

An Ethnography: How does Buddhist Doctrine, A Local Wisdom, Affect Older Thai Villagers' Well-being?

Panicha Boonsawad,* Hunsu Sethabouppha, Duangruedee Lasuka, Marjorie Muecke

Abstract: In line with global trends, Thailand has an increasingly aged society. Generally, Thai elderly from rural lowlands in the central area are committed to Buddhism. Accordingly, many use the wisdom of their understanding of Buddhist teachings about facing death to maintain their well-being. Thai local wisdom involves accumulated knowledge, skills, behavior, and beliefs integrated and absorbed from generation to generation. Thus, local wisdom is part of local culture.

This article reports on an ethnographic study that aimed to gain understanding of the local wisdom of Buddhist doctrine with reference to facing death, and the relationship of that understanding to the elders' maintenance of health among Central Thai villagers. Twenty elderly key informants and nineteen general informants were recruited by using snowball technique. Participant-observation began while the principal investigator (first author) was establishing rapport and trust with villagers and continued for two years of fieldwork. In-depth interviews were conducted after securing informed consent. Data were analyzed by thematic analysis. In the larger project of which this was a part, facing death as guided by Buddhist doctrine emerged as the central theme. The study reported here identifies two approaches to facing death peacefully were having deep awareness about death; and preparing for a peaceful death.

Incorporating this local wisdom will help elderly face death peacefully. Health care providers can use this information to understand how wellbeing can be experienced by patients approaching death.

Pacific Rim Int J Nurs Res 2016; 20(3) 252-265

Keywords: Buddhism; Ethnography; Death and Dying; Central Thailand.

Introduction

Local wisdom is culturally constructed, and different parts of a country present different interpretations of local wisdom. In Thailand, there are four geographical regions, namely Northern, North-Eastern, Southern, and Central. Each region has its own historical and social background, which reflects each region's local wisdom. Central Thailand has been a fertile source of local wisdom about health.^{1,2}

Correspondence to: Panicha Boonsawad,* RN, PhD. (Candidate). Faculty of Nursing, Chiang Mai University, 110 Intawaroros Road, Muang District, Chiang Mai, 50200 Thailand. **E-mail:** komphoy@gmail.com
Hunsu Sethabouppha, RN, PhD. Lecturer, Faculty of Nursing, Chiang Mai University, Chiang Mai, 50200 Thailand. **E-mail:** drhunsu@gmail.com
Duangruedee Lasuka, RN, DN. Associate Professor, Faculty of Nursing, Chiang Mai University, Chiang Mai, 50200 Thailand.
E-mail: dlasuka16@gmail.com
Marjorie Muecke, RN, PhD. Adjunct Professor, Family and Community Health School of Nursing, University of Pennsylvania 418 Curie Boulevard, Philadelphia, PA 19104 United State of America.
E-mail: muecke@nursing.upenn.edu

Data for the study reported in this paper were gathered in a rural village of Suphan Buri Province of the Central Thai region. Therefore, Central Thai local wisdom refers to knowledge, skills, behavior, and belief or attitude resulting from accumulative experiences as transferred from generation within the specific Central Thai community of the primary author's fieldwork.

In Thailand, the elderly are living longer than ever before; also life expectancies continue to increase. More people are living into old age and facing fear about death and the prospect of long term illness associated with aging. As a consequence of the aging process and health decline in later ages, generally, deterioration in physical health, normal aging development leads to structure and functional decline, but does not cause disease directly.³ However, literature states that Thai villagers often live with chronic illness.⁴ The literature reports that the fear of death declines during middle adulthood but does not continue to decline through old age. Rather, increasing age and frailty render them ever more vulnerable to death, such that fear of death is greater among the older people. Moreover, since some research has found that physical and mental health problems predict higher levels of death anxiety. Generally the death of a human being too often catches the elder unprepared emotionally spiritually and practically. Cicirelli's work suggests that living with conscious awareness of death, when you are young and healthy, and have a clearer understanding of religious teaching, helps one in advanced age have less fear of death and to be ready to die peacefully.⁵

In facing death peacefully, one issue of concern regards spiritual health, the meaning of which varies based on the local culture and spiritual belief system.⁶ An older person generally understands the nature of life as being born, aging and dying, which is a natural process, and accepts the facts of death and dying in later age. Understanding about facing death will help people prepare for and cope better in later

year. As with religious belief, such wisdom is a buffer against the fear of death and dying in aging people, it not only provides help in time of suffering, but offers a promise of life after death. Elders who are firm and consistent in their religious practice beliefs and practices will develop strong abilities to facing death peacefully.⁷ Also traditional forms of religious may be supportive such as church or temple attendance, allowing people to learn and share and support the elderly to encounter death. For example, Buddhism teaches the elderly about death and dying so that we can talk about it and we can deal with the topic of death with a peaceful mind. Encouraging such reflections to deal with death based upon facing death peacefully means the elders learn to accept the truth of life, to accept the natural law and let things go.

Feelings of a peaceful death among older people can function as a protective factor for well-being.⁸ People from diverse cultures face death differently.⁶ In the neighboring countries of Burma, Laos, Cambodia, and Sri Lanka, Buddhist influence is pervasive. However, most Thai Buddhists tend to believe that how they perceive a peaceful death may differ due to three attributes, namely sociocultural norms, personal experiences, and continued process with one's life cycle, and that these may make a difference in their health regarding a peaceful death.⁶ One study found older persons who had had personal experiences related to facing death helped them prepare for and cope with dying and death better.⁹

According to Buddhist doctrine that influences older people's beliefs, the Three Universal Characteristics (Trilakkhana) are impermanence (anicca), suffering (dukkha), and insubstantiality (anatta). These guide older people to accept deterioration in aging as a natural development and to prepare them to face death and dying with peacefulness.¹⁰ Contemplation of death is one of the Buddhist methods by which to develop mindfulness, to think good thoughts, and do good deeds. This benefits older people in their present and

also helps them build wisdom from their life experiences.¹¹ Kongsuwan and Touhy¹² conducted a descriptive qualitative study in which they found that Buddhist principles guided older Thai in their awareness of death aiming to prepare them for a peaceful death by conducting good deeds for themselves and for others. Looking across studies, they found that death preparation was an important process as it could help older people to accept the last stage of life. These researchers also mentioned that family members should be partners in the anticipation of death as doing so could help them become familiar with the process of death as well. Buddhist doctrine has been found to enhance positive psychological health among older people.¹² However, there have been few studies seeking an empirical association between facing death through Buddhist doctrine, and maintaining elders' health. Therefore this topic needs further exploration.

Study Aim

The purpose of this study was to explore local understanding of Buddhist doctrine with reference to facing death, and the relationship of that understanding to the elders' maintenance of health among Central Thai villagers. This help nurses to understand the way of life of elderly villagers with a conscious awareness of beliefs and cultural knowledge in nursing care for maintaining their holistic health.

Methods

Study design

The study was conducted using an ethnographic approach. A fundamental purpose of ethnography is to identify shared meanings. By identifying those that are associated with a specific behavior or event, such as facing death, understanding of the socially constructed meaning of deliberately facing death can be made explicit.^{13,14} Older villagers' interpretations of Buddhist doctrine as a component of local wisdom were explored

in terms of their role in maintaining health by coming to terms with their mortality and approaching death.

Sample and Setting

Ethnographic methods are used when the researcher and the informants interact in the informants' natural venues. The researcher introduced herself as a doctoral student in the research setting. Suphan Buri province of Central Thailand was selected as the site for this study as it was in the central region so relevant to the people living in the Choa Praya River basin, and Buddhism was the dominant faith. Thirty-nine participants lived in a village of Makamlom sub-district. All of them self-identified as Buddhist.

Participant observation and interviews were conducted at the participants' homes or in Buddhist temples, wherever was most convenient for them. Some participants were uncomfortable during a formal interview. The ethnographic method encourages use of informal interviews and they were also undertaken. As some participants were comfortable talking in a group setting as it helped them with memory recall, talking in groups was also undertaken.

Both purposive sampling and snowball sampling were used to select key informants and general informants.¹⁵ Key informants, both female and male, were selected by the following criteria: aged 60 years and over; born and residing in a community in Suphan Buri province; able to do their daily activities as judged by the Chula Activity Daily Living Index (The Chula ADL index); mentally healthy as judged by Mini Mental State Examination (MMSE); able to communicate in Thai language; and willing to provide rich information about their experiences in maintaining elderly health. Their willingness to participate was shown through their written informed consent. General informants were family members, healthcare providers, community leaders, and village health volunteers who had experience maintaining elderly health using Central Thai local wisdom.

Participant characteristics.

There were twenty key informants, just over half were male (n=11), with mean age of all being

75 years (age range: 62–88 years). The majority were married (n=11) followed by widowed (n=7), divorced (n=1) and single (n=1). The nineteen general informants were people who had experience related to maintaining elderly health using Central Thai local wisdom including community leaders (monks and municipal officers) (n=6), family members (n=5), village health volunteers (n=5) and healthcare providers (n=3).

Ethical Considerations

Study approval was obtained from the Institutional Review Board of Chiang Mai University. In addition, permission to collect data was received from the Suphan Buri Public Health Office. The participant consent form contained the study purpose, confidentiality procedures, and the rights of study volunteers. In addition, it outlined the benefits including the statement that there would be no direct benefit to the participant, the potential risks involved in participation, and contact information if follow-up referrals were needed. The researcher was conscious of the researcher–informant relationship and tried not to interrupt or disturb the informants while they were conducting their activities. Also codes were used in this paper to preserve the anonymity of informants. Finally, the researcher reassured the participants about confidentiality and anonymity throughout the research and presentation of findings.

Data Collection

Data were collected from June 2013 to May 2014, and from March 2015 to May 2015. Multiple collection methods were used until data were saturated: including participant observation, in-depth interview, focus group discussion, field notes, reflective note, and document-related sources. Data were collected and analyzed using the six steps as described by Braun and Clark (2006) as mentioned below.¹⁶ Data

collection commenced following initial participant observation and initial discussions with the participants, and continued during subsequent interviews. Participant observation guidelines were used. The observations occurred in the places where the elderly participated in various situations such as Buddhist practice at temple, the participant's home, or community meetings. The researcher visited these places and undertook activities with informants such as eating, group chat, and cooking. After trust and rapport were established the researcher interviewed informants to try and understand their perspectives on elderly wisdom in maintaining health. All interviews were tape recorded with each participant's permission, and transcribed verbatim for data analysis, tapes recorder were erased when the author's dissertation was approved. The interviews began with the researcher asking general questions and inviting the participants to share their experience about their health and lifestyle. The data were collected iteratively with data analysis.

Data Analysis

Recordings of the indepth interviews and focus group discussions were transcribed verbatim and captured data were analyzed using qualitative thematic analysis as described by Braun and Clark (2006).¹⁶ This is composed of six phases, namely becoming familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report. Becoming familiar with the data process enables the researcher to become immersed and familiar with all aspects of the data, and look for meanings related to maintaining elder's health with local wisdom. To generate initial codes, the researcher organized the data into meaningful groups. The codes identified a feature of data that included latent or semantic content in relation to the research questions. Codes were linked in order to identify the theme, and following

this the researcher approached the data with specific questions in mind. After collating the relevant data, themes were compiled and prioritized by the researcher. Themes were revised by looking at the relevance between the coded extracts of the compiled themes and by taking into account the overall information presented in the data. After the themes were identified a meeting was held with the first researcher's advisory committee to seek agreement on the purpose of the study and relevance between the themes and the codes. After studying the analysis display and the specifics of each theme, defining and naming the themes was completed. The researcher then clarified the definitions and specifics of each theme.

Trustworthiness

Four criteria for trustworthiness were considered: credibility, transferability, dependability, and conformability, according to Guba and Lincoln.¹³ To achieve credibility, prolonged periods of time were

spent conducting fieldwork, participant observation, peer debriefing, member checking, and triangulation. To achieve transferability, in-depth descriptions and verbatim quotations of phenomenon were developed. To achieve dependability, the researcher provided sufficient information that allowed the advisory committee members to reach similar conclusions by using raw data, and analytical evidence. To achieve conformability, data were analyzed, discussed, and checked for accuracy with the research team's advisory committee, experts in local wisdom in maintaining elder's health, and the informants.

Results

The data focused on the recognition of facing death through Buddhist doctrine. The theme emerged from two categories, having deep awareness about death and preparing for a peaceful death. These are presented below (also see Table 1).

Table 1 Theme and its Respective Categories and Sub-categories

Theme	Recognize facing death through Buddhist doctrine			
Categories	1. having deep awareness about death		2. Preparing for a peaceful death	
	Meaning	Practice	Meaning	Practice
Sub-Categories	(1) death is unescapable	Directed learning near death experience	Preparing for peaceful death based on Buddhist	(1) Preparing for peaceful death in the empirical world
	(2) death is a transition from one form to another	Indirect learning by experiencing of death		(2) Preparing for peaceful death in a Dharma world
	(3) death is the universal truth	of another person		

Table 2 Characteristics of 20 Key Informants

Case	Sex	Age	Education	Religion	Marital status	Occupation	Living with	Health problem
1.	M1	84	Elementary	Buddhism	Windowed	No	Child	Asthma
2.	M2	77	Elementary	Buddhism	Married	No	Spouse	CA Colon
3.	M3	79	Elementary	Buddhism	Windowed	No	Child	-
4.	M4	79	Elementary	Buddhism	Married	No	Spouse	HTN
5.	M5	87	Elementary	Buddhism	Married	No	Spouse	-
6.	M6	63	High school	Buddhism	Divorced	Farmer	Child	HTN
7.	M7	87	Bachelor	Buddhism	Married	No	Spouse	-
8.	M8	61	Elementary	Buddhism	Married	Farmer	Spouse	-
9.	M9	69	Elementary	Buddhism	Married	Traditional healer	Spouse	HTN, Gout

Table 2 Characteristics of 20 Key Informants (continued)

Case	Sex	Age	Education	Religion	Marital status	Occupation	Living with	Health problem
10.	M10	80	Elementary	Buddhism	Married	Traditional healer	Spouse	-
11.	M11	79	Elementary	Buddhism	Married	Traditional healer	Spouse	Gout
12.	F1	68	Elementary	Buddhism	Married	Farmer	Spouse	-
13.	F2	83	Elementary	Buddhism	Windowed	No	Relative	-
14.	F3	77	Elementary	Buddhism	Windowed	Trade	Relative	-
15.	F4	86	Elementary	Buddhism	Windowed	No	oneself	-
16.	F5	88	Elementary	Buddhism	Married	No	Child	-
17.	F6	84	Elementary	Buddhism	Single	No	Relative	Knee pain
18.	F7	75	Elementary	Buddhism	Married	No	Spouse	-
19.	F8	80	Elementary	Buddhism	Married	Traditional healer	Spouse	-
20.	F9	73	Elementary	Buddhism	Windowed	Traditional healer	Child	Low back pain

Recognizing facing death through Buddhist doctrine

All of the informants identified themselves as Buddhist, and believed that life's circumstances of birth, aging, illness, and dying, were natural processes. They understood and accepted that human beings have the nature to change, and they understood that life is impermanent; that suffering loss and change can be an unbearable feeling to live with; and the insubstantiality of self, or non-self (Anatta). As consistent with popular Buddhism in Thailand, most informants believed in life after death. All humans have to die and can die anytime without any foresight, and therefore they need to be prepared to die in part by doing good deeds. In Buddhism, this is called "contemplation of death" (มรณานุสติ) for example:

Contemplation of death is a significant Dharma principle that the elderly should consider at all times. Suffering was caused by birth as a human being, if a person takes account of the truth of suffering they can steer away from it. They can then be content; birth and death occurs with all humans. We must be ready to die by being aware that we will die. Also, we need to prepare to be ready for any unforeseen

event, and then one will not feel in trouble. What we have to do is accumulate good deeds when we are alive (79 year-old male: M3).

Contemplation of death as unsteady volition or impermanence of the body (สังขารไม่เที่ยง), monks have said that humans experience birth, aging, illness, and death. Death is an issue that humans should be aware of, people who have no illness have a halo. This depends on the laws of Karma, if one does good deeds, merit will protect them from evil or hell. To be ready to die in peace you must make merit in this world at this time (77 year-old male: M2).

Most informants went to a temple often, learned and practiced the Buddha's teachings. Most of them believed that facing death is an integral part of life. Social gatherings at funeral ceremonies allowed for villagers to help in this activity. It enabled older people to learn and share thoughts and feelings about death and dying through customs within community.

Meaning: Having deep awareness about death through Buddhist doctrine

According to informants' understanding, death, recognizing and facing death is a natural process which they accept. This is due to their deep understanding of

death, which they learned through Buddhist doctrine. Three subcategories formed deep awareness about death namely: death is unescapable; death is a transition from one form to another; and death is the universal truth.

Death is unescapable: This refers to informants' thoughts, understanding, and perception of the truth of death as a natural process that cannot be escaped.

Practicing the Dharma doctrine can guide knowledge of birth, aging, suffering, and death, which are unavoidable... If we truly understand this we will see that we cannot escape death. If you accept this, you will not worry when death comes (79 year-old male: M3).

Death is a transition: This refers to informants' belief about death and transition after death. This belief is based upon the Buddhist principle which proposes life and reincarnation. Learning this can lead to an understanding and deep awareness about death.

Death in Buddhist principles refers to a journey from one life to another. Any positive, virtuous actions (profitable state) we make in this life will be the provision for the next life (79 year-old male: T5M11).

He was a spiritual guide or lay leader of a congregation.

Death is the universal truth: This refers to informants' belief about the truth of death and that it occurs with all living beings.

For the death of my wife, I realized that it was her time to leave. Indeed, when my time comes, I will have to go. I realize that death is the truth... When the end of life comes, we all have to leave all beloved ones -- parents die, children pass away—it is called separation by death. It is the universal truth of life (77 year-old male: M2).

Practicing: Having deep awareness about death through Buddhist doctrine

According to the informants' point of view, their life experiences grew from their practice and

understanding of the Buddhist doctrine. This category was derived from two sub-categories: Direct learning near death experience and indirect learning by experiencing of deaths of other person.

Direct learning near death experience: This refers to the lessons learned from the life circumstance that humans are born, grow old, get sick, and die. When facing degeneration in advanced aged, changes in health status occur which can lead them to see these changes as being due to their awareness of death and virtual death. In addition, some informants had a near death experience (NDE).

First, all human beings are born with disease, no one never got sick. Therefore if we consider every day that we have to get sick, this will make us conscious to find a solution, and not to be careless, that is, not abandon maintaining health. Second, when we get ill we think about death. Therefore, when we consider that we have to die, we will not fear death, but we will get a heightened consciousness and know what we have to do by undertaking good deeds. (Monk, Wat Bost).

Some elderly had faced a NDE. One recounted an experience of a home robbery: she was hit on the head with a piece of wood and was unconscious for one night, subsequently called herself "resurrected".

When I was unconscious, I saw a beautiful place like paradise. God or goodness allowed me to select which place I would love to stay. At that time I decided back to the earth. I think I was dead, but I was resurrected as the result of accumulated good deeds. Every day for over 50 years I prepared myself for death and dying by always practicing the dharma, mindfulness, and be a folk healer and do good deeds by helping others. Auntie [I] felt when I was hurt, when I was attacked, I felt he would hit me until I died. But I did not die. I am still alive, I will do good deeds by healing other people and chanting and meditation. After I recovered,

my memory recalled about the robber, I know him well, he was a money borrower. I forgave him for the assault, I think of the Laws of Kharma. (80 year-old female: T3F8).

Indirect learning by experiencing of deaths of other person: This refers to informants' lessons learned from the loss and grief of loved ones, and lessons learned through a sermon, for example at funeral ceremonies.

When uncle died, auntie's [my] mind took a long time to recover ...auntie [I] overcame the feelings of loss and stopped thinking about it or put it out of mind. I thought that he went to meet his precepts, his merit. I am still alive, I have to pay attention and perform good deeds and live to earn merit. I practice consciousness so when I die I will have mindfulness and not be careless in life and I make merit (73 year-old female: T4F9).

Two key informants passionately shared what they have indirectly learned from the loss by considering attending a funeral ceremony and funeral prayers.

Attending the funeral, the Buddhist metaphysical prayers (Abhidhamma-pitaka/extra doctrine: บทสวดพระอภิธรรม) for funeral, Buddhist metaphysics (พระอภิธรรม 7 คัมภีร์) taught that Kusala-dhamma (Skillful), A kusala-dhamma (Unskillful), Abyakata -dhamma (The indeterminate; neither good-nor-bad thing), means any righteousness or unrighteousness, or things that are a merit and not merit, or any things that are neither merit nor demerit. These things can exist and end. Whatever exists will deteriorate or end. We should not depend on it. Our life and body deteriorates with date and time. Sometimes, it ends before deterioration. Attending funerals reminds people that the body exists and ends. We will also die. Therefore, we should not be careless in doing merit-making good deeds, (79 year-old male: M3).

Meaning: Preparing for peaceful death

The second category described the essence of recognizing facing death, the informants felt they needed to understand death as peaceful, and this needs preparation. Most informants perceived the meaning of preparing for a peaceful death based on their respective Buddhist beliefs. This process was a consequence of their deep awareness about death. If the informant has an awareness of death and reflects on their understanding of life and death, then they has begun preparation for death.

Preparing for peaceful death based on Buddhist doctrine: Almost all informants respected the Buddhist principles that their beliefs can lead their consciousness to a peaceful end. They thought about death deliberately, were preparing to give up their self or ego, and were purposefully doing good deeds.

We have to practice preparing to deal with death consciously and regularly, until we are accustomed to it. If we are not well prepared, when the time of death is coming we cannot control our consciousness, (80 year-old female: T3F8).

Do not be careless in the moment of life, but do things to accumulate merit, is the way of preparing consciousness of death, (73 year-old female: T4F9).

Practicing: Preparing for a peaceful death

Preparing for a peaceful death category emerged from two sub-categories one preparing in the empirical world, and the other, preparing in the Dhamma world.

Practice of preparing for a peaceful death in the empirical world: This refers to responsibilities that the elderly should undertake before they die, its purpose is to not burden their family after they pass away. This is the one of social tasks they should tend to before death.

The problem nowadays is the elderly die suddenly without any preparations. How do

their descendants then live? The big issues are always about dividing the property such as farmland and other assets, this can sometimes lead to legal battles. Therefore, to prevent this problem, the elderly should plan for the life after death by disclosing their wishes to their descendants and making inheritance arrangements (87 year-old male: M7).

Practice of preparing for a peaceful death in a Dharma world: This refers to practices that help one recognize facing death as a natural part of life. This can be a conscious action, by performing good deeds, and a precautionary action, by releasing oneself from attachments to others and the empirical world. To accumulate goodness is a treasure that will be with oneself even after death.

Death is inevitable... Uncle is [I am] building good deeds by being the leader of all ceremonies in the village and passing on his knowledge to the next generations. Being a temple officiator or merit leader at the temple makes him [me] feel happy --merit is happiness and pleasure, (79 year-old male: T5M11).

Some informants reported undertaking good deeds or merit making. This refers to informants' thoughts or behaviors that should be beneficial to others or the community. Somewhat ironically, they believed that "selfless actions" will prepare them for a peaceful death by gaining merit for their journey to the next life

Preparation without doing merit means dying without any merit or virtue with you. Therefore you will not have anything to support you when you die or transfer from one life to the next life (called Tay La Ka Mai Me: ตายหล้าข้าไม่มี), (80 year-old traditional female: T3F8).

Some informants reported releasing themselves from attachments. Specifically, releasing and relaxing their minds meant to be free from external binding

factors and unexpected external factors. Death is certain; however, when we die is uncertain. Everything in our body and other people can be transformed all the time.

Auntie [I] prepare for death by releasing her [my] need for things. Not creating demerit is not creating attachments. [For instance] feeling that it is alright if my descendants do or don't pay attention to me, take it easy, let it be, (86 year-old female: F4).

Releasing is a death preparation doctrine... everyone will feel comfortable if they can comfortably let things go. Knowing that oneself is old, being satisfied with everything, such as not being envious, puts one's mind at peace. Let things go, just let things go when anyone says anything. We are already at this age, just let it go (ข้างเขาเถิดะ) (an 80 year-old female traditional healer: T3F8).

Discussion

An older person's health comprises physical, mental, social, and spiritual elements, which may be in holistic balance. Individual elders may perceive their health differently, based upon personal and cultural norms and values and the informants' health status includes both positive health as well as health problems. Although physical health in the elderly often declines, psychological health can be promoted and strengthened. Positive psychological health can be a protective barrier in later life, especially when faced with death and dying.^{17,18}

Maintaining elders' health refers to the practice of effectively preserving health as perceived and practiced by older people themselves. Different ways of doing this are reported in the literature. Integrating different health care systems together in a dialectic fashion to promote holistic health is called medical

pluralism and is one way to actively maintain health.^{17,19,20} Several studies report finding that older people utilize a variety of health resources to maintain their health, including biomedical healthcare, traditional or folk healthcare, indigenous self-care, or a combination of these. Older people may choose to use traditional means or local wisdom for logical reasons such as being compatible with tradition, cultural belief and lifestyle, as for reasons of convenience such as keeping healthcare cost low, accessibility, and supporting health holistically.^{17, 19-24}

Maintaining elders' health by using Klienman's cultural care system involves three sectors, popular, folk, and professional. For instance, families using diet for healing would be in the popular sector; seeking help from sharmans would be in the folk sector; and requesting modern scientific interventions would be in the professional sector.¹⁹ Several studies found that using all three sectors helped maintain elder health. In addition, researchers found that Buddhist doctrine influences elders' belief and behavior.^{18,23,25} Considering elders' behavior in terms of the cultural care system indicates that they utilize the popular sector and prefer traditional medicine. The folk sector, which refers to local wisdom or tradition, is another way to maintain elders' health.

Local wisdom about elder health refers to knowledge, skills, behaviors, and beliefs or attitudes resulting from accumulated experiences transferred from generation to generation within a Thai community.²⁶ Several studies consistently reported that traditional local wisdom and culture are significant in maintaining holistic health among the elderly in a Thai context. One study explored ways of healthy aging in a Northern Thai village. The study found that both biomedical care and local wisdom were prevalent.²¹ Two studies both taking a qualitative approach, conducted in the North-East region of Thailand, found that applying local wisdom to promote health meant to value the life experience of older people, and helped to promote positive health among them.^{27, 28}

Buddhism offers Thai elders the local wisdom to maintain holistic health in line with cultural context. This is grounded in the Three Universal Characteristics (Trilakkana); Anicca refers to things both living and non-living having the nature to change. Dukkha can be seen among those who do not understand natural rules, so believe that all things have permanence. When they experience loss or a change in social position, they might become depressed and suffer. If older people are able to understand impermanence, they can understand suffering as they are similar. Anatta or selflessness means that all things have no permanent entity. Everything exists under the cause and effect law, nothing belongs to anyone. Human beings misunderstand that things belong to them and become attached to them. When there is attachment, suffering will follow.^{10, 29} These Buddhist doctrines influence elders' beliefs, knowledge, and behavior, all of which can influence elders' health.

When older people in Central Thailand recognize and face death according to Buddhist doctrine, they are using local wisdom that helps maintain their health in accordance with cultural beliefs. Buddhist principles are dominant factors in their beliefs, behavior, lifestyle, and their readiness for the end of life are regarded as the basics that Buddhists should know and understand. If older people apprehend the Three Universal Characteristics, they understand the Buddhist teachings regarding the natural law and change in later life. If they accept deterioration as part of later life, they may be prepared to face death peacefully.²¹ Older people must cope with losses in their health and independence. Preparing for peaceful death is a significant task and requires a deep understanding of life and death. Practice through Buddhist principles has guided older people to be mindful in facing death peacefully.

According to this study most informants apply Buddhist doctrine such the Three Universal Characteristics and contemplation of death to understand about

death and dying, and these were a doctrinal guide to lifestyle. There were two challenging issues having deep awareness about death and preparing for a peaceful death that emerged in the recognition of facing death through Buddhist doctrine.

The learning process contributed to the informants' understanding and awareness about death through both direct and indirect learning. The literature suggests that learning to face one's own mortality with equanimity can also be learned through the media.¹¹ However, in the researchers' view, the present social culture talking about death is not encouraged or wanted as it is considered depressing. There is also the view that living, dying, and grieving are separable. Consequently, this may mean that there is less opportunity for people to learn and become familiar with death and for it to become part of living.¹¹

From the Thai Buddhist perspective, peaceful death is promoted by family members when they are co-providers in the attainment of peaceful death. We recommend that family members should try and accept death, be at peace, and participate in a family member's dying process. Consequently, if a person is intimately engaged in the process of death and dying, they then might be able to help a person to accept death as a natural process.¹² Buddhist principles that actively support preparation to encounter death include meditation and contemplation of death while attending others' funerals. This enabled the participants to learn and understand about the process of death and dying, be aware and not fear death nor be careless in life. In addition, they should be living in the present time, have a strong mind, be generous, kind, tender, and be committed to merit making, and abstain from sinful behaviors.⁸

One previous study found older people (60–74 years) who had religious beliefs, and practiced Dharma every day by chanting, reflected a high level of behavior for preparing to cope with dying and death. Rongsikosai et al. reported that older people who experienced anxiety surrounding death at a high

level, had poor behavior in terms of preparing for death.⁹ The findings in the study reported in this paper are consistent with these authors.

Limitations and recommendations

The results of this research study has limitations due to the fairly homogenous context of a study of a specific age cohort based in a Buddhist village in Central Thailand. Furthermore, the research was conducted in only into four settings which were Kokko, Sakeayangmoo, Wat Bost, and MeaTaLum in the sub-district of Bang Pla Ma, Suphun Buri province, due to the limited time and resources available for researcher. Consequently, the study findings about maintaining elder's health and well-being might not represent the influence of the sociocultural context in other provinces in Thailand. However, the rich findings enhance nursing knowledge about this important issue, both in Thailand and elsewhere.

Suggestion for future studies focus on issues relating to the use of Central Thai Local Wisdom, regarding health, should include a longitudinal study of older people in order to compare outcomes of preparations for facing death with how family members say the participants experienced dying and death. This would provide evidence of the effectiveness of Buddhist-informed local wisdom for preparing for a peaceful death, as well as for maintaining health in old age.

Conclusion

The findings of this ethnographic study highlight the value of local wisdom that the elderly apply in maintaining elderly health with reference to facing death by practicing Buddhist teaching as a doctrinal guideline. It was simple way of life among older villagers with congruence to their beliefs and culture. This local knowledge was significant to them in later age, it helped them to accept facing death by understanding that death is natural process

that all human beings will face and cannot escape. This means they are living having awareness about death, thus they are preparing for a peaceful death by doing good deeds and mind training practicing through Buddhist doctrine, according to their beliefs which accumulative good deeds and well mind preparing will support them to face death peacefully. Recognizing and facing death as natural was an important task for the informants, and if they accepted facing death with peace of mind and let their mind be free from the fear of death associated with the deterioration of life's circumstance, this would lead to the state of health at present moment.

The research findings will help nurses to understand the health practice of the elderly from rural based beliefs and culture regarding facing death as part of maintenance of health, so they can try to incorporate this knowledge with conventional health care service to support people's needs. These findings contribute to be understanding of local wisdom as part of local knowledge of the care of older people in Central Thailand.

Implications for Nursing Practice and Research

This study of maintaining holistic health by using Central Thai Local wisdom purposefully included only rural elders. Comparisons between older people in urban and rural area would be useful to help identify the role of place in generating the content of local wisdom and cultural context. Understanding that seniors in a society might have local wisdom about maintaining their health could help nursing care providers, health care policy makers, and organizations, that work with older people to take account of elders' local wisdom in their work, and to perceive elderly adherents to local wisdom as pillars of their communities. This could help enhance elders' psychological health and well-being. In the case

reported here, local wisdom was paramount in the older peoples' constructive facing of their approaching death, and in maintaining their health. Moreover, strengthening spiritual health and the local wisdom of the understanding of Buddhist doctrine, in particular the aspects of facing their own death and maintaining optimum health, promoted healthier lifestyles among the participants in the study village

Acknowledgements

The authors wish to thank the Thailand Nursing and Midwifery Council for its financial support of this study. The authors also are truly grateful to all informants for their support and sharing valuable information.

References

1. Sri-Wong N. Issues of socio-cultural studies in Central Thailand. Social and cultural studies in Central Thailand: Institute of Thai Studies Chulalongkorn University and Office of the National culture commission. Bangkok: Institute of Thai Studies Chulalongkorn University and Office of the National Culture Commission; 1992. p. 7-15 [in Thai].
2. Supachunya T. Old communities in Central Thailand. In: Supachunya T, editor. Social and cultural studies in Central Thailand Bangkok: Institute of Thai Studies Chulalongkorn University and Office of the National Culture Commission; 1992. p. 7-15 [in Thai].
3. Eliopoulos C. Gerontological nursing. 7th ed. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins; 2010.
4. United Nation Population Fund Country Office in Thailand. Impact of demographic change in Thailand. Bangkok: UNFPA; 2011.
5. Cicirelli VG. Fear of death in older adults: predictions from terror management theory. J Gerontol B Psychol Sci Soc Sci 2002;57(4):358-66.
6. Hattori K, McCubbin MA, Ishida DN. Concept analysis of good death in the Japanese community. J Nurs Scholarsh. 2006; 38(2): 165-70.

7. Wink P, Scott J. Does religiousness buffer against the fear of death and dying in late adulthood? Findings from a longitudinal study. *J Gerontol B Psychol Sci Soc Sci* 2005;60(4):207-14.
8. Triyakul PK. The study of understanding and method of practice according to the principle of contemplation on death for the practitioners in Watmuenghong Amphoe Rasisalai, Changwat Sisaket. Bangkok, Thailand: Mahachulalongkornrajavidyalaya University; 2012 [in Thai].
9. Rangikosai S, Piphatvanitcha N, Paokunha R. Factors related to behavior for preparing to cope with dying and death among older adults in the Elderly Club, Pattani Province. *Songklanakarin J*. 2013; 33(1): 43-56 [in Thai].
10. Channgam S. The Three Universal Characteristics. 2013 [cited 2015 Jul 22]. Available from: <http://www.buddhapadipa.org/dhamma-corner/the-three-universal-characteristics/> [in Thai].
11. PraPhaisanVisalo. Tomorrow or future incarnation, no one knows what will come first. Bangkok: Amirin Publishing; 2011[in Thai].
12. Kongsuwan W, Touhy T. Promoting peaceful death for Thai Buddhists: Implications for holistic end-of-life care. *Holist Nurs Pract*. 2009; 23(5): 289-96.
13. Lincoln SY, Guba GE. Establishing trustworthiness. In: Lincoln SY, Guba GE, editors. *Naturalistic inquiry*. California: SAGE Publication; 1985. p. 289-331.
14. Hammersley M. Ethnography and realism. In: Huberman AM, Miles MB, editors. *The qualitative research's companion*. Thousand Oaks: Sage Publication; 2002.
15. Carpenter D, Streubert H, Speziale S. *Qualitative research in nursing: Advancing the humanistic imperative*. Philadelphia: Lippincott Williams and Wilkins. 2007. p.88.
16. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol*. 2006; 3(2): 77-101.
17. Belliard JC, Ramírez-Johnson J. Medical pluralism in the life of a Mexican immigrant woman. *Hisp J Behav Sci*. 2005; 27(3): 267-85.
18. Rattanapun S. *Becoming healthy aging among the elderly in Southern Thailand* Chiang Mai: Chiang Mai University; 2008.
19. Kleinman A. *Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry*. USA: University of California Press; 1980.
20. Chuengsatiansup K, Tontipidok Y. *Health and Thai cultur*. Bangkok: Dee-One Publishing; 2007a [in Thai].
21. Danyuthasilpe C, Amnatsatsue K, Tanasugam C, Kerdmongkol P, Steckler AB. Ways of healthy aging: A case study of elderly people in a Northern Thai village. *Health Promot Int*. 2009; 24(4): 394-403.
22. Pesek T, Reminick R, Nair M. Secrets of long life: cross-cultural explorations in sustainably enhancing vitality and promoting longevity via elders' practice wisdom. *Explore: The Journal of Science and Healing*. 2010; 6(6): 352-8.
23. Rungvichaniwut S, Mudsuu A. Information of Thai traditional medicine wisdom: A case study in Khokphodistrict, Patani province. *Journal of Faculty of Humanities and Social Sciences can Decentralization*. 2009; Jan-May: 133-57 [in Thai].
24. Chompusri K, Paranuth S. Project: Local wisdom management for health care and health promotion in handicap: A case study in traditional healer network. Bangkok: Health Systems Research Institute and Alliances; 2007[in Thai].
25. Suton L. Application of the elderly wisdom to support the programs of Senior Citizens Club: A case study in Senior Citizens Council of Thailand (SCCT). Bangkok: Thammasat University; 2008 [in Thai].
26. National Health Act Thailand BE. Nonthaburi: National Health Commission (NHCO) Nonthaburi: National Health Commission (NHCO) 2007 [cited 2015 Jul 22]. Available from: http://en.nationalhealth.or.th/sites/default/files/nationalhealth_act_en.pdf.
27. Niwasawat V. Analysis and synthesis knowledge and indigenous knowledge related with live long and happiness. Research Project: Khon Kaen: KhonKaen University; 2008.
28. Srijukkot J, Sritanyarat W, Nuntaboot K, Thongkrajai E. The elderly experiences of provision of care for the elderly: A case study in Isaan, Thailand. *Journal of Science Technology and Humanities*. 2010; 5(1): 57-64.
29. Payutto PA. *Buddhism and human development*. Bangkok: Shadhammik Printing; 1993 [in Thai].

การศึกษาเชิงชาติพันธุ์วรรณนา: การปฏิบัติตามความเชื่อทางพุทธศาสนา ส่งผลต่อสุขภาพผู้สูงอายุชนบทอย่างไร ภายใต้วิธีการดูแลสุขภาพโดยใช้ ภูมิปัญญาพื้นบ้านไทย

ปณิชา บุญสวัสดิ์* หรรษา เศรษฐบุปผา ดวงฤดี ลาคุชะ Marjorie Muecke

บทคัดย่อ: การเข้าสู่สังคมผู้สูงอายุ เป็นสิ่งที่เกิดในประเทศไทยเช่นเดียวกับในระดับสากล ผู้สูงอายุชนบทไทยภาคกลางนับถือศาสนาพุทธเป็นส่วนใหญ่ และนำหลักคำสอนทางพระพุทธศาสนาเกี่ยวกับการเผชิญความตายซึ่งถือเป็นภูมิปัญญามาเป็นแนวปฏิบัติในการดำรงไว้ซึ่งสุขภาพที่ดี ภูมิปัญญาพื้นบ้านเป็น องค์ความรู้ ทักษะ พฤติกรรม และความเชื่อ ที่สั่งสมและถ่ายทอดสืบต่อกันมาจากรุ่นสู่รุ่น โดยถือเป็นส่วนของวัฒนธรรมพื้นบ้าน รายงานการวิจัยฉบับนี้เป็นส่วนหนึ่งของวิทยานิพนธ์ มุ่งศึกษาประสบการณ์การใช้ภูมิปัญญาพื้นบ้านของผู้สูงอายุชนบทไทยภาคกลางในการดำรงสุขภาพในมิติการเผชิญความตาย คัดเลือกผู้ให้ข้อมูลแบบลูกโซ่ โดยมีผู้ให้ข้อมูลหลัก 20 คน และผู้ให้ข้อมูลทั่วไป 19 คน เก็บรวบรวมข้อมูลโดยการสังเกต การสัมภาษณ์แบบเจาะลึก เริ่มหลังสร้างสัมพันธ์ภาพจนได้รับความไว้วางใจจากผู้ให้ข้อมูล โดยผู้วิจัยเข้าอยู่ในชุมชนสองปี วิเคราะห์ข้อมูลด้วยแก่นสาระ ผลการศึกษาพบว่าการเผชิญความตายอย่างสงบมีที่มาสองแนวทางคือ ผู้สูงอายุตระหนักถึงความตายและมีการเตรียมความพร้อมตนเองในการเผชิญความตายอย่างสงบ

ความรู้ที่ได้จากการวิจัยนี้จะช่วยให้ผู้สูงอายุเผชิญความตายอย่างสงบ และช่วยให้บุคคลกรด้านสุขภาพเข้าใจวิธีการปฏิบัติเพื่อเกิดสุขภาวะในภาวะใกล้ตาย

Pacific Rim Int J Nurs Res 2016; 20(3) 252-265

คำสำคัญ: พุทธศาสนา การศึกษาเชิงชาติพันธุ์วรรณนา การเผชิญความตาย ไทยภาคกลาง

ติดต่อที่: ปณิชา บุญสวัสดิ์, RN, PhD. (Candidate) คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ 110 ถ. อินทรวโรส จังหวัดเชียงใหม่ 50200 ประเทศไทย
E-mail: komphoy@gmail.com
หรรษา เศรษฐบุปผา RN, PhD. อาจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ 50200 ประเทศไทย
ดวงฤดี ลาคุชะ, RN, DN. รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยเชียงใหม่ 50200 ประเทศไทย
Marjorie Muecke, RN, PhD. School of Nursing, University of Pennsylvania, United State of America.