

# A Day with My 98-year-old Grandma

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In my household, the birthday person does something special on her/his own birthday. In the past, I cooked avocado rolls for my wife and daughter on *my* birthday. This year, I decided to spend a day at my grandma's bedside. She is ninety-eight years old, suffering from physical weakness and dementia, and staying at a complete-care nursing home in Japan. I chose this activity partly because my birthday was during our three-week trip to my home country, Japan.

On the day, I woke up very early, took a shower, fixed a breakfast for my 88-year-old father-in-law and myself, said good-bye to my wife and daughter who were still in bed, left there at 6:30 am. After about 30 minutes of walk, I took three different lines of train and walked another 10 minutes to the nursing home. It was 8:10 am, sufficiently tiring, and very hot. Even though trains were well air-conditioned (despite the nuclear disaster in Fukushima earlier this year), I still had to walk a lot before, between, and after the trains.

Grandma lives on the fourth floor of a building in one of the largest nursing home complexes in Japan. I greeted the workers. Then, I went to the table where Grandma was finishing her breakfast. She was sitting in a special wheel chair, which is more reclined than the standard one. I said, "Grandma, it's me." Sadly, she can no longer recognize any of her relatives. I thought she nodded. But it was difficult to interpret what it really meant. Everything she eats/drinks is mashed or jellied. The last item on the breakfast was jellied tea. She was drinking it by herself with a spoon. But she stopped after a little bit. One of the workers said that Grandma prefers sweet foods/drinks. The next thing I noticed was that workers took turns to feed her the jellied tea until the cup was practically empty. Occasionally, Grandma made a face; she didn't seem to like it. But she cannot talk very well. The workers diligently fed her little by little. I thought it was probably the rule that workers feed the elders completely.

The very first thing that struck me was that Grandma doesn't have much freedom. She doesn't have control over what, when, and how much to eat, as well as what, when, how to do most other things. Basically everything has been fixed by the nursing home. I've read somewhere that freedom in nursing homes is important for the well-being of the residents. Of course, it would be impossible to accept all of what the residents want. Still, I guess many residents going over such a regimented life would experience a lot of stress.

As far as I was able to see, all the workers, mostly relatively young, were working hard, almost continuously. Some were sweating a lot. The room temperature was fairly high, possibly

because of the reduced air-conditioning, a consequence of the nuclear disaster caused by the tsunamis earlier this year. By all means, I appreciated the work of the workers. Without it, all these elderlies cannot sustain their lives. At the same time, I felt frustrated that they all seem to follow the rule to feed everything, despite the residents' reaction. Suppose that there was a worker who would respect the residents' freedom. She would not feed certain things if a resident protests. I would imagine the residents would appreciate what the worker does. At the same time, the worker may be warned by a supervisor or coworkers, may feel uncomfortable, or even might be fired for not following the (supposed) rule. If this is the way, workers who want to respect the residents' desire may not be able to continue working. This is just my hunch, though.

After finishing her breakfast, a worker returned Grandma to her room. She lives in a room shared by three other residents, much like a shared hospital room. The only partitions between residents are curtains. Two residents have their beds by the window and can see the outside. Not the other two. There is one toilet in the room. To each of these rooms shared by four residents, one worker is assigned. The residents eat their meals in a wide hallway/space right outside their rooms. There are a number of these rooms on each floor.

After moved to the bed, Grandma started to point to something. More accurately, she moved her pointing finger sideways. I thought she was pointing to the blanket. Not really understanding what she wants, I covered her legs with the blanket. She nodded. So, I thought that was that. After a while, she did the same gesture again. Her legs have already been covered. So, I tried to tidy up the blanket so that it looked neater. She nodded. After a while, she did the same gesture one more time. This time, I tried to look more carefully where she was pointing from a slightly different angle. Then, I thought she wanted to draw the curtain, i.e., the partition. So, I drew it and secluded her area from the rest of the room. She nodded. She stopped repeating the gesture. Maybe, she was asking for this from the beginning. I just didn't get it.

Then, Grandma started to speak. She spoke mostly unintelligible (at least to me) things for a while. One thing I understood was something like "I had many children and grand children." I said, "I know I'm one of them." But she didn't respond to this. I think she repeated this several times. This was the most active moment during my one-day stay. Then, she was taken to a bath, which is a once-a-week event.

After the bath, she directly went to the lunch area. It was 11:45am. One by one other residents were taken to the lunch area. I noticed that one resident was able to move on her own in her wheel chair. She seemed to be paralyzed in one side of her body. I saw a short-term resident who was able to walk on her own. Everybody else was on a wheel chair and was transported by workers. Except for one short-term resident, everyone else was female. Most of them cannot speak or feed by themselves. Most of them are either sleeping or very inactive. When the TV set was turned on, some residents turned toward it. When the lunch finally arrived, it was almost 45 minutes since Grandma was taken there. Most residents had to wait more than half

an hour. With little stimuli while waiting, they stayed inactive. Although I could have talked to Grandma, I didn't. She was quiet and seemed a little tired, possibly from the bath. After the TV set was turned on, she was staring at it.

The lunch for the day (July 7) was special for a traditional Japanese event called *Tanabata*. Those who can eat regular food got chirashi sushi (vinegared rice in a bowl) with crab, eggs, and vegetables. Grandma got tiny dishes containing basically the same ingredients, all mashed. I asked her what she wanted. I passed the dish she pointed to. She ate some of them, but not much. Again, the workers came and fed. Occasionally, Grandma made a face. At one point, a worker fed even though Grandma didn't finish swallowing the portion in her mouth. Her mouth was full, not being able to swallow. After realizing the situation, the worker took her to the nearby sink and cleaned her mouth. I gave her some more paper napkins. She nodded. Again, jellied tea was served at the end; she didn't drink much. A worker said, "You took a bath this morning. So, to avoid dehydration, please drink." Although I was not comfortable considering the lack of the residents' freedom, what the workers were doing sounded rational. After the lunch, Grandma was taken to the toilet and then to her bed. She closed her eyes and started to snore.

It was my lunch time. I visited my parents, who live in the same nursing home complex but in an independent-living building. They have been there for seventeen years. The building my parents live serves three meals every day and offers various services, including club activities. There is a shared bath, which is maintained by the workers. Other than these, the residents are expected to live with minimal assistance. Each unit has a private toilet, a small sink, and a very small refrigerator. Most units are for single residents and a much smaller numbers are for married couples. Since this is partially supported by the national and local governments, the cost is quite reasonable. This is a popular place to live, especially for single seniors, and there is a long waiting list. I finished my lunch: fried dumpling, stir-fried pork with green pepper, fried rice, and jello with real white peach in it. They bought these at a local supermarket, as they no longer cook.

My father has been suffering from rheumatoid arthritis for the past few decades. In addition, he had surgery for colon cancer a few years ago. During an examination for the cancer, he also got stress spinal fracture. His feet are deformed and swollen; this makes it rather difficult for him to walk. My mother was hit by a bicycle last year and stayed unconscious for a few days and once completely lost the control below the neck. The physicians said that she would be lucky if she can move around in a wheel chair. However, she regained the ability to move her body gradually. After several months, she was able to walk on her own, albeit very slowly. But now, she can outpace my father when they walk together. In addition, she can now use a computer and write letters legibly. She can also use spoon and fork, but still has difficulty using chopsticks.

So, sooner or later, my parents may no longer be able to stay in the independent-living building. But my father told me that he does not want to live in the complete-care building where

Grandma lives. He goes there often and I think he does not like how the residents are treated. Both of my parents have a strong desire to control ... everything. So, the lack of freedom would be the last thing my father would want. Grandma was living in the same independent-living building as my parents are living now until about six years ago. At that time, she was suffering from knee pain and dementia. So, my parents have seen what happened and must surely be able to foresee what may happen to them.

Since my parents live in the same complex as Grandma, they visit her often. However, it seems to me that my mother does this purely as obligation and not really enjoying the visits. Some time ago, I asked Mother whether she enjoys the time at the bedside of Grandma. After a silent moment, Mother said no. I think this is an honest response. One might wonder what kind of relationship do Grandma and Mother have. This kind of relationship across generations can be explained with the help of attachment theory (pioneered by John Bowlby and Mary Ainsworth; see, e.g., Karen, 1994). The main idea is that the feelings and behaviors of a parent shape the child-parent relationship in a way the child tend to carry over the same characteristics. For example, if a parent is controlling and not sensitive to her child's feelings, the child would grow to be like her parent as well. In many cases, the relationship between a parent and her child might appear all right superficially, but it may not be genuinely close. When we think about senior issues, this kind of knowledge must be useful.

After my lunch, I went back to Grandma. She was being taken to the hallway for snack. The snack was a kind of jello and tea. After a slight hesitation at the beginning, Grandma ate up the jello by herself. As a worker mentioned earlier, she seemed to like sweets. Since she spilled some jello, I brought some paper napkins. She nodded. But she didn't drink much tea again this time. A worker came and said, "You must finish this. You are not doing well. You didn't do well at the lunch time either."

At the end of the snack time, there was a brief recreation time. A worker brought "kamishibai." This is a traditional form of Japanese entertainment, mainly for children: to read a story with a series of illustrated sheets in front of the reader. The script is written on the back of the illustrated sheet for reading. The story is about *Tanabata*. The worker started the story as if she was reading to a group of preschoolers, with a special tone of voice. Not necessarily always, but I noticed that the residents were treated like small children. I wondered how the residents would feel. Even though most residents on this floor are demented, that might touch the nerve of some.

After this, Grandma returned to her room. She was quiet. Then, she started to rub her abdominal area. I asked if she had a pain. No answer. After a while, I heard a sound from her abdomen. I immediately recalled the sound of a newborn baby defecating. I asked Grandma if she wanted a worker. She nodded. So, I went out and called a worker. They cleaned it. They opened the window as the smell filled the room. Then, I was told that Grandma was given some laxative in the morning. She must have been uncomfortable and quiet after the bath, possibly because of this. Then, she slept till the dinner time.

At the dinner time, there were new workers, presumably for the evening shift. Referring to Grandma, one worker told me, "She is a star here. She says 'thank you' all the time." After a while, when the worker said something positive about Grandma, I heard Grandma saying "thank you." This was the first vocalization since morning. Grandma was a proud person. When I was a child, she told me that her maiden name is the same as that of one of the then ministers. She said that they were from the same clan (I don't really know how close they were). At the nursing home, nobody except for this worker stimulated this part of her mind, i.e. positive comments. This worker is much older than most others. She might be connected with the residents more than other, relatively young workers. But the most crucial point here seems that Grandma probably sensed the respect of that worker and responded to it. Although she certainly suffers from memory loss and near loss of speech, Grandma's behavior seems quite normal in response to the stimuli. That is, she responds to stimuli naturally. Unfortunately, the stimuli are mostly negative, without much freedom or respect. It is quite possible that Grandma feels this most of the time, except with a small number of workers.

At the same time, there is a problem with *having pride*, although this is not commonly recognized, especially in the western world. When pride is competitive, i.e., felt in comparison to others, all sorts of issues associated with competition would be involved (Kohn, 1992). In many Asian countries, humility is often valued more than pride. However, this is not the case with Grandma. She was/is proud. She was/is competitive. I can tell this from my experience with her as well as the way she responds to compliments. But as she loses more and more of her abilities, what would be her feelings? I think she may be suffering more because of her pride. In fact, we may all be suffering due to unnecessary pride.

Then, it was time to leave. It was a valuable experience. I was not entirely comfortable. But I needed to face the reality. Before the trip, I read a brochure describing a nursing home in the U.S. There, I noticed a description, more or less like, "leaving your elderlies in a nursing home is not the same thing as abandoning them." However, when I left Grandma, I cannot avoid recalling a phrase in Japanese, *ubasteyama* (mountain where old women are abandoned; *uba* = old woman/women, *ste* = abandoning, *yama* = mountain; link at the end). Can I really affirm that this is not *ubasteyama*? I visited Grandma only a few times since she moved from the independent-living to the complete-care nursing home six years ago. Do I feel guilty? Yes. If Grandma's children and grandchildren can take care of her, she might feel more comfortable. Maybe not. My parents are practically disabled. I heard that one of my uncles suffers from Parkinson's disease and stays at a complete-care nursing home far away. I don't even know where most other relatives are. In modern society like Japan and the U.S., is it really inevitable that elders be cared by professionals, not by their relatives?

At this point, I cannot help but compare the situation with child care. Again, in modern society, more and more of child care is being done by professionals, not by their families. Thus, the trend is certainly that our children and elders are being cared more and more by the system through economic means. When my daughter was younger, we decided that she would stay

home until she goes to kindergarten. After reading many books on parenting and relevant topics, we thought that it is not a good idea to leave our daughter in the hand of "professionals." That is, we did not want our daughter to be taken care of by those who do it as a job, i.e., for money. We thought that there is something different between parental and professional care and that there are limitations with professional care of young children. More specifically, we thought that when people do caregiving service for money, they may not feel the kind of responsibility parents would feel. Of course, such responsibility may also go beyond the ability of the caregivers and it is not necessarily more desirable.

When we left Japan almost twenty-five years ago, all of my grand parents were alive and my parents were healthy. Although I could have thought about the current situation, I did not really want to pay attention. Also until relatively recently, we did not plan to have a child. My wife and I were enjoying comfortable professional lives. Only after our daughter was born, we started to pay attention to child rearing and child care. Only recently, I started to pay attention to the situation surrounding my aging relatives. My current situation makes it impractical to continually care for Granma and my parents. But they all happen to be in nursing homes. I don't know if I should consider this lucky.

Commuter trains on the way back were crowded too. One can imagine New York City subway and double the number of passengers. The trains were well air-conditioned. But while walking to/from the train stations, during transfer, and on the platform, it was hot and humid. So, the commute was sufficiently tiring, especially toward the end of the 30-minute walk at the end of the journey. But that is what most of the Japanese do. Some researchers (e.g., Senauer & Gemma, 2006) point out that this is one of the main reasons for the lower obesity rate in Japan (3.6%, cf. 32.0% in the U.S.).

I returned to my wife's father's house, where we were staying for three weeks. Since I had a big lunch, I skipped dinner. My father-in-law was already in bed. I greeted my wife and daughter and we all started to prepare for bed (actually futon on tatami floor). Briefly, I told them what I experienced and they told me what they did while I was away.

My father-in-law is eighty-eight years old and lives in the house alone. He is still independent, but there are signs that he needs more and more help, especially after he spinal stress fracture a year earlier. He used to walk hours a day. Not too long ago, he even walked to his deceased wife's cemetery about eight mile away. But he now walks for about hundred feet at a time, very slowly. His mind is clear, still studying English and wants to discuss current affairs with those who are willing to listen to him. But it is more and more difficult for other people to communicate with him due to his hearing problem. He subscribes to a dinner delivery service, comparable to Meals on Wheels. This service is organized by the local government and supported by volunteers.

Since last year, my father-in-law is also getting help around the house: mainly cleaning, washing, and other household chores. This service is provided under the relatively new Long-term Care

Insurance (*kaigo hoken*), implemented by the Japanese government about ten years ago (see the link at the end). The social support system in Japan is more like European systems than that in the U.S. The Long-term Care Insurance is no exception. It is somewhat like health insurance. While it involves the government money, everyone over the age of 40 contributes to the fund through withholding from their income. People over the age of 65 are eligible to receive various services, mainly home visit by helpers and visit to day care centers, with 10% co-payment. I think underlying assumption is that there will not be enough "facilities" for elderlies in the future and thus many elderlies are expected to stay home with some help. As my father-in-law became older, we were concerned about cleanliness and other housekeeping conditions in his house. And this visit was the first time we observed how helpers work in his house. We were glad that the house was cleaner and more organized. Father-in-law seems to like the service. He also seems to like the opportunity to talk to the workers during their visits. Since the workers are not really supposed to spend time talking to their carereceivers, they simply let him talk and work.

So, at least for now, this arrangement seems to be working. Father-in-law does not want to be treated like an old man. He has never mentioned that we wanted to go to nursing home. He aspires for independence. As his ability declined, home visit was a reasonable compromise for him. But this cannot continue forever [note: actually, the case worker told us in July 2012 that he can stay home as long as he wishes]. During our stay, he fell as he was going out of the house. Fortunately, he landed on a soft ground and there was no problem. But we cannot deny that the risk of falling is increasing. The situation with my father-in-law contrasts with that of my grandma and my parents. We are increasingly concerned with Father-in-law. Since my wife's sister lives about one hour away from Father-in-law, we all tend to count on her when emergency happens. But she cannot do this freely as she is working full-time to support herself.

Now, I need to realize that I am already eligible for AARP membership. Only after leaving my professional career, I started to see the lifespan of a person seriously. In fact, I cannot help but start thinking about my own aging and dying process. Obviously, it's not fun. However, we all need to go through it. And as most prominently discussed by Buddhists, we should face the reality and make the most out of it. It's like we are on an airplane which is known to crash, not knowing when it happens. One way to deal with it would be to "plan" a soft crash. This life-as-a-soft-crash metaphor seems to be helpful. While we know that we are going to crash, we can still take advantage of the time during the flight, because the process of crashing has *already* started and is progressing gradually. In a sense, we can realize the flight experience both as living and preparing for dying. Are my relatives mentioned in this essay doing that? I don't think so. How can we do it? The best way I can think of is to live mindfully, without attachments to materials, status, relationships, and even mindfulness ... everything (see, e.g., Moffitt, 2008). Whether we can do this, it would surely depend on our commitment and effort.

## **Postscript**

July 30, 2012

- In November 2011, my father went through surgery for lung cancer. My mother was staying with him in his hospital room. The morning of the surgery, Mother fell and was unable to walk. She was hospitalized in their nursing home complex. They were now in different hospitals, about one hour away by train. At that time, they could not even communicate with each other because Mother did not have access to a phone (Most hospital rooms in Japan do not have phones). Although Father happened to have a phone access in his room (this is rare), he could not make overseas calls. After receiving email from their nursing home staff, I decided to fly to Tokyo. Initially, I planned to stay one week. Father's surgery went well but he was suffering from air leak from the lung. So, he was unable to leave the hospital after the scheduled one-week stay. Mother was diagnosed with a broken hip and transferred to a nearby, more comprehensive hospital where she was treated for her spinal cord injury a year earlier. She had surgery and was going to stay at the hospital for several weeks. During this time, I helped them in various ways. We were able to make an arrangement so that Father and Mother could talk on the phone. After extending my stay to two weeks, I came home. They were still in their hospitals, but the situation was more stable.
- In May 2012, my wife's father fell and was subsequently hospitalized. He had a stroke. My wife's sister in Tokyo and her younger son attended him every day. Prior to this, we had planned a three-week trip to Japan in June/July. Since my wife was finishing her semester and our daughter was finishing her school year, we decided to stick to our original schedule to visit him. The hospital where Father-in-law was admitted was extremely limited in all respects; it does not have a rehab unit. In fact, most of the staff does not even have the decent concept of post-stroke rehabilitation. So, my wife did an internet search and found a few rehab hospitals appropriate for Father-in-law's condition. Her sister in Tokyo and another sister from Australia visited these hospitals and initiated the process of transfer. Due to various factors, this took a while. Even after we arrived in Tokyo, Father-in-law was still in the first hospital and the lack of rehab has been affecting his body considerably. On July 5, he was finally able to transfer to one of the rehab hospitals. It appears to be an excellent place for his recovery. One day, my parents took a cab all the way to visit Father-in-law. With his health insurance, he can stay there for up to five months. We know that he wants to go home after that.
- During our trip to Japan in 2012, my parents told us something new about my grandparents. When my grandfather was still alive, he got ill and stopped breathing. But my grandmother asked to resuscitate him, only because she did not have enough money for his funeral at that time. This, I heard, happened not just once. After Grandpa passed away and when my grandmother became ill, she was being fed through a tube. Considering her poor condition, her relatives asked to remove the feeding tube. Then, Grandma became hungry and started to eat on her own.



- During the trip to Japan (2012), I read a few books about dying. One was a short fiction called *Narayama-bushi Kou* by Shichiro Fukasawa, based on *Ubaste Yama* legends mentioned in this essay. The main character, *Orin*, is approaching seventy and in good health. But she is still expected to be abandoned in the mountain to save others from perpetual food shortage during the winter. One striking point of this work is that Orin is described as a kind of person who could "soft crash," as I discussed at the end of the essay. In the other book, the author discusses a number of fictions discussing death, including the movie film *Okuribito* (*Departures* in foreign markets). After the trip, I was able to check it out from our local library. In the film, the main character says, "death is normal."

October 19, 2012

- Grandma turned one hundred on October 14, 2012. According to my mother, Grandma still eats a small portion by herself and is being fed more than she wants. There seems no health issues at this point. So, this sounds good. But my feeling is more complex. Recently, I read several books (in Japanese) about natural death (and there are many, many more books on the topic!). According to the books, unwanted extension of life has become increasingly common in Japan. This is due to the society's unwillingness to accept the natural course of life. Both health care providers and families often feel guilty if they don't try every possible medical intervention. This situation must be reflected in the life expectancy of the Japanese people, one of the highest in the world. However, as a result, a large number of elderlies suffer unnecessarily at the end of their lives and the associated medical cost is exploding. This is a huge social issue now. The books were very informative as I learned how people would die if no medical intervention is done. If the food and water intake is reduced according to the person's wish, her suffering would be minimal. Most people in our modern society don't know this simple fact. Why? Because most of us have lost the opportunity to stay with a dying person. Grandma does not seem to have reached the stage of rejecting food and water. But feeding more than she wants must be causing unnecessary suffering.

January 13, 2013

- On December 16, 2012, my father-in-law passed away. He returned home from the rehab hospital at the end of November. My sister-in-law and her younger son took care of him and stayed with him to his last breath. His last moments clearly suggest that it was a natural and peaceful death. For the viewing and funeral, my wife went back to Japan just for one week during the Christmas break. Soon after she returned home, we learned that my father was hospitalized in a serious condition. This time, only a few days after my wife's return, I went back to Japan. During my stay, my father gained some strength. He was able to go to the bathroom (in his hospital room) all by himself. However, his appetite was extremely small. We tried his favorite foods, but even those

could not attract him very much. I came back in a week. His condition seems to stay about the same level, still without much appetite. While in Japan, I also visited my Grandma several times. She seemed a little thinner. When I was there, she mumbled something. I couldn't really understand it but it sounded like "painful, painful" to me. I wondered what she was feeling, living like that passing her 100th birthday.

- On the flight to Japan (to see my father), I finished Maggie Callanan's *Final Journeys*. Although I have read several books about natural death in Japanese, this was the first book in English comparable to the Japanese ones. *Final Journeys* dealt with almost all the issues relevant to the process of dying. I felt that we should all read it.

March 10, 2014

- In November 2013, my father passed away. I flew to Tokyo and stayed with him until a day before his death. During this time, his breathing slowed down and almost stopped many times. Most of the time, he was asleep. Occasionally, he asked for water; he said, "thank you." A few times, he was like he used to be; that is, he was demanding and controlling. He even yelled at me for not helping. A few other times, he was imagining as if he was at sea, sailing, which was his passion. As my return date approached, he seemed to be dying at any moment but he was still hanging on. I wondered if I should reschedule my return flight. But I decided to leave. When I let him drink water for the last time, he again said, "thank you." But the voice was faint. With that, I left. On the return flight, I had a window seat and saw a beautiful sun (not sure if I should call it a sunset or sunrise, as we were flying a polar route). When I got home, there was a phone message from my mother saying that my father died while I was flying.
- By this time, I had read (or re-read) more books on death and dying as listed below. These books were enormously helpful.
- In February 2014, Grandma passed away at the age of one hundred and one. When the nurse called my mother, who lives in the same senior complex as Grandma but in a different building, Mother complained about the nurse waking her up in the middle of the night. I felt really sorry about both of them. I think, or at least hope, I will be able to overcome the issues these two women faced all their lives.

March 13, 2015

- In March 2015, my mother moved into a complete-care facility in the same senior complex. The building she moved in is different from Grandma used to live. But it is still one of the three complete-care facilities in the same complex. To facilitate this process, once more I flew to Tokyo. After my father's death in 2013, Mother was told to do this, but she had been refusing until recently. However, realizing her steadily declining physical condition, she finally made up her mind. Since my memory of Grandma staying

in the same complete-care facility is still fresh, I am to visualize Mother following the path of Grandma: i.e., physical decline, dementia, and death ... very slowly.

## References

Note: The URL's were valid as of September 25, 2011.

- Albom, Mitch. 1997. *Tuesdays with Morrie: an old man, a young man, and life's greatest lesson*. New York: Doubleday.
- Benjamin Senauer and Masahiko Gemma. 2006. *Why Is the Obesity Rate So Low in Japan and High in the U.S.? Some Possible Economic Explanations*. The Food Industry Center, University of Minnesota. (<http://ageconsearch.umn.edu/bitstream/14321/1/tr06-02s.pdf>)
- Butler, Katy. 2013. *Knocking on heaven's door: the path to a better way of death*. New York: Scribner.
- Byock, Ira. 1997. *Dying well: the prospect for growth at the end of life*. New York: Riverhead Books.
- Callanan, Maggie and Kelley, Patricia. 1992. *Final gifts: understanding the special awareness, needs, and communications of the dying*. New York: Poseidon Press.
- Callanan, Maggie. 2008. *Final journeys: a practical guide for bringing care and comfort at the end of life*. New York: Bantam Books.
- Hablitzel, William E. 2006. *Dying was the best thing that ever happened to me: stories of healing and wisdom along life's journey*. Blue Creek, OH: Sunshine Ridge Pub.
- Karen, Robert. 1994. *Becoming attached: unfolding the mystery of the infant-mother bond and its impact on later life*. New York: Warner Books.
- Kiernan, Stephen P. 2006. *Last rights: rescuing the end of life from the medical system*. New York: St. Martin's Press.
- Kohn, Alfie. 1992. *No contest: the case against competition*, Rev. ed. Boston: Houghton Mifflin.
- Kübler-Ross, Elisabeth. 1969. *On death and dying*. New York: Macmillan.
- Levine, Stephen. 1982. *Who dies?: an investigation of conscious living and conscious dying*. Garden City, NY: Anchor Books.
- Lynn, Joanne and Harrold, Joan K. 1999. *Handbook for mortals: guidance for people facing serious illness*. New York: Oxford University Press.
- Ministry of Health, Labour and Welfare (Japan). Long-term Care Insurance (<http://www.mhlw.go.jp/english/topics/elderly/care/index.html>)

Moffitt, Phillip. 2008. *Dancing with life: Buddhist insights for finding meaning and joy in the face of suffering*. New York: Rodale.

Sogyal Rinpoche. 1992. *The Tibetan book of living and dying*. San Francisco: Harper San Francisco.

Wikipedia. *Ubasute*. (<http://en.wikipedia.org/wiki/Ubasute>)