

Tapestries: Interwoven voices of local and global identities

Volume 8

Issue 1 *Resisting Borders: Rethinking the Limits of American Studies*

Article 9

Dying the Good Death: Cultural Competence and Variance in Hospice Care

Lydia Koh-Krienke

Macalester College, lkrienke@macalester.edu

Follow this and additional works at: <https://digitalcommons.macalester.edu/tapestries>

Recommended Citation

Koh-Krienke, Lydia () "Dying the Good Death: Cultural Competence and Variance in Hospice Care," *Tapestries: Interwoven voices of local and global identities*: Vol. 8 : Iss. 1 , Article 9.

Available at: <https://digitalcommons.macalester.edu/tapestries/vol8/iss1/9>

This Article is brought to you for free and open access by the American Studies Department at DigitalCommons@Macalester College. It has been accepted for inclusion in *Tapestries: Interwoven voices of local and global identities* by an authorized editor of DigitalCommons@Macalester College. For more information, please contact scholarpub@macalester.edu.

Tapestries: Interwoven voices of local and global identities

Manuscript 1159

Dying the Good Death: Cultural Competence and Variance in Hospice Care

Lydia Koh-Krienke

Follow this and additional works at: <https://digitalcommons.macalester.edu/tapestries>

Dying the Good Death: Cultural Competence and Variance in Hospice Care

Lydia Koh-Krienke

Introduction

What do you want your death to look like?

I am at home, in a familiar bed with the nostalgic scent of simmering chicken broth wafting up my nose. Four generations of my family surround me; the throng of grandchildren, too young to understand, play with toy cars at my feet, and their laughter and shouts intermingle to create the cacophony that accompanies playtime. My mother and father, whom I am convinced will live forever, stroke my forehead, their smiles lost in a sea of a thousand wrinkles. I am old, but not so old that I cannot lift myself up in bed to survey the powerful dynasty of women, men, and children I have created. I visualize my hard work in creating a more just and equitable world in every single one of their faces, and I feel good. I am ready to rest. Amidst the chaos of grandchildren playing, story swapping, and tear shedding, I quietly slip away, laid to rest by the knowledge that my family will continue to grow in number and in strength as I watch over them.

If I was brought up in South Korea, where my mother's family originates, I might visualize my ideal death differently. Rather than talking and laughing beside me, my family members might be performing imjong, and preparing me for my eternal life as an ancestor. I may have released the decisions about my life and death to my children, who know my preferences inherently through

nun-chi. While I would still most likely be dying in my house, it may have a greater significance to me as an act of "returning home". In both of these cases, I die a good death, even though the setting and process may differ.

This paper will interrogate what it means to "die well" by examining the intersections between death and culture. In America, we often do not engage with the concept of death, and regard it as a taboo subject. This mindset restricts us from having the necessary conversations about the culturally-specific ways in which we want to die. This may result in a death that has little cultural meaning, which we often equate with a life lived in vain. Because of this, I claim that we must analyze culture and death through a pluralist, culturally relevant pedagogy in order to fully understand what constitutes a good death for a particular individual within a cultural group. I refute the universalist assertion that cultures are organized into a hierarchy, and deconstruct this notion in favor of a pluralist, objective view of culture. I look specifically at a good death from Western and Eastern—specifically Korean-American—perspectives in an attempt to better understand the complexities surrounding both.

In the second half of this paper, I argue that it is important to understand a good death in a cultural context in order

to better serve the dying. I evaluate the tools that hospice care provides for a good death in both American and Korean-American contexts, and deem our current hospice system to cater primarily to the Western notion of dying well. Finally, I conclude that hospice has the potential to serve as the nexus between cultural variation and death, and propose a theoretical model that would aid hospice clinicians in providing culturally competent care. This paper will adhere to the overarching argument that a good death looks different in various cultural contexts, and that it is a hospice provider's job to understand this.

Methods

The topic of death is not traditionally thought of in an American Studies context by the academic psyche. American Studies scholars push the concept of death off for anthropologists and thanatologists to tackle, in favor of more exciting topics. I disagree with this; I believe it is essential to frame the death process by American Studies because it happens to *everyone* regardless of race, socioeconomic status, sex, or gender. It is the great unifying factor in a nation—and a world—that is set up to divide. While we may conceptualize the socioculturally “correct” way to die within the context of our own culture, we still must recognize that death systematically crosses and even sometimes dissolves borders.

It is in this way that this project explores borders, both in a literal and figurative sense. First, I discuss the Korean

diaspora from the homeland to the US beginning in 1903 onward, which involves the physical crossing of nation borders made difficult by xenophobic legislation and racism. Another layer of border crossing occurs out of the process of *transculturation*, or the mixing of two different cultures, which gives birth to a unique culture distinct from its two predecessors. Finally, I explore the border between life and death, and how individuals negotiate this boundary through culturally-specific traditions and values. This analysis of borders is multilayered and multifaceted; we cross scale as we move through different borders, from a national context to an individual. In this way, we study the cultural underpinnings of death through an American Studies lens, and explore how these border crossings relate to our nations, our communities, and ourselves.

A Note on the Use of “We”

Throughout this paper, I use the pronoun “we” when commenting on both Western American and Korean-American constructions of culture. I mean not to hinder the reader's understanding, but instead do so in an attempt to deconstruct the myth of singularity, which American culture often assumes when referring to a culture or group. I will discuss this concept further in later sections, but I say this now to bring my own positionality into the foreground of my argument. I belong to both American and Korean cultural attitudes; blood from the East and from the West flows through my veins,

and I have grown up both revering my Korean ancestors and fearing American ghosts. My perception of death is colored both by Western American and Korean cultural norms. If my act of claiming both Western and Eastern cultural constructions as my own confuses you, *good!* It is meant to. I welcome you to my world of cultural confusion with the hope that if you do belong to a single culture, you can begin to understand the complex processes of cultural blending and conflict. I use “we” as a tool to add an additional layer to my argument, a meta-narrative that reclaims my dual cultural identity from those who insist on categorizing me as belonging to one or the other. In writing this paper, I have created a space to resist those comments that have emphasized one part of my culture and reduced the other. I exist because of cultural amalgamation, cultural conflict, and cultural blends: I am living, breathing evidence of my argument.

Constructing Culture

Defining Culture: Universalism and Pluralism

Our increasingly globalized world largely recognizes America as a nation composed of difference, and our history reflects this. The intersections of colonization, immigration, importation, forced exile, and diaspora have created the American multicultural society in which we now live. With this constant flow of transnational ideas, languages, and ethnicities, our colorful nation sometimes struggles with the concept of defining

culture, even though its importance in modern society cannot be understated. How is culture created? Is it formed through crossing borders, putting up walls, or a mix of the two? Is the defining characteristic of culture language, ethnicity, nationality, or a conglomeration of many factors? Are we a nation of ethnic enclaves, or a unified culture?

Through asking these questions, I explore the different ways in which we construct culture in American society. I give special attention to the formation of Korean-American culture and describe how immigration has facilitated the development of a culture that simultaneously pulls from both of its motherlands while creating unique values, traditions, and perceptions. By analyzing the roots and migration patterns of individuals belonging to a certain culture, we can better understand how its people interact with life and, the focus of this paper, death.

In order to fully comprehend the different mechanisms that Eastern and Western cultures use to negotiate death, we must understand how cultures from different nations of origin interact with the American psyche. First, I define culture and discuss the two main views of universalism and pluralism that theorists have adhered to from the 18th to 21st centuries. I argue that universalism is inherently discriminatory, and therefore describe the creation of a Korean-American culture in a pluralist context. Finally, I expand on the concept of pluralism to claim that both American

and Korean-American cultures do not exist as monolithic entities but as a spectrum of values that individuals belonging to these cultures adhere to in different ways.

Like most things, to fully understand the concept of culture, we must follow its history, both in a linguistic and sociopolitical sense. The word “culture” has its roots in the Latin *colere*, meaning to till, cultivate, or farm. Originally used in agricultural rhetoric, *culture* was adopted by social theorists to refer to the cultivation, tilling, or farming of civilization instead of land (Yudice 2014). These connotations of growth and development gave way to our modern usage of the word. According to American Studies scholar George Yudice, culture is “intellectual, spiritual, and aesthetic development, [and] the way of life of a people, group, or humanity in general” (Yudice 2014). Just as farmers tend to their crops differently based on their environment and species, so do we tend to our own traditions, art, religion, and other products of cultural difference. Culture is malleable, something that humanity manipulates, feeds, and transforms.

Historically, America has come to represent a geopolitical space in which different cultures have congregated through various means of migration – both forced and willing. This conglomeration has created a multicultural landscape within America, spaces where people with different nations of origin interact and create relationships, which aid

in the formation of new cultures and the transformation of existing ones. America’s cultural soil has the potential to be rich and fertile for new cross-cultural relationships, even while racism, capitalism, and sexism often poison new growths. The idealism of American culture, the great nation of difference, exists on the basis of cultural symbiosis; our singular, unifying culture *is* our multiculturalism.

Not everyone agrees that different cultures existing in mutual harmony is a good thing. Some scholars, particularly White European academics living in the 1700s, believed that some cultures had more inherent value than others, specifically citing a broad European culture as the ideal to which all other cultures should be measured (Yudice 2014). This caused a schism in the accepted model of how Western social theorists conceptualized cultural difference, which gave rise to two main theories: the universalist and pluralistic views. A universalist is defined as one who believes in and perpetuates the notion of a cultural hierarchy in which some cultures are superior to others. This view of culture is linked, perhaps inextricably, to the imperialism and nationalism (Yudice 2014) that arose as an exercise in the expansion of European values and claims. Universalists in the late eighteenth century viewed European culture as superior to all others, encapsulating “the best which has been thought and said in the world” (Yudice 2014). The universalist’s superiority of traditions and values

invoked a strong sense of U.S. and European nationalism; this ideal made harmful practices such as forced assimilation and colonization permissible in the eyes of White Anglo-Americans, driven by overt sentiments of White saviorism and 19th century Manifest Destiny doctrines.

Furthermore, the universalist view understood culture with a singular mindset. That is, universalists tended “either to obliterate difference or to stereotype it through racist and imperialist appropriation” (Yudice 2014). This view assumed that all individuals that fall into a certain cultural group adhere to the norms and expectations of that culture. Universalism did not take into account subcultures or the individuals that “reject” certain aspects of their culture simply because they adhere to other value systems. Today, most scholars and indeed, most people accept that language, ethnicity, race, gender, and a multitude of other social factors modulate the lens through which an individual perceives the world, and can thereby affect the ways one interacts within the dominant ideals, traditions, and values of a culture (Yudice 2014). Universalists, however, discount diversity and maintain the perspective that all individuals interact in a singular way with a dominant culture. By painting with this broad of a brush, universalists operate under the assumption that all people within a culture can be viewed through a singular lens, which as we will discuss in the next section, is not the reality of cultural belonging.

In contrast, the pluralist view rejects the perception of a hierarchy of culture, arguing that “each particular culture has its own value that cannot be measured according to criteria derived from another culture” (Yudice 2014). Instead of using a binary of superiority and inferiority, pluralism analyzes culture using a system of objectivity, defined as the perspective that views distinct cultural attitudes and practices simply as differences. This objective attitude towards culture is in direct contrast to universalists’ subjectivity, which allows the individual’s own culture to fill the role of the “superior culture” in this hierarchical model.

As a reaction to discriminatory scholarship produced by universalist academics, pluralists such as Franz Boas, a German-American scholar well acquainted with the blurred line between fascism and European imperialism, began to confront the racist undertones of universalism in 1928, exposing this view’s tendency to foster prejudicial imperialism and blanket overgeneralizations (Yudice 2014). Boas recognized the harm of grouping individuals of a certain ethnicity or nationality within a singular culture, which glosses over the nuances and complexities of human life. As an early pluralist, Boas equated universalism with racism in part because of this overgeneralization, and also because of the violent undercurrents of hierarchy that gave way to colonization, forced assimilation, and soon after these, extermination. By the 1950s, largely due

to Boas' scholarship, pluralism had made headway as a socially legitimate examination of culture and difference.

The pluralistic view of culture is valuable not only because of its usefulness as an objective tool to measure cultural difference, but also because it opens the idea of national culture to include a wide variety of interpretations. As Yudice states, "cultures [can] no longer be imagined as circumscribed by national boundaries" (2014). With this broadened, pluralistic view of culture that rejects overgeneralizations based on nationality and ethnicity, we can analyze specific cultures through new lenses. Next, I will specifically look at the people who belong to Asian-American cultures, and examine the process of cultural creation as it relates to the Korean-American identity.

The Formation of Korean-American Culture

The formation of Korean-American culture begins with the Korean diaspora to the United States. This consisted of three major waves of immigration instrumental in establishing this new facet of American culture. The first, occurring from 1903-1905, was due to male Korean laborers entering Hawaii to work on sugar plantations (Kim & Lee 2006). 1951-1964 marked the second, which consisted of Korean wives of US soldiers, war orphans, and students (Kim et al. citing Hurh 1998). Because of the Korean war (1950-1953), many individuals immigrated during this time period to escape persecution and violence. In addition to this, because of US

involvement, many American soldiers married Korean women while stationed there. US legislation such as the McCarran-Walter Act and the War Brides Act of 1946 (Chan 1991) eased entry for those Korean wives and children of US soldiers to assist in the reunification of families (this legislation contradicts the current US policy of separating families at the US-Mexico border: America is a backwards State). Finally, we are living in the third major wave of Korean immigration. Beginning in 1965 with the passage of the Immigration Act (Chan 1991) and continuing to this day, Koreans currently make up 3.8% of immigrants to the United States. The Immigration Act of 1965 not only removed severe restrictions on immigration, but also lifted national-origin quotas that allowed more Koreans to cross the border and remain in the US. This third wave of immigration is the largest, and is the reason for the existence of many Korean-American families.

The flow of culture paralleled the movement of people from Korea to the US. Americans, however, largely adopted the universalist view of these individuals, and have lumped Koreans with all other Asian-American cultures. Western America makes no distinction between the old, storied, and diverse histories of Chinese, Japanese, Korean, Indian, Taiwanese, Vietnamese, and the myriad of immigrants from Asian-origin backgrounds, all with unique and vibrant cultures. Evidence of the American perception of the "Asian collective" in the

US can be found in census records and testing categories, where these individuals from starkly different cultures and nations must check a singular box: “Asian-American” (United States 2017). Lisa Lowe, professor of American Studies at Yale University, studies this erasure of distinct cultural difference in the Asian-American experience by directly confronting universalist perceptions of Asian-Americans, such as the one highlighted above. She disrupts the notion of the “Asian-origin collectivity” by describing factors that contribute to cultural schism in individuals of Asian descent. The universalist perception of an overgeneralized Asian-American culture, Lowe writes, is complicated not only by different nations of origin, but also by “intergenerationality, by various degrees of identification with and relation to a ‘homeland,’ and by different extents of assimilation to and distinction from ‘majority culture’ in the United States” (Lowe 1996). In true pluralist fashion, she rejects the construction of dominant and minority positions that cultures occupy, and argues that difference within the Asian-American identity—by age, by country of origin, by the number of generations one is distant from an Asian homeland experience—forces us to refuse superiority politics as well.

In addition to the construction of Asian-America culture as a singular entity, we can go one level deeper and discuss the universalism present within a singular nation of origin, such as the Korean-American identity. For many, a

specific Asian-nation-American identity is an amalgamation of American and their Asian country of origin’s values. The cross-pollination of these two cultures results in the creation of a new distinct identity and culture. Major streams of cultural variation, Lisa Lowe argues, serve to sweep away the facile notion of the Asian-American culture as a singular identity. One distinguishing element from the pluralism toolbox is how exclusion and resistance have shaped different Asian experiences in America. Difference in national origin as well as generational relation to exclusion policies such as the 1882 Chinese Exclusion Act, legislation prohibiting the immigration of Chinese laborers as a reaction to violence and the loss of American jobs, and its subsequent repeal through the Magnuson Act of 1949 (Lowe 1996) contribute to the different ways Asian-origin individuals interact with culture formation.

In addition to this, mechanisms of combating forced assimilation have varied across generational gaps, leading to difference in forms of cultural resistance. K. Scott Wong, professor of American Studies at Williams College, links Mary Louise Pratt’s definition of *transculturation* to these forms of resistance, referring to Asian-origin immigrants’ process of “select[ing] or invent[ing] from materials transmitted to them by a dominant or metropolitan culture” (Wong 1999). This process of transculturation connects back to Lisa Lowe’s notion of the formation of an Asian-American identity that is distinct from both an Asian and American

experience. Here, Wong proposes that Asian-origin immigrants do not simply assimilate directly into American culture, nor do they live according to an Asian cultural silo in America. Rather, the Asian-origin immigrant takes pieces of American culture and weaves them along with threads of their home culture into a new cultural identity.

This also invokes a theme of autonomy: the analogy of culture as a farmer cultivating his crops paints an immigrant assimilating to a culture as a coerced act. The farmer regulates the growth of his crops through where he plants them, how he manipulates the vines, and what branches he chooses to cut off so that all his crops can grow in harmony. Applied to immigrant populations, this analogy suggests that individuals that have crossed the American border need to be clipped, trimmed, and trellised to fit the cultural mold of an American citizen. Lowe's and Wong's perspective of an Asian-origin immigrant specifically choosing which cultural traditions and values to adapt to and mixing them with their home culture pushes back against this notion, and returns the power to the immigrant.

Intersections of Culture and Death

As we discussed in the last section, our culture shapes our lives as we grow and develop, and influences us through culturally specific norms and traditions. It is in this very same way that culture shapes our experience of death as well; our thoughts, feelings, anxieties, and doubts

surrounding our own mortality are often dictated by our cultural beliefs or by our rejection of them.

If you are skeptical, take a look at American popular culture. The hopes and fears of death most of us feel in American society are reflected in popular culture such as music, TV shows, and social media. While these all portray a dramatized and idealized version of death, they reveal what our vision of a "good death" looks like. Popular culture mirrors the yearning many of us keep locked deep inside of us to die in a particular way, in a particular environment, beside particular people. This varies from culture to culture, especially within the United States. As Lisa Lowe and K. Scott Wong explain, many Asian-American cultures do not completely assimilate to American culture, nor do they exist in siloed cultural states based on their nation of origin. Rather, the Asian-origin immigrant creates a new cultural identity, and with it comes new formulations and conceptualizations of death. In this section, I will discuss the intersections between culture and death for both Western and Asian-origin societies, specifically within the United States and Korea.

A Western Perspective

In this section, I identify three main themes in the American death process that stem from Western cultural values. First, I present the paradox of our simultaneous fear of and addiction to the concept of death in American society. I

then move to a discussion of the way many Americans deny their own mortality, subconsciously or consciously, as a mechanism to subvert their anxiety of death. Finally, I examine the factors that cause American society to place such a high value on autonomy and dignity in the dying process. Again, I want to echo Lisa Lowe and K. Scott Wong by saying that Western culture is not homogeneous; many individuals do not adhere to these conceptions of death, just as they do not adopt all Western norms and values. However, I attempt to interrogate broad cultural themes that dominate most of America's notions of death, and eventually arrive at the larger, overarching question of cultural accessibility in hospice care.

If we look at America purely from an international standpoint, it would appear that America has a love affair with death. American involvement in war has dominated our history; we have been at war as a nation 225 years since 1776, and at peace less than 20 years out of 242 (Charpentier 2017). Since the nation's birth, our continual involvement in wars—many of them not our own—comprises 93% of our history, not to mention the previous violence and killing that accompanied our colonization and occupation of Native land (Charpentier 2017). Andrew Mitrovica writes that if you were to throw a dart at a globe, “chances are it will land on a country permanently scarred by America's long, irresistible compulsion to wage war” (Mitrovica 2017). These statistics suggest that America values the concept of war as

an effective solution to conflict. Our spending certainly reinforces this: the US defense budget matches the rest of the world's military spending put together (Tierney 2011).

With war comes the inevitability of death. War steals the lives of soldiers and civilians alike, and systematically operates to annihilate for the simple goal of power attainment. This begs the question: does the American love of war translate to a love of the death of others, and even ourselves? America indoctrinates our soldiers with the lesson that dying for one's country is honorable, puts the fire of nationalism into their eyes, then hands them a gun and nudges them into artillery fire. Is this not reflective of a clear-cut love of death?

This question does not fully capture the nuances of America's relationship with death. Again, these sentiments of America's apparent war obsessions are rooted in culture. Because we have been a nation at war for so many years, we inherently live in a war culture. Those who are 16 years old and younger have not yet seen America at peace in their lifetimes (Byron 2017), and have thus grown up with war as a constant that shapes and impacts their cultural identity. In addition to its relationship with death, war amplifies nationalistic sentiments to their extremes. This refers not only to the love of one's country but also to the greater feeling of being part of a greater whole for which it is heroic to die (Seale 2009).

In reference to our own personal deaths, not our killing of others, we idolize dying for the “cause” our culture imposes on us, even though dying in the name of America may not, in reality, make much difference. This extreme form of nationalism gives our death purpose, which is part of our conceptualization of a “good death,” a concept I will explain in the next section. American culture’s emphasis on nationalism is inextricably intertwined with our culture of war, which affects our perceptions surrounding death. Therefore, a satisfactory answer to the question posed above would be that because our culture has been shaped by our constant state of war, we glorify our own deaths *if* they serve a nationalistic purpose.

Our apparent addiction to war and its relationship to the idea of dying in the name of nationalism sets up a contradiction in modern culture. While we commit acts of war often, which always results in American deaths, we foster a simultaneous cultural fear of our own mortality. Scholars in the field of thanatology, or death studies, refer to this as *death anxiety*, most often characterized as the “negative emotional reaction provoked by the anticipation of a state in which self does not exist” (Tomer & Eliason 1996). Most of us, not just in American society but in the world at large, experience death anxiety. In fact, a developmental theory of death anxiety suggests that there are certain periods in life where death anxiety is expected to

increase, especially for males in college (Lehto & Stein 2009).

Death anxiety can stem from multiple sources; first and foremost it is an adaptive survival technique. In the human brain, the amygdala region in the temporal lobe houses implicit or unconscious feelings of fear, while the hippocampus regulates explicit fear memories (Lehto & Stein 2009). In other words, the chemicals in our brain regulate our anxiety of death. The way we generate death anxiety is therefore relatively constant throughout humanity. It is the ways in which we deal with our fears of our own mortality that are culturally regulated. American society recognizes death as an interruption or an incompatibility with life (Seale 2009). We largely perceive the process of death as an ending, as a force that takes away our future plans. As we perceive ourselves to approach closer and closer to our own deaths, a concept many refer to as *death salience* (Tomer & Eliason 1996), our level of death anxiety changes. As death becomes more salient, we begin to inventory our lives, and take stock of how much—or how little—we have accomplished. This either increases or decreases the amount of death anxiety we feel, depending on our exposure to and relationship with death. This process of death anxiety, of course, varies widely across individuals and is context-dependent, but is a prevalent theme in American perceptions of dying.

While the literature shows the causes of death anxiety are mostly

biologically and socially constructed, the ways we negotiate and perpetuate this anxiety are largely cultural. For instance, referring back to the American love of war, we mediate our fear of our own mortality by ensuring our own survival at all costs. In a somewhat gruesome claim, Clive Seale states that in Western culture, we bizarrely equate killing others as our own immunization over death (Seale 2009).

Our war culture perpetuates the assumption that the more individuals we kill, or the more deaths of others we observe, the less salient our death becomes. We distance ourselves from our own mortality through the same process of “othering” that universalists use to separate entire cultures from one another. Although we are in close proximity to death—in the case of war, we may even be the ones doing the killing—we have developed the distinct cultural ability to put up false barriers between us and the dying. Therefore, our culture of war has inverted our sense of death salience: even though we are so close to death, our personal mortality is far removed. American culture has become so saturated with images of death and violence that we have become desensitized. Our death anxiety, in this case, has decreased because of death salience, a phenomenon that our war culture has produced. This serves as evidence to support my claim that death anxiety, in response to our proximity to death, is culturally regulated.

A second way we negotiate death anxiety in a cultural sense is our systematic

denial of our own mortality in the United States. This stems from the American cultural dichotomy of the veneration of youth and the complete disregard for the elderly. Once again, we can turn to popular culture to find evidence of this phenomenon: advertisements for wrinkle-remover, hormone injections, and cosmetic surgery pervade the media. We market almost exclusively to young people, and if an older population is the targeted consumer, the product is usually in some way to remove all signs of age from the body. The anti-aging industry is booming because we as a culture have no place for the elderly. In a society that places such a high value on efficiency and productivity, we do not have time to slow down for those whose bodies cannot function as fast. As soon as a population becomes elderly we value them less because, according to American culture, they no longer have the capacity to produce, and thus becomes useless (Peters et al. 2013). We shuttle them off to nursing homes, where they can live out the rest of their days hidden from the public eye.

This only perpetuates our denial of our own death: if we do not interact with the deaths of the hidden elderly and the evidence of our own mortality, it becomes less salient to us, and we no longer have to engage with our own death anxiety. In their study of nurses caring for the dying, Peters et al. found that the level of death anxiety among nurses was mediated by older age and length of practice (2013). Nurses with more exposure to death had

less death anxiety, presumably due to their acceptance of death as a natural part of life. Again, we see a shift in death anxiety due to death salience; just like in war culture, nurses' proximity to death decreases their fear of it. This is mirrored by society's removal from and consequent heightened fear of death due to our treatment of the elderly. Our mechanism of ignoring our fear in order to cope with death anxiety remains the prevalent attitude in America, even though evidence (Peters et al. 2013) supports that increased exposure to death will likely decrease fear.

Westernized cultures tend to construct the idea that life is always preferable to death (Seale 2009). Therefore, we tend to steer individuals away from things that remind us about mortality, including those who are close to death, labeling these thoughts as morbid, grotesque, or socially unacceptable. We "conceal the sick and the elderly from view for the protection of [society's] members from death awareness" (Seale 2009). In doing this, we not only perpetuate our culture's denial of death, but we also may be inflicting harm on those for whom death is particularly salient. This includes the medicalization and institutionalization of dying people; because of our cultural need to preserve life at all costs, we are often unable to accept the reality that every human will eventually die. Even amidst terminal illness, many dying people still search for a cure with their doctors egging them on, even if they do not believe in their patient's chances of survival. In 1961,

Oken et al. found in a study of doctors treating terminally ill patients that 88% of them would not inform their patients of the imminence of their death (1961). This underlines an important motif in understanding American culture's need to always reorient individuals' thoughts from the possibility of death towards the confirmation of life.

The final way I discuss Americans' systematic denial of our own mortality is the way we treat the already dead. For many Americans, the funerary tradition—an interesting topic in itself, which is for another paper—represents a space to process, engage with, and mourn the death of a loved one. However, once we have properly packaged someone's death through the bereavement process, which takes varying lengths of time for different people, then "little by little the dead cease to exist" (Seale 2009). We may construct monuments such as grave sites or urns filled with the dead's ashes, but these function in remembering an individual's actions in life, not death. Indeed, for many Americans the individuals that die exist exclusively in the past, while their present state is one of nonexistence.

The one caveat to this is our treatment of ghosts in the United States. Often invoked in horror movies and depicted as frightening beings, ghosts are the one personification of the dead that secular America accepts (along with zombies and undead). Originating in Christian and pagan beliefs that sinners would return from hell as ghosts to

admonish and threaten their family members if they did not adhere to God's rule (Seale 2009), the modern American conceptualization of ghosts exists primarily to serve as a source of entertainment. We construct ghosts as violent harbingers of horror and murder, but in reality brush them off as simply fantasy. In this way, we give the dead in modern secular American society little to no power to impact the lives of those still living (Seale 2009). This, along with the other elements of death anxiety and denial of death, varies by culture, which we will explore in sections to come.

The Good Death: A Western Construction

Now that we have discussed the popular American cultural values surrounding mortality, we can begin to construct the Western idea of what processes constitute a "good death". The Institute of Medicine characterizes a good death as one that is "free from avoidable distress and suffering for patients, families, and caregivers, [and] in general accord with patients' and families' wishes" (Emanuel & Emanuel 1998). What is missing from this definition, however, is the cultural aspect; just like different societies' perceptions of death vary depending on culture, so too do the notions of what a good death looks like. Here, I discuss the three themes of autonomy, dignity, and relief from suffering that, according to the literature, fulfill the American social requirements for dying a good death. Again, it is important to recognize that these are

derived from sociocultural ideas that Western society has grown to value and cherish. Many individuals belonging to this cultural group deviate from this idea, especially if we take religion into account. I present this simply as a manifestation of the dominant ways in which America converts death into a series of acceptable processes that are culturally palatable.

The first, and perhaps the most critical prerequisite Americans need in order to die a good death is autonomy. We set up an unrealistic negotiation with death that if we are all eventually going to die, we at least reserve the right to choose how it happens to us. Our defense against our fear of death is control. If we can regulate the ways and the rate at which death affects us, then we can somehow tame the wild and unruly processes of death. This sentiment reaches back to the early 1400s, with the publication of *Ars moriendi* (the art of dying). An ancient Christian prescriptive protocol detailing the processes necessary for dying well, the *Ars moriendi* were crucial in the creation of the "tame death", in which death operated with "indifference, resignation, familiarity" (Barrett 3). The docile and even compliant nature of this kind of death allowed individuals to get their affairs in order, say goodbye to their family members, and "die happily ever after" (Barrett). Especially in our current political climate of mass shootings, hate crimes, and hot-headed presidents, we crave autonomy over our own mortality. Current events increase our death salience and anxiety, and we clutch at the idea of a

controlled death in the midst of chaos. While other cultures certainly feel the desire to choose a particular method of dying, the strength to which we value individualism makes the way we adhere to the notion of control distinctly American.

Intrinsically linked to autonomy is the concept of dignity. The renown philosopher Immanuel Kant said that “all human beings have dignity in virtue of their humanity, that is, their capacity for autonomous action” (Gentzler 2003). Americans, by extension, conclude that if we lose our ability to act autonomously, our lives no longer have dignity. This is the operating principle behind the Oregon Death With Dignity Act of 1997. This piece of legislature, beyond the legalization of physician-assisted death, ushered in a new era of autonomy in the dying process (Gentzler 2003). Patients now had the legal authority to make the decision to end their own lives prematurely, which allows an individual not only to control when they die, but how they die.

The Death With Dignity Act as well as Kant’s theory of innate autonomy highlight the perception that death without autonomy is undignified, and therefore is constructed as “bad” according to American cultural standards. This view stems from the European concept of individualism, or the right to one’s God-given freedom as an autonomous being to act according to free-will and desire (Rodriguez-Pratt 2016).

As a culture, we believe in the power of self-efficacy and independence

above all else. These are the pillars of our economy, as well as how we measure success. We fetishize the “self-made man,” and often condemn those who rely on the support of the government or their communities as lazy. Furthermore, we often understand a loss of dignity as a loss of self. This plays into the death anxiety that is ubiquitous in American society; the thought of losing our control over our own consciousness is so paralyzing because of the high value we put on autonomy and free-will. We reconcile this fear through claiming control over our deaths, which reaffirms our autonomy as well as our level of dignity.

Finally, we determine the quality of our deaths through the context of suffering. In secular America, we equate suffering with pain, and brand it as something to be avoided at all cost. A major component of the Death with Dignity movement, as mentioned in the last paragraph, is not only to preserve autonomy, but to alleviate unbearable and needless suffering. This offers somewhat of a “narrow medicalized view of suffering, solely defined as physical discomfort, [and] ignores or minimizes [its] broader significance” (Charmaz 1983). The broader significance of suffering, as Charmaz describes, is a loss of self-identity that she argues is critical to the dying process. Suffering is not only a presence of pain, she argues, but also the absence of a form of self, the notion that one has a place and purpose in the world. To lose one’s self is to categorically blend into a collective sea of consciousness,

which is undesirable for us as Americans. Again, because of the traditional American emphasis on autonomy and independence (Charmaz 1983), we do not want to let go of the aspects that make us unique individuals, and separate us from the collective. A death with suffering, therefore, can be characterized as “bad”, not just because of the physical discomfort that accompanies pain, but also because of the loss of identity that suffering engenders. This leads us to characterize a good death as one with as little suffering as possible, in order to keep our autonomy intact even through the death process.

An Eastern Perspective

I have focused, up to this point, on the intersections between Western culture and the death process primarily for Americans. As noted previously, this population is not a correct representation of the racial and cultural amalgamation that is America. As immigrants flood from different parts of the world to this global nexus we call our nation, it is important to recognize that different cultures place value on different traditions and ideas, especially when it comes to the dying process. I will demonstrate this through an analysis of the cultural products surrounding death that Korean-origin individuals create, and contrast the Western beliefs I have laid out with the Eastern. While many of these traditions originate in the motherland of South Korea and have been maintained throughout the immigration process, some have also been adopted from Western

traditions not necessarily as a product of assimilation, but rather as a function of K. Scott Wong’s concept of transculturalization that occurs when two cultures come into contact. In this section, I will first lay out traditional Korean perceptions of death as they exist in South Korea. Then, I will construct the idea of a good death in the Korean-American context, to underline how Western influences have impacted the conceptualization of a good death. Here, I place the conceptualization of a good Western death into conversation with a good Eastern death according to Korean cultural traditions, because this is how they exist in America: not as siloed microcosms with ethnic boundaries, but as living, breathing cultures that interact, and sometimes clash, with one another.

The first, and perhaps most prominent, theme in the Korean consciousness surrounding death is filial piety. Defined as the “moral obligation of an adult child to respect and obey one’s parents and provide support for them in old age,” (Kwak & Salmon 2007), this cultural belief sets up power hierarchies within the family, and ensures that the elderly are not forgotten by those belonging to the younger generations. Even in adulthood, children are expected to obey their parents as a form of respect and reverence. Adherence to this cultural norm results in extended families all living together under one roof, which allows for intergenerational relationships and “reciprocal caregiving”, where the role of caregiver is reversed from parent to child,

sometimes at multiple points during one's lifespan (Kim et al. 2006). This principal in Korean culture fundamentally contradicts the Western practice of isolating the elderly from mainstream life in order to deny the reality of death. Koreans venerate the aged not only because we feel a moral obligation to do so, but also because we value the wisdom and familial bond that we share with our elders. This does not necessarily mean that Koreans are less afraid of death; death anxiety crosses cultural barriers, national borders, and is felt nearly universally in our world (Kwon 2006). The difference is that Eastern and Western cultures face this fear in different ways. While Americans attempt to ignore death, Koreans confront our anxieties through caring for those who raised us, in a sense paying back the years of filial debt we owe to our elders.

This practice of the veneration of elders extends to the way we negotiate with death once it has taken those we love. In secular Western culture, death is an event in the past tense; our loved one died, we planned the funeral, and now we cope with feelings of loss. However, Eastern belief constructs death as a simple cut and paste mechanism, a removal from the present context to another realm. Death does not represent a separation of the tangible world and the afterlife, but it exists merely as an extension of the world we currently live in (Kwon 2006). This cultural belief stems from the notion that the dead continue to influence this world, even after their physical bodies have

ceased carrying out life processes (Horlyck & Pettid 2014).

While Korean folklore does include evil spirits such as the ghosts that murder and frighten us like in Western culture, the dead largely function as benevolent ancestors that continue to regulate the conditions of life for those that they love. In exchange, post-death ancestor veneration remains a critical piece of Korean culture. Celebrations such as 추석 (*chuseok*), a three-day cleaning and honoring of the ancestral shrine, and daily prayer permeate Korean culture in return for the gifts and blessings that our ancestors rain down upon us. Ancient Korean culture took this to the extreme, when people would live beside their deceased parent or spouse in a cramped hut for as long as four years, mourning and paying their respects (Horlyck & Pettid 2014). This symbiotic relationship between ancestor and living relative creates a “dependence and connection between the living and the dead... In this sense, for Koreans, we can say that the living and the dead live together in this world” (Kwon 2006).

Finally, I would like to introduce three core indigenous concepts that are important when considering death and dying from a Korean perspective. 한 (*han*), 정 (*jeong*), and 눈치 (*nun-chi*) all shape the way Koreans act in relationship to others within the context of the dying process, yet I will focus on the latter in this section; a more in-depth analysis of the former two will be beneficial in our discussion of hospice care specifically. The descriptions

I provide are over-simplified only because the English language does not contain the words to correctly capture the nuances of these emotions.

The first of these beliefs, *han*, refers to a deeply felt anger or grief that boils inside due to repressed emotion. Most overt signs of emotion are discouraged by Korean culture (Kim et al. 2006), so *han* is experienced by many, especially in the death of a loved one. *Jeong* describes a deeply felt inter-personal relationship similar to the English word *love*. It is not romantic or sexualized, nor is it a familial connection, but a deep bond of trust and empathy between two people that stabilizes relationships. Authors Kim, Kim, & Kelly provide a table summarizing the differences between *jeong* and love, which attempts to capture the complexity of this emotion (2006). Lastly, *nun-chi* is the intuitive capacity to size-up another person without verbal communication. While it may not be immediately obvious, *nun-chi* plays a large role in the mediation of death preferences for the elderly and their children.

Literally translating to “measuring with the eyes” (Kim et al. 2006), *nun-chi* is seen as an important cultural skill in the Korean tradition. If one does not develop [an] awareness of, and sensitivity to, another person’s nonverbal cue” (Kwak & Salmon 2007), then they are seen as tactless and without common sense. *Nun-chi* is important to consider in the context of the death of a beloved parent or elder. Many children will not engage in direct discussion with their parents about

how death because in doing so, they might appear as if they lack *nun-chi* (눈치 없는 사람). Therefore, many Koreans will refrain from telling their children their personal preferences on life-extending medical care and advanced directives simply because they assume their children already know without explicit communication. In Kwak & Salmon’s transcripts of interviews from terminally ill or dying patients, one individual commented that her preferences would be “know[n] through *noon-chi*. My children already know what I want, so why talk about it and cause [emotional] troubles?” (Kwak & Salmon 2007). This demonstrates the cultural preference Koreans have for implicit, subtle, and nonverbal communication as opposed to the Western value of explicit, direct communication. The concept of *nun-chi*, along with filial piety and veneration of ancestors play into the Korean-American perception of a “good death”, which I will describe next.

The Good Death: A Korean-American Construction

Most of the study on the attitudes of the dying has been conducted within the Western cultural context. However, the small wealth of literature describing Korean-American views of death note a “good death” as one of the eight blessings throughout the Korean life (Kim & Lee 2003). Many older Korean women steeped in ancient Buddhist tradition consider death to be “the end of suffering in life and a turning point to move to the next

life” (Kim & Lee 2003). While Buddhist and Shamanistic ritual heavily influence what Koreans consider a “good death”, core American values such as comfort, freedom of pain, and alertness also appear in personal interviews and scholars’ analysis of Korean cultural views (Kim & Lee 2003). While it is unclear if these similarities in what a good death looks like are products of Koreans’ adherence to Western cultural norms, or if they are simply universal constructions, we cannot ignore the cultural transformation Lisa Lowe and K. Scott Wong analyze as a result of cross-cultural contact. In this section, I focus again on the differing worths Eastern and Western cultures place on autonomy and institutionalization, but also explore the influences American values have had on Korean-origin populations. The creation of a new unique Korean-American identity results in a set of core values and traditions surrounding death from both American and Korean cultures that has been warped by transculturation.

The first factor Korean-Americans perceive to be important in dying well relates back to our discussion of filial piety. According to this cultural belief, adult children have a moral obligation to care and provide for our elderly parents in order to fulfill our filial duty and pay back our owed debt through reciprocal caregiving. This is directly correlated to the dying individual’s desire for the *lack* of autonomy, which turns the Eurocentric value of individualism on its head. The widely held notion in Korean-American

communities is that our elderly individuals are released from decisions concerning their medical care, and the responsibility falls on the family. The expectation for end-of-life care is that the family will make the final decisions, so that the dying individual has the appropriate amount of time for life-reflection and review. According to another interview conducted by Kwak and Salmon, “even if I had completed an advance directive and left it with my children, they will be the one who will make the decision through family discussion” (2007). This is a fundamental distinction between Western and Eastern cultures; while the former places a higher value on independence and individual choice in the dying process, Korean-American elders release their individual autonomy to their children in good faith that we know what is best for them through *nun-chi* and filial piety. This notion of surrendering one’s autonomy to family members has different implications for end of life care, which I will propose later.

In addition to filial piety and *nun-chi*-driven implicit communications about death preferences, death within the home is a value that is integral to many Korean-American communities. This is largely due to the comfort and familiarity being at home permits, as well as the nostalgic attitudes that encourage positive life-review. In addition to this, many individuals cite the physician as a disruptive presence in the death process. In the context of a hospital, death is often seen as a failure, a negative outcome that

occurs when medical providers do not adequately do their jobs, even though death is a reality for us all. One doctor cited the difficulty in “step[ping] out of the role of preventer and into the role of comforter” (Kwon 2006) and how for many medical providers this is a difficult skill to grasp. Therefore, many Korean-American families elect to circumvent this, and surround the dying with a familiar environment, family and loved ones.

In the home of the dying, an important ritual the adult children perform is *imjong*, which involves watching and sitting vigil at the deathbed. Some families that adhere more to ancient cultural traditions may perform the *kobok*, which constitutes a family member climbing onto the roof with a white shirt and repeating the Korean word *bok* (return) three times (Kwon 2006). This functions in calling back the spirit of the dead to join the other benevolent ancestors, which can serve as a bereavement mechanism in order to cope with the grief that accompanies losing a loved one.

This value placed on dying in the home contrasts the reality that most Americans face of an institutionalized death; 60% of Americans die in acute care settings such as hospitals, while 20% die in nursing homes (NHPCO 2016). Many Americans would prefer to die in a comfortable and familiar context, yet the cultural value of always pushing for a cure and “fighting until the end” (Seale 2009) does not allow space for this to happen.

Doctors are often treating the dying right up until the moment they take their last breath, which does not align with Eastern core values. Korean-Americans prefer to die at home to maintain comfort and familiarity as well as cultural traditions. Home death, filial piety, and the release of autonomy are critical procedures in a “good death” for Korean-Americans.

Hospice Care

The History of Hospice

Hospice care as an institution has the potential to exist as an intersection between culture and death, in ways I will explain in this section. Hospice, from the latin *hospes* meaning host or guest, has its roots in European culture. Originally referring to a place of refuge for ill or weary travelers on long journeys, hospice is built upon the assumption that death should be a meaningful experience not just for the dying but also for the family (Goldsteen 2006). Dame Cicely Saunders, an Anglican nurse, founded the first hospice (named St. Christopher’s) in Sydenham, England in 1967 (Emanuel & Emanuel 1998). In addition to hospice in the UK, Dame Saunders planted her idea of caring for the dying into the mind of Florence Wald, the dean of the Yale University School of Nursing in 1963. This idea took root and, seven years after St. Christopher’s was born, the first US hospice was founded in Connecticut (NHPCO 2016).

The hospice model focuses on maximizing comfort and minimizing pain and suffering through the dying process.

Usually only available to those with a prognosis of six months or fewer, hospice care provides a “team-oriented approach to expert medical care, pain management, and emotional and spiritual support” throughout the individual’s dying process (NHPCO 2016). The care team, consisting of nurses, physicians, social workers, clergy, and music or pet therapists, helps provide holistic support that caters to an individual’s desires, as well as prepare the family for bereavement. This type of care aligns with hospice’s core focus on “caring, not curing” (NHPCO 2016), which is in direct contrast to the typical aggressive, cure-based treatments at hospitals. Instead of pursuing alternative drugs and cures that may sustain life, hospice accepts death as an inevitability and works instead to make the patient comfortable. In addition to this, the majority of hospice care is provided in the context of the home, which allows patients to die in a familiar environment. This allows hospice providers to include family members, home furnishings, and objects that evoke nostalgic memories as aids in their support of the dying person.

While it is true that hospice care has been influential in transforming end-of-life care in America, we must critically analyze it through a cultural lens in order to unearth its true value. According to the National Hospice and Palliative Care Organization’s 2016 report, 86.5% of hospice patients were Caucasian, while 1.2% were categorized broadly as

“Asian” (NHPCO 2016). What is the reason for this discrepancy?

While access and knowledge about available hospice resources cannot be discounted as large barriers to Korean-American communities’ use of hospice services, the main issue, I argue, is the lack of cultural competence in hospice care. If the hospice staff is not familiar with cultural differences surrounding death that deviate from Western values, then they will ultimately fail in their goal of providing the climate the patient needs in order to die a good death. In this next section, I will briefly outline the barriers the Korean-American community faces to adopting hospice care. Then, I will provide a recently-proposed model that reimagines hospice care not as culturally stagnant, but as a vibrant junction that brings cultural difference and death together in a singular implementation of care.

Barriers to Hospice

One argument that many hospice providers cite as a factor that restricts Korean-Americans’ adoption of hospice care is the level of knowledge and access that permeates these communities. If Korean-Americans are not aware of the potential services hospice can provide for the dying, then the chances that they will reach out and take advantage of the benefits of hospice care of through their own volition and research are small. One explanation for this lack of knowledge could simply be the geographic relation to areas with a high concentration of hospice

providers. At their inception, hospices were concentrated in predominantly White, upper-class, Christian communities such as Connecticut and Rhode Island (Doorenbos & Schim 2004). Koreans flocked to urban centers during the three waves of immigration discussed earlier, primarily residing in New York, Los Angeles, and Chicago (Chan 1991). This geographic distance from states with larger concentrations of hospice services may account for the historic trend of low Korean-American involvement in hospice. The effectiveness of this argument, however, is slightly dampened by the statistic that 95% of Americans have access to local hospice care through both the rapid spread of hospice providers as well as Medicare covering hospice services in 1983 (Emanuel & Emanuel 1998).

Even if geographic proximity and access is increasing for Korean-Americans with the spread of local hospices, awareness of the services and overall message of hospice may still be restricted in these communities. For instance, Professor Jung Kwak, fellow at the Gerontological Society of America, states that “many [Korean-Americans] still assume hospice is another way of speeding death. Although hospice and palliative care try to ease the pain of the patient, many see it as giving up” (Kwak & Salmon 2007). This quote exhibits the lack of education Korean-Americans have been exposed to, which generates false beliefs and generalizations that may prevent this population from using

hospice. Jung Kwak highlights the fact that many Korean-Americans confuse hospice care with euthanasia, or physician-assisted suicide. Instead of hastening death, hospice works to ensure the patient is comfortable and pain-free during the dying process.

Additionally, rather than hospice existing as an avenue through which the patient “gives up” on life, it instead functions as a way to give death meaning in a personal context. This apparent miseducation based on false perceptions of hospice care, while not unique to Korean-Americans, is detrimental to the use of hospice services in these communities.

Finally, the factor most relevant to the arguments laid out in this paper that could account for the low rate of Korean-American hospice patients is a lack of cultural recognition. With its focus on comfort, pain management, and autonomy in the dying process, hospice care attempts to provide a good death to its patients. However, as the first portion of this paper discusses, these values are not shared by everyone in the US. The space for cultural variation is not afforded by all hospices, which mostly adhere to a Western model of a good death (Doorenbos & Schim 2004). For example, hospice emphasizes explicit communication and autonomous decision-making, which conflicts with Korean-American values of *nun-chi* and filial piety.

In the next section, I will outline a potential hospice model that, when

adopted, would allow for cultural variation while still maintaining the original structure and values on which hospice was founded. I argue that while historically this has not been the case, the hospice system has the potential to serve as a nexus between culture and death in a way that provides a good death for all individuals.

Cultural Competency: A Model of Hospice Care

Cultural competency has become the focus of a movement to make the modern healthcare system more accessible to those who do not ascribe to Western medical forms of treatment. This is especially prevalent, as our nation continues to become more and more diverse through globalization and transculturation. With this increased focus on cultural difference comes multiple models developed by bioethicists, clinicians, and sociologists alike that outline what culturally competent healthcare looks like.

Although the larger medical system is moving in this direction, hospice has not yet caught up; cultural competency models in hospice care remain, for most hospices, lofty goals that have been theorized in the academic world, but not yet put into practice. In this section, I will take the 1999 Campinha-Bacote model, a useful framework for many hospitals in implementing a cultural competency program, and apply it specifically to the Korean-American population in hospice care. This will serve as a potential

initiative that seeks to provide a culturally-distinct intersection between culture and death for Korean-Americans, as well as facilitate a good death that aligns with the Korean-American values and traditions outlined previously.

The Campinha-Bacote model, first published by Dr. Josepha Campinha-Bacote in 1999, provides a framework through which healthcare providers can interact and build successful relationships with their patients (Campinha-Bacote 1999). This framework focuses on five major constructs that shape many cultural competence trainings for healthcare professionals: cultural awareness, knowledge, skill, encounters, and desire.

Cultural awareness and knowledge, according to Dr. Campinha-Bacote, refer to an appreciation and sensitivity toward different values, practices, and variations, both biological and societal, in different cultures. Cultural skill and encounter involve cultural assessment in which the practitioner collects cultural data from the patient, as well as an increase in interaction with a culturally-diverse population. Finally, cultural desire is the motivation practitioners feel to learn about and respect the complexities of their patient's culture without forcing them to adhere to their own cultural norms. The model suggests that if these five tools are employed in the context of a health care setting, then a practitioner will begin the life-long process of becoming culturally competent.

The Campinha-Bacote model can be readily applied to create a system of culturally competent hospice care for Korean-Americans. Formulating a model of care that is specifically tailored to the unique cultural values and traditions of Korean-Americans allows hospice providers to better serve this population and may even ameliorate the racial disparities in hospice care throughout the US. The five major constructs laid out by this model can aid hospice providers in more effectively developing culturally competent care.

The first two constructs, cultural awareness and knowledge, can be applied in terms of understanding the currents of Korean diaspora, and the process of culture formation outlined in the first section of this paper. This will facilitate a broader understanding of the unique construction of the Korean-American identity, which will help the hospice team provide nuanced, culturally-specific care. Additionally, hospice providers must be well-versed in the three indigenous beliefs of *haan*, *jeong*, and *nun-chi*. The practice of “cultivating *jeong*, practicing *nun-chi*, and appropriately acknowledging the presence of *haan* are three ways in which clinicians may increase their cultural competence with Korean immigrant clients” (Kim et al. 2006). Understanding the concept of *jeong* and implementing it in hospice practice would allow the provider to build trust with the patient and family. Acknowledging *haan*, or the unexpressed anger or grief that accompany societal norms of repressing emotions, can aid the

hospice provider in understanding the family’s needs during the bereavement process. Finally, an appreciation for *nun-chi* would prevent the hospice provider from violating the unwritten Korean rule of implicit communication by speaking explicitly about the dying process and risking offending the patient and family.

When applied in a hospice setting, cultural skill and encounter do not just refer to treating more Korean-American patients. While this will inevitably lead to an increased knowledge of cultural traditions and values, the hospice provider must also view the cultures of their patients through a pluralist lens. Instead of overgeneralizing all Korean-American patients into a singular cultural entity, cultural skill and encounter imply a conscious effort on the part of the hospice provider to learn what values and traditions the family adheres to and rejects within their culture. For instance, assuming that all Korean-American patients experience *jeong*, *haan*, and *nun-chi* does not allow for those that do not observe traditional Korean values as strictly. This accounts for the multiplicity of identities and subcultures that exist within the Korean-American identity. In addition to this, cultural skill and encounter inherently reject the universalist definition of culture; this model views cultural difference in an objective manner that does not impose paternalistic hierarchy on cultures. For instance, hospice providers must not consider their own culture to be superior

to their patient's, but instead recognize variation merely as difference.

The final component of the Campinha-Bacote model is cultural desire; in order to promote culturally competent care, hospice providers must be motivated to learn about and engage with their patients' cultural belief system. In the context of Korean-American patients, the hospice provider must harbor a genuine desire to understand indigenous beliefs and implicit communication that are central to the good Korean-American death, instead of passively allowing patients to practice their own cultural traditions. This process of passionate engagement can not only bridge cultural difference and form the all-too-important patient-caregiver bond, but also can foster an environment of inclusion, community, and compassion that facilitate a good death, no matter the culture. Cultural desire, along with the four other aspects of the Campinha-Bacote model, can facilitate the development of hospice as a place where cultural variance is accepted and celebrated in the dying process.

Conclusion

Throughout this paper, I have explored the themes of cultural formation, competence, and variation, all in relation to the dying process. I have argued that the pluralist view of culture is sufficient to understand the nuances of cultural deviation, and that when applied to a hospice setting, can facilitate culturally competent care that aids a good death consistent with cultural values and

traditions. I have crossed scale to describe Eastern and Western interactions with national, cultural, and individual borders.

The purpose of border crossing, in the context of death and dying, is to understand a concept that is part of a larger whole, something that is greater than ourselves. To cross national and cultural borders is to actively resist the universalist view of culture: that no culture is superior to another, and that in order to coexist in this world, we must accept cultural variance not as a defect, but simply as a difference. We can push back against universalism further when we cultivate the cultural desire put forth by the Campinha-Bacote model, and actively celebrate cultural difference.

By crossing national and cultural borders, we automatically shift scale and evaluate the borders between life and death as they relate to ourselves. This allows us precious reflection time to critically analyze our own cultural values and traditions, and determine whether or not we adhere to them. My hope is that this paper has given you the tools to engage in these types of reflections, so that when your time comes, you will be able to conceptualize your personal idea of a good death. Perhaps when I ask you again, you will now know to the answer to the question:

What do you want your death to look like?

References

- Barrett, R. (In Press). In Singer, M. and P. Erickson, *A Companion to Medical Anthropology*. Malden: Wiley Blackwell.
- Battin, M. P. (1983). The Least Worst Death. *The Hastings Center Report*, 13(2), 13-16.
- Byron, J. (2017). We Have Been At War a Long Time. *Proceedings Magazine*, 143(8).
- Campinha-Bacote, J. (1999). A Model and Instrument for Addressing Cultural Competence in Health Care. *Journal of Nursing Education*, 38(5), 203-207.
- Chan, S. (1991). *Asian Americans: An interpretive history*. Boston: Twayne.
- Charmaz, K. (1983). Loss of self: a fundamental form of suffering in the chronically ill. *Sociology of Health and Illness*, 5(2), 168-195.
- Charpentier, A. (2017). The U.S. Has Been At War 222 Out Of 239 Years. *Freakonometrics*, Retrieved from <https://freakonometrics.hypotheses.org>.
- Doorenbos, A. Z., & Schim, S. M. (2004). Cultural Competence in Hospice. *American Journal of Hospice and Palliative Care*, 21(1), 28-32.
- Emanuel, E. J., & Emanuel, L. L. (1998). The Promise of a Good Death. *The Lancet*, 351, 21-29.
- Gentzler, J. (2003). What is a Death With Dignity? *Journal of Medicine and Psychology*, 28(4), 461-487.
- Goldsteen, M. (2006). What is a good death? Terminally ill patients dealing with normative expectations around death and dying. *Patient Education and Counseling*, 64, 378-386.
- Horlyck, C., & Pettid, M. J. (2014). *Death, Mourning, and the Afterlife in Korea: Ancient to Contemporary Times*. Honolulu, HI: University of Hawai'i Press.
- Hurh, W.M. (1998). *The Korean Americans*. Westport, CT: Greenwood Press.
- Kim, I. J., Kim, L. I.C., & Kelly, J. G. (2006). Developing Cultural Competence in Working with Korean Immigrant Families. *Journal of Community Psychology*, 34(2), 149-165.
- Kim, S., & Lee, Y. (2003). Korean Nurses' Attitudes To Good and Bad Death, Life-Sustaining Treatment and Advance Directives. *Nursing Ethics*, 10(6), 624-637.
- Klessig, J. (1992). The effect of values and culture on life-support decisions. *Cross-cultural Medicine-A Decade Later*, 157, 316-322.
- Kwak, J., & Salmon, J. (2007). Attitudes and Preferences of Korean-American Older Adults and Caregivers on End-of-Life Care. *American Geriatrics Society*, 55(11), 1867-1872.
- Kwon, S. (2006) Grief Ministry as Homecoming: Framing Death from a Korean-American Perspective. *Pastoral Psychology*, 54(4), 313-324.
- Lehto, R. H., & Stein, K. F. (2009). Death Anxiety: An Analysis of an Evolving Concept. *Research and Theory for Nursing Practice: An International Journal*, 23(1), 23-41.
- Lowe, L. (1996). *Immigrant Acts: On Asian American Cultural Politics*. Durham, NC: Duke University Press.
- Mitrovica, A. (2017). America's Addiction to War. *Aljazeera*, Retrieved from <https://www.aljazeera.com>.
- National Hospice and Palliative Care Organization (NHPCO). (2016). *History of Hospice Care*, Retrieved from <https://www.nhpco.org>.
- Peters, L., et al. (2013). How Death Anxiety Impacts Nurses' Caring for Patients at the End of Life: A Review of the Literature. *The Open Nursing Journal*, 7, 14-21.

- Rodriguez-Prat, et al. (2016). Patient Perspectives of Dignity, Autonomy and Control at the End of Life: Systematic Review and MetaEthnography. *PLoS ONE*, 11(3), 1-18.
- Seale, C. (2009). *Constructing Death: The Sociology of Dying and Bereavement*. Cambridge, UK: Cambridge University Press.
- Tierney, D. (2011). Do Americans Love War? *The Atlantic*, Retrieved from <https://theatlantic.com>
- Tomer, A., & Eliason, G. (1996). Toward a comprehensive model of death anxiety. *Death Studies*, 20(4), 343-365
- U.S. Census Bureau (2017). *American Community Survey (ACS) Reports*. Retrieved from <https://www.factfinder.census.gov>.
- Wong, S. K. (1999). The Transformation of Culture: Three Chinese Views of America. In Maddox, L., *Locating American Studies: The Evolution of a Discipline*, (408-443). Baltimore, MD: Johns Hopkins University Press.
- Yudice, G. (2014). Culture. In Burgett, B., & Hendler, G., *Keywords for American Cultural Studies 2nd Edition*, (69-72). New York, NY: NYU Press.