>
<td>10/17/05</td>
</tr>
<tr>
<td>3</td>
<td>Female</td>
<td>79</td>
<td>Shin 1</td>
<td>53</td>
<td>Japan</td>
<td>Widowed</td>
<td>1</td>
<td>Alone</td>
<td>Healthy</td>
<td>Buddhist, Shinto</td>
<td>Japanese</td>
<td>10/1/05</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>74</td>
<td>2</td>
<td>74</td>
<td>Honolulu</td>
<td>Married</td>
<td>4</td>
<td>Spouse, 2 children, 2 grandchildren</td>
<td>Orthopedic Surgery, Diabetes, Hypertension</td>
<td>Catholic Christian</td>
<td>English</td>
<td>10/5/05</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Female</td>
<td>81</td>
<td>2</td>
<td>81</td>
<td>Honolulu</td>
<td>Widowed</td>
<td>2</td>
<td>Alone</td>
<td>Diabetes, Arthritis</td>
<td>Protestant Christian</td>
<td>English</td>
<td>10/14/05</td>
<td>10/28/05</td>
</tr>
<tr>
<td>6</td>
<td>Male</td>
<td>91</td>
<td>2</td>
<td>Most of life</td>
<td>Honolulu</td>
<td>Widowed</td>
<td>2</td>
<td>Alone</td>
<td>Surgery on stomach</td>
<td>Buddhist Christian</td>
<td>Japanese</td>
<td>10/17/05</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Female</td>
<td>83</td>
<td>2</td>
<td>83</td>
<td>Hilo</td>
<td>Widowed</td>
<td>4</td>
<td>Alone</td>
<td>Hypertension</td>
<td>Protestant Christian</td>
<td>English/ Japanese</td>
<td>10/17/05</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Female</td>
<td>78</td>
<td>2</td>
<td>78</td>
<td>Honolulu</td>
<td>Divorced</td>
<td>1</td>
<td>Alone</td>
<td>High Cholesterol, Osteoporosis, Diabetes</td>
<td>Buddhist</td>
<td>English/ Japanese</td>
<td>10/17/05</td>
<td>-</td>
</tr>
<tr>
<td>No.</td>
<td>Gender</td>
<td>Age</td>
<td>Generation</td>
<td>Length of Stay in Hawaii</td>
<td>Place of Birth</td>
<td>Marital Status</td>
<td>Number of Children</td>
<td>Living Arrangement</td>
<td>Medical History</td>
<td>Religion</td>
<td>Language</td>
<td>1st Interview</td>
<td>2nd Interview</td>
</tr>
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<td>-----</td>
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</tr>
<tr>
<td>9</td>
<td>Female</td>
<td>87</td>
<td>2</td>
<td>Most of life</td>
<td>Japan</td>
<td>Married</td>
<td>2</td>
<td>Spouse &amp; Son</td>
<td>High Cholesterol, Osteoporosis, Diabetes</td>
<td>Buddhist</td>
<td>English</td>
<td>10/17/05</td>
<td>-</td>
</tr>
<tr>
<td>10</td>
<td>Female</td>
<td>65</td>
<td>3</td>
<td>65</td>
<td>Honolulu</td>
<td>Widowed</td>
<td>2</td>
<td>Alone</td>
<td>Arthritis</td>
<td>World of Life Christian</td>
<td>English</td>
<td>10/17/05</td>
<td>-</td>
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<td>11</td>
<td>Female</td>
<td>72</td>
<td>2</td>
<td>72</td>
<td>Honolulu</td>
<td>Widowed</td>
<td>1</td>
<td>Alone</td>
<td>High Cholesterol</td>
<td>Protestant Christian</td>
<td>English</td>
<td>10/17/05</td>
<td>10/20/05</td>
</tr>
<tr>
<td>12</td>
<td>Female</td>
<td>90</td>
<td>2</td>
<td>90</td>
<td>Kauai</td>
<td>Divorced</td>
<td>2</td>
<td>Daughter’s family</td>
<td>Hypertension, Diabetes</td>
<td>Protestant Christian</td>
<td>English</td>
<td>10/18/05</td>
<td>-</td>
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<tr>
<td>13</td>
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<td>3</td>
<td>Shin 1</td>
<td>Japan</td>
<td>Divorced</td>
<td>4</td>
<td>Alone</td>
<td>Healthy</td>
<td>Protestant Christian</td>
<td>Japanese</td>
<td>10/19/05</td>
<td>-</td>
</tr>
<tr>
<td>14</td>
<td>Female</td>
<td>76</td>
<td>3</td>
<td>76</td>
<td>Honolulu</td>
<td>Married</td>
<td>2</td>
<td>Spouse</td>
<td>Hypertension</td>
<td>Congregational Christian</td>
<td>English</td>
<td>10/25/05</td>
<td>11/7/05</td>
</tr>
<tr>
<td>15</td>
<td>Female</td>
<td>78</td>
<td>2</td>
<td>78</td>
<td>Waialua</td>
<td>Married</td>
<td>2</td>
<td>Spouse</td>
<td>Rheumatoid, Breast Cancer</td>
<td>Episcopalian Christian</td>
<td>English</td>
<td>10/25/05</td>
<td>-</td>
</tr>
<tr>
<td>16</td>
<td>Male</td>
<td>77</td>
<td>2</td>
<td>77</td>
<td>Honolulu</td>
<td>Married</td>
<td>2</td>
<td>Spouse</td>
<td>Healthy</td>
<td>Protestant Christian</td>
<td>English</td>
<td>11/3/05</td>
<td>-</td>
</tr>
<tr>
<td>17</td>
<td>Male</td>
<td>81</td>
<td>3</td>
<td>81</td>
<td>Honolulu</td>
<td>Married</td>
<td>3</td>
<td>Spouse</td>
<td>Hypertension, Cataract, Orthopedic surgery</td>
<td>Protestant Christian</td>
<td>English</td>
<td>12/2/05</td>
<td>-</td>
</tr>
<tr>
<td>18</td>
<td>Male</td>
<td>74</td>
<td>3</td>
<td>74</td>
<td>Honolulu</td>
<td>Single</td>
<td>0</td>
<td>Alone</td>
<td>Colon cancer</td>
<td>None</td>
<td>English</td>
<td>1/11/06</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 5: Themes and Patterns with Number of Keywords

1. Being a Burden to the Family (382)
   i. Preparation (168)
      • Definition: What, why, where, and how the participants prepare death and older life
   ii. Family support (104)
      • Definition: Any forms of support from family members
   iii. Friends support (93)
      • Definition: Any forms of support from friends
   iv. Finance (17)
      • Definition: Concerns about money in the older life

2. Process of Life and Death (369)
   i. Avoid suffering (126)
      • Definition: Avoiding unpleasant physical and emotional condition
   ii. How you live and die (113)
      • Definition: The life review process. How you have lived so far and how you want to be at the moment of death.
   iii. Place of death (72)
      • Definition: Where to have a end-of-life
   iv. New aspects of life (58)
      • Definition: Finding other dimensions of life which were not realized in the past

3. Individual Views on Death (354)
   i. Religion (176)
      • Definition: Influences by religious beliefs
   ii. Past experiences of death (97)
      • Definition: Experiences that are related with significant other’s death
   iii. Attitudes (91)
      • Definition: Individual thoughts about death and older life

4. Japanese Culture in Hawaii (119)
   i. Cultural values (101)
      • Definition: Influences of Japanese culture to the daily life
   ii. Generation differences (18)
      • Definition: Differences in perceptions of life among the different generations
Interview Guide

Demographic Data
1. Place of birth
2. Gender
3. Age
4. Length of stay in Hawaii
5. Generation
6. Marital status
7. Number of children
8. Living arrangements
9. Medical history
10. Religion. (Which religion. How religious you are.)

Questions
1. "What does good death mean to you?"
2. "How would you describe good death?"
3. "What is your definition of a good death?"

Probe questions

Having control of own life
1. What does controlling one's life mean to you?
2. What can most people control (including decision-making) in their life?
3. When is the appropriate time to control one's own life in order to have a good death?
4. Why is control important in order to have a good death?

Family support
1. What does family support mean to you?
2. What family members do most people consider would provide that support?
3. When is the time that people will need family support?
4. What are other sources of support?

Past experience of significant others' death
1. If you do not mind, please tell me if you have experienced a death of someone important to you. When did it happen?
2. If you do not mind, could you share who or what influenced your view of good death and how?

Appropriate preparations for the end-of-life
1. Why are the preparations for the end-of-life important to have a good death?
2. What do most people do to prepare for the end-of-life?
3. Who will be involved in preparing for the end-of-life?
Appendix A - 2

Religion
1. What influence does religion have on your idea of good death? In what ways?
2. Why does religion affect your views of good death?

Spirituality
1. What is your understanding of spirituality in terms of good death?
2. How does spirituality affect your view of good death?

Quality of end-of-life care
1. Do you have expectations for quality of end-of-life health care?
2. Who should be involved to ensure the quality of end-of-life care?
   Please give me the reasons why you think so.
3. How does the quality of end-of-life care affect good death?

Place of death
1. What setting do most people want to end their lives?
2. What needs to happen there?

Timing and age of death
1. When is the appropriate timing and age of death? Please give me the reasons why you think so.

Finance
1. Why issues about finance affect a person’s having a good death?

Question about theory of gerotranscendence
1. Has your focus of your life changed as you got older? How has it changed?
Appendix B - 1

Report: External Audit of Keiko Hattori’s Study

Dates: June 2 - 16, 2006

Documents provided and used for the audit trail:
1. Data collection and analysis methodology from study proposal
2. Interview guide
3. Participant information
4. Two interview transcripts with coding #4 and #18
5. Chronology of methodological steps
6. Alphabetical list of codes
7. List of code counts
8. Descriptive labels with codes
9. Patterns of good death list
10. Each of the patterns with codes
11. Concept map
12. Back translation audit trail
13. Summary of funeral observation

Comments and Recommendations:
1. Document 1 Excerpt (above):

   Design and Methods
   The design and data collection methods were consistent with the purpose of the study. You conveyed strong rationale for doing individual semi-structured interviews rather than focus groups based on cultural norms for group behavior that might constrain speaking up or disagreeing.
   You also had a good rationale for excluding participant observation as a data collection method in your study. It was also important that you were able to interview a hospice nurse, a Christian pastor and a Buddhist monk as an expert to bring this perspective to your study. It was not explicitly stated as to whether your interviews with experts were formal or informal.
   Recommendation: When you write about your interviews with experts, include this data in a separate section and a description of your analysis of these interviews. In your final report of the research also describe the funeral program and prayers.

Sample and Setting
Your sample was purposive to obtain participants of different genders, place of birth, length of stay in Hawaii, generations (isei, nisei, sansei), marital status, number of children, and living arrangement. You had 18 participants ranging from age 65 to age 90, 4 males and 14 females.
   Recommendation: Conduct or plan a secondary data analysis based on factors for purposive sampling.
Data Collection

The PI provided a chronology of steps taken for recruitment of participants, and when the interviews occurred. There was no recruitment plan per se in the methods section. One observation and recruitment session occurred at the Senior Expo with a note “no one was interested”.
Recommendation: In your final report describe how potential participants were approached, and what were the more success ways of identifying participants. The process and product of the expert interviews should also be included.

Trustworthiness
Recommendation: Each of the following areas contribute to the trustworthiness of your study. Explicit statements about how your methods relate to each area of trustworthiness should be included in your final report so the reader does not have to make inferences.

Credibility
Activities supporting credibility are member checks, prolonged engagement, and peer debriefing.
1. Member checks: There were no stated plans to check with either individuals or groups of participants about findings
Recommendation: Share your findings with all or some sample of your participants when you have derived your cultural themes from your analysis. You want to ask, “This is what I heard you say, does this ring true to you?” For the same reasons you chose individual interviews rather than focus groups, you may decide to do this with individuals rather than groups.
2. Prolonged engagement: Recruitment and data collection were completed in 5 months. There was no description of how many hours were spent in each activity. Because the PI is also Japanese, the amount of time to develop trust with the participants may have been minimal.
Recommendation: Quantify time spent in the field and include a section about your recruitment activities in the final report of your study.
3. Peer debriefing: The PI mentioned involvement with her advisor in the coding process. However, there is no mention of working with peers during her fieldwork. No field notes were submitted for the audit.
Recommendation: Describe in what ways, if any, you involved peers during the interview process and how you shared your reflexive journal with others, and if the comments of others were incorporated to make changes in your recruitment or interview process. For example, did you feel your skills as an interviewer improved over time? In what way, and did that make a difference in the quality of the data?

Transferability

To support transferability for this focussed ethnography, the PI planned extensive field notes during data collection (i.e./ engagement in a reflexive process, supplemental data sources) and purposive sampling.
1. Field notes: The PI planned taking field notes to describe “what the researcher hears, sees, experiences, and thinks in the course of collecting or reflecting on data”. Important information would include observation of “physical setting, the impressions the observer finds, and the non-verbal communication”. Memoing of the interviews was not submitted to the auditor.

**Recommendation:** Include evidence to support transferability in the final report of process, results and conclusions. Include data from field notes in process, results and conclusions.

2. Purposive sampling: The PI conducted purposive sampling with 8 factors described. There was no description in the chronology section about seeking out specific participants to round out the sample. There were no data analyses or results summarized by factors.

**Recommendation:** See recommendations under data analysis.

**Confirmability**

To support confirmability the PI planned a reflexive journal. An audit trail was not mentioned in the methods section, but was submitted for the back translation process.

1. The reflexive journal: The auditor did not receive the journal but did have a discussion with the PI about her impressions at a one hour meeting at the beginning of this external audit.

**Recommendation:** Enter excerpts from your journal into Atlas.ti 5.0 right along with your first level coding if the software allows. This process may give you further insights for your results and conclusions sections.

2. Audit trail: The chronology of steps in the study methodology states that 23 interviews with 18 participants were conducted between 9/18/05 and 1/11/06. The PI documented 4 expert interviews and 2 observations occurring in March, 2006. Data can be traced from raw interview data to codes for 2 of the 18 interviews, to code families, to super codes or patterns, to themes. The research report needs further explication of how field notes, expert interviews and observations support or contrast with patterns derived from the participant interviews.

**Recommendation:** In the final report describe the convergence or divergence of results from the three data sources.

**Dependability**

To support dependability the PI provided an audit trail for this external audit. The PI provided adequate documents for the audit trail. The audit trail will be complete with provisions of aspects identified in the recommendations of this audit.

**Recommendation:** See recommendations on field notes, expert interviews and data from observations.
Appendix B - 4

Data Analysis

The PI provided interview data from 2 interviews, coding and other documents listed. The PI organized interview data into units of meaning in open coding, identified patterns and grouped patterns into a concept map to show relationships among the patterns. In the concept maps, the four patterns which directly related to attributes of a good death are influences, Japanese culture in Hawaii, no suffering, place of death and new aspects of life.

The number of codes in each pattern was unevenly distributed over the concept map. There were 216 codes for Influences, 334 codes for Japanese culture in Hawaii (includes patterns of Burden and Family), 168 codes for No suffering (includes Life and death), 92 codes for place of death (includes Support from outside the family) and 29 codes for New aspects of life. Themes to be developed from the patterns were not made explicit. The process for deriving themes was not described.

Recommendation: When deriving themes for the final report, use all data sources to synthesize statement of cultural themes. Your may derive themes which incorporate several patterns, or have one theme for each pattern. There is a small number of codes in the pattern of New aspects of life relative to the other patterns. When this happens, you should consider whether saturation has been reached in this area, or whether the family codes of this pattern could be included under the pattern Life and Death.

2. Document 2 “Interview guide”: The interview transcripts reflected the questions in the interview guide. The PI used relevant probing questions to expend and clarify responses. In some cases made leading statements (Interview #4, page 1 and 3; Interview #18, page 5)) or asked leading questions not on the interview guide (Interview #4, page 3; Interview #18, page 6) or interpreted ambivalence as an unequivocal statement (Interview #4, page 1). In some instances the PI restated the open-ended questions in her interview guide to questions requiring a yes or no response (Interview #18, page2 and 6). However, the participants made expansive responses even to these directed questions.

Recommendation: Review the 16 transcripts for leading or directive questions to avoid coding PI’s ideas as those of participants.

3. Document 3 Participant information: Included place of birth, gender, age, length of stay, generation, marital status, number of children, and living arrangements. Due to multiple recruitment sites, the identity of participants is likely to be protected.

Recommendation: Include “in Hawaii” in length of stay column header. Add footnote that S = son and D = daughter. Assess risk of exposing the identity of participants if this table will be included in the final report.

4. Document 4 Two interview transcripts with coding #4 and #18: The interview transcripts with coding were easy to follow for tracking coding and interpretation. Open coding closely follows the words used by the participants.
Appendix B - 5

Recommendation: Review interviews for specific decisions about the supercode New aspects of life, and for leading statements as described above in Document 2.

5. Document 5 Chronology of methodological steps: Easy to follow, true to proposal. Recommendation: Quantify time spent in recruitment and data collection to support credibility and audit trail mentioned above. Include number of hours spent in data collection and analysis in final report.

6. Document 6 Alphabetical list of codes: Large number of first level codes reflects staying close to the data.

7. Document 7 List of code counts: Five pages of codes had more than one mention, and 15 pages of codes (roughly 55 codes per page = 825 codes) were mentioned just once. This large number of codes reflects staying close to the data. Was the first level coding done immediately after the interview, or at a later date? Were interviews coded after the back translation from Japanese to English was completed? Or were they coded from the Japanese transcript? Document 4 states that coding was completed on April 30, 2006, but it is not clear when the coding process began. Recommendation: Describe these details of your coding process in the final report.

8. Document 8 Descriptive labels with codes: This document is what is often described in qualitative analysis as the Code Book. This was also easy to follow and documented when super codes were created and what code families were included in the super codes. Comparing this document against Document 10, there are 3 code families missing in Document 8: 1. Financial resources in the super code Influences, 2. Reason to prepare for death in the super code Burden, and 3. Acceptance of death in the super code Attributes of a good death. It could be the case that these family codes were added to the super codes after Document 8 was printed. Recommendation: Fix these discrepancies for final report.

9. Document 9 Patterns of good death list: This summary includes code counts and reflects what is in Document 8 with the three exceptions noted above. The smallest code count was 29 for super code (a.k.a. Pattern) named New aspects of life. Recommendation: Consider collapsing New aspects of life into Life and Death as previously recommended.

10. Document 10 Each of the patterns with codes: This document sorted all of the first level codes in each super code or pattern, providing the detailed view of the emic perspective. There are the same 3 discrepancies between this document and document 8. Recommendation: See Document 8.

11. Document 11 Concept map: This visual diagram connects the patterns in a visual way to show relationships between the super codes. This diagram points out that both the
super code Influences and the super code New Aspects of life stand alone and are not part of or associated with other super codes. The code count was not included in this diagram but would point out that these 2 free standing super codes have the most first level codes (216 for Influences) and the least first level codes (29 for New aspects of life).


12. Document 12 Back translation audit trail: This was a rich description of this process, and included the PI's voice and perspective.

Recommendation: Include this description in your data analysis methodology. See Document 7 as well.

13. Document 13 Summary of funeral observation: An objective description of this event, but not much information about the PI's feelings in this situation. How did you feel when the son started to cry? How did you deduce that the deceased was well loved by his family? Was this ceremony a celebration of his life as you stated you thought it should be? Was it strange to you that no details about his death were mentioned during the refreshment time?

Recommendation: In the final report include more of your own thoughts and observations about a good death as it relates to your observations at this funeral.
Agreement to Participate in
“Good Death among the Elderly Japanese Americans in Hawaii”
Keiko Hattori, Ph.D. candidate, Primary Investigator
School of Nursing and Dental Hygiene
University of Hawaii at Manoa
PI’s cell phone: (808) 489-8201

This study is being conducted as a part of a doctoral degree. The purpose of this study is to describe the patterns of a good death held by elderly Japanese Americans in Hawaii.

Your participation in the study will consist of two sessions an approximately 45 minute each with Keiko Hattori, a Ph.D. graduate nursing student. In the first session, you will be asked about your own view of good death. The interview will be audio recorded. You may also be asked to share your personal records (e.g. diaries) related to death and dying if you have any. If you do not want to share your records, you do not need to do so.

In the second session, the researcher wants to know if she correctly understood the first interview on good death from the first interview.

The interview will be transcribed from the audiotape after the interview. Only the researcher, her professor, and a research reviewer will read the transcript of the interview. You may also read or request a copy of the transcript. No personal identifying information will be included in the research results.

Risks and Benefits
There is little or no risk by participating in this research project. However, there may be a possible loss of privacy. To protect your privacy, the tape and transcript will be coded with a number and stored in a locked cabinet in Keiko Hattori’s office. The tapes and other transcripts will be destroyed upon completion of the project. If you become upset or distracted during the interview, you do not have to answer the question. You may end the interview session at any time without penalty, or loss of benefit to which you would otherwise be entitled.

You may receive no direct benefit from this study. However, future elderly Japanese Americans may benefit from this project if the government and/or private health care agencies in Hawaii utilized the results learned from this project. You will receive a $10 gift certificate from Longs Drug for your time in participating in each interview.

If you have any questions regarding this research project, please contact the researcher, Keiko Hattori, at (808) 489-8201.

If you have any questions regarding your rights as a research participant, please contact the UH Committee on Human Subjects at (808) 956-5007.
Consent Form

Participant:
I have read and understand the above information, and agree to participate in this research project.

____________________________
Name (printed)

____________________________  _______________________
Signature                      Date
Agreement to Participate in
“Good Death among the Elderly Japanese Americans in Hawaii”
Keiko Hattori, Ph.D. candidate, Primary Investigator
School of Nursing and Dental Hygiene
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______________________________
Name (printed)

______________________________  _______________________
Signature                                      Date
REFERENCES


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