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The effects of religion on subjective aging in Singapore: An interreligious comparison

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Abstract

This interreligious comparison deals with Buddhist and Christian Chinese elderly Singaporeans. Based on the data gathered from in-depth interviews with five Buddhists and five Christians, this article explores how religion plays a role in the adjustment to the physical, social, and existential aging processes. It investigates the similarities and differences between Buddhist and Christian beliefs in terms of their effects on the subjective experience of aging. Findings indicate that religion can play an integrative role that facilitates adjustment to the aging process. Also, they suggest that though there are fundamental, irreducible differences in terms of religious beliefs and practices between Buddhism and Christianity, there are far less differences in the ways they impact on the integrative aging process. Some negative effects of religion on aging and some viewpoints about successful aging are presented in the discussion.

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1. Introduction

An increasing interest in studying aging within religious traditions other than the Judeo-Christian tradition has emerged in recent years (e.g., [Ahmadi, 1998, 2000](#); [Ahmadi & Thomas, 2000](#); [Mehta, 1997](#); [Thursby, 2000](#); [Tilak, 1989](#)). However, interreligious com-

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parative research in gerontology is still very limited (e.g., Mehta, 1997; Tapanya, Nicki, & Jarusawad, 1997). It is time for this relatively neglected terrain to be explored because comparative research can enrich the understanding of religion and aging, offer insights into what religious diversity can bring to the aging process, and facilitate the mutual understanding between different religions. This article is based on 10 case studies, which are part of an ongoing research project on the impact of Christianity and Buddhism on the subjective life experiences of Chinese elderly in Singapore. The case studies were conducted between June and December 2001.

Singapore is a natural laboratory for researchers who wish to study cross-cultural and cross-religious social dynamics because it has a multicultural, multilingual, and multireligious population. According to the *Census of population 2000*, the three major ethnic groups, that is, the Chinese, Malays, and Indians comprised 76.8%, 13.9%, and 7.9% of the total population, respectively (Department of Statistics, 2001, p. 4). The religions practiced correlate closely with the ethnic distribution. The majority of Chinese are Buddhists, the majority of Indians are Hindus, and almost all Malays are Muslims. Since the focus of this article is on the Chinese group, a detailed breakdown is relevant. According to the *Census of population 2000 (Data Release No. 2, 2000, p. 4)*, within the Chinese group, Buddhists accounted for 54%, Christians 17%, Taoists 10%, and 19% stated that they had “no religion.” In this study, the authors attempted to seek answers to the following question: Among Chinese Singaporeans, what are the similarities and differences in terms of the influence of religion on their psychosocial adjustment in old age?

2. Conceptual framework

The concept of integration has been highlighted in the literature by many scholars (e.g., Erikson, 1963; Rosow, 1967; Sherman, 1991). According to Mehta (1997, p. 102.), “At advanced old age when life’s journey is ending, the need for integration increases” largely because of “the heightened awareness of the reality of death and the attendant search for meaning to one’s life” (ibid). Mehta defines integration as follows:

Integration is a complex, multidimensional subjective process through which the very old individual connects various parts of his life into a meaningful whole (Mehta, 1997, p. 102).

This definition was used in the context of this study.

As regards the spiritual dimension, Ellor, Thibault, Netting, and Carey (1990) concur with the National Interfaith Coalition on Aging (NICA), “The Spiritual is not one dimension among many in life; rather it permeates and gives meaning to all life”(NICA, quoted in Ellor et al., 1990, p. 105). They suggest that “The spiritual dimension is the integrator; the spirit is the integrating force in the life of any individual” (p. 107). They explain that “the spiritual dimension of the person is the aspect that is able to facilitate the type of integration that facilitates comfort with life upon reflection, interpretation of those aspects of life that are less comforting, and provides a sense of a bigger picture” (ibid). They further explain that the

spirit is “the interpreter of the greater whole of life” and “is able to support the individual in growth and in the interpretation of life” (ibid).

In a similar vein, Johnson states:

We have seen that the definition of “spiritual” is not so clear and rigidly fixed that it can be separated from the physical, psychological, material, and other aspects of human existence. Instead it is a component or dimension of man which runs through the entire person and his behavior, providing an orientation and focus which pertains to all of the positively valued joys and experiences of living and all of the negative problems and fears of life and death. It provides a basis for coping with the disruptions of removal (mobility of children and grandchildren, death of spouse and friends, moving away from the old neighborhood), of biological insecurity (illness, death, and disrupted sexual functioning), and of sinfulness and its feelings of guilt (quoted in Missinne, 1990, p. 148).

Regarding “the spiritual,” this complex term has been defined by the 1971 White House Conference on Aging as

that which pertains to people’s inner resources, especially their “ultimate concern, the basic value around which all other values are focused, the central philosophy of life—whether religious, anti-religious, or non-religious—which guides a person’s conduct, the supernatural and nonmaterial dimensions of human nature” (Moberg, 1990, p. 6).

Going by this definition, the spiritual is broader than “the religious” and the religious is an integral part of the spiritual.

In a nutshell, within the context of this study, the spiritual serves to integrate all aspects of the ongoing life and gives them meaning. A caveat that is important to bear in mind is that the spiritual dimension may not be influential for those who deny or are unaware of its existence.

3. Methodology

McFadden (1996, p. 166) highlights that some scholars suggest that research on religion, spirituality, and aging ought to aim at understanding, rather than explanation, given the multidimensionality of religion and religious experience, and the complexity of human lives with diverse and dynamic biopsychosocial interactions across time. Accordingly, the larger research project of which this article is a part aims to *understand* how the respondents construct their personal meanings as they integrate their lives in old age.

In view of the characteristics of the Chinese elderly Singaporeans and the emphasis of this research project on understanding and meaning, it was designed to be a microlevel qualitative research study. Semistructured in-depth interviewing with 40 Chinese Singaporeans aged 65 or older (20 Buddhists and 20 Christians, each group comprising 10 males and 10 females), triangulated with informal participant observation and secondary literature, was employed for data collection. The sample selection was purposive and theoretical (Strauss & Corbin, 1990). Respondents in this research were actively recruited through recommendations by religious organizations, snowballing technique, and personal contacts.

To rectify biases the authors tried to diversify the sample by recruiting respondents from different financial situations, health conditions, and educational levels. The languages used were English and Mandarin.

This article is based on the data related to 10 respondents (five Buddhists comprising two males and three females, five Christians comprising three males and two females). The range of their ages was 19 years (the youngest was 66, the oldest was 84) and the mean was 75.8. All Buddhist respondents were *Mahayana* Buddhists. All Christian respondents were non-Catholic. By virtue of humility, respectfulness, and humor sometimes, the authors tried to build rapport with them from the outset, and construct an interactive, relaxed and friendly environment for interviews. Interviews were conducted in the respondents' homes or places of worship for these were familiar physical environments that could facilitate the unfolding of their religious experiences. Each respondent was interviewed for at least 1.5 h, and a second interview session was conducted if necessary. The length of interview time for each session rested primarily on their stamina. By courtesy of their consent, interview data were taped, transcribed verbatim in the respondent's language and then analyzed. The interviewing began with informative simple questions and then progressed into their life and religious experiences mainly related to adjustment to the physical, social, and existential aging. Fortunately, most respondents were open in sharing their personal spiritual odysseys. In view of confidentiality, their real names are concealed in this article.

The three main themes this article will address are how they adjust to physical decrements, social attritions, and thanatological realities.

4. Adjustment to physical decrements

During the aging process, biological deterioration is a fact that cannot be denied from a Pollyanna perspective. Thus, a significant challenge for the elderly is to adjust to this reality. As other coping resources including wealth, health, and social support decline with age, many elders resort to intrapsychic resources to cope with the vicissitudes of late life (Koenig, Smiley, & Gonzales, 1988, p. 154).

4.1. Perception towards the body

Buddhism preaches that everything is *annica* (impermanent) and life is *dukkha* (suffering). But it points out that one can attain *nirvana* (liberation) by practicing *sila* (precepts), *samadhi* (meditation), and *prajna* (insight), cultivating *anatta* (no-self, nonexistence of an ontological self), and extinguishing all desires and cravings, otherwise one will incessantly suffer from *samsara* (cycles of deaths and rebirths) within six life existences (i.e., gods or *devas*, demi-gods or *asuras*, humans, animals, hungry ghosts or *pretas*, and hell beings), which is determined by one's *karma* (actions). Thus, Buddhism discourages body attachment.

The body is a smelly skin sack. The person shouldn't have an attachment to the body. It is only a person's temporary home (Buddhist male, age 82).

In Buddhism, attachment to the physical body is understood as one of the main personal attachments that tie the person to samsara. To transcend samsara, one should abandon body attachment and avoid rebirth in any physical form. Nonetheless, relinquishing body attachment does not mean that Buddhist respondents did not look after their bodies.

Rebirth into the human form is very difficult to get. Compared to the other five life existences, it is the most suitable form to learn and practice Buddhism. So one should care for the body. If the body is strong, one can have enough energy to practice Buddhism (Buddhist female, age 82).

As regards Christian respondents, they believed that the body, though aging, is still the temple of God. Hence, they treasured and valued their bodies.

You shall cherish your body, you shall maintain your body, and you shall treasure your body because your body is the temple of the Holy Spirit. If you don't cherish your body, you are against God (Christian male, age 69).

4.2. Faith heals

The idea that faith heals is not a new topic. Throughout the Bible, many references are related to God's role in healing, such as, Deuteronomy 32:39, Isaiah 33:24, and Matthew 11:4–5 (Koenig et al., 1988, p. 46). Similarly, in Mahayana Buddhism, many stories exist about *Baisajya-guru-vaidurya-prabhasa's* (Buddha of Medicine) healing power. Both Buddhist and Christian respondents had a deep faith in religious healing power. The following two cases illustrate.

Madam Lee (Buddhist female, age 82) had a traffic accident in 1986. One of her legs was badly injured and had to be operated twice during a one-time hospitalization. She was discharged after 26 days, which surprised her surgeon. She ascribed her quick recovery to the Buddha of Medicine. She said:

You know, Buddha of Medicine's duty is to cure diseases. During my hospitalization I chanted his name continually. He came to see me every night, not one or two nights, every night. He touched my leg and said that it didn't matter . . . I had two operations, but I stayed at hospital only for 26 days. It was a miracle. Look, I was so able-bodied. I didn't have to go lame. I even can circumambulate around the statue of the Buddha in 80-plus circles now at one swoop. So you must believe in Buddhism.

In Madam Lee's case, the Buddha of Medicine's presence gave her a sense of comfort and mastery. Likewise, in the following case of Mr. Ng (Christian male, age 69), God played a parallel role.

In 1999, Mr. Ng had hematemesis and spat blood in five consecutive days. A fellow Christian offered to send him to the hospital. He refused because he thought that transfusing blood was overdue. Instead, he prayed to God because he thought only God's

precious blood could save him. Eventually, he did not go to hospital but he recovered. He thus explained:

I know, God always keeps me, so I was not panic-struck. I have committed my body to God. He is the true God, the eternal God, and the powerful God. Only with dependence on him can I be saved (Christian male, age 69).

In Mr. Ng's case, faith and trust in God's omnipotent power played a vital role in his recovery. His belief that God cared for him and would answer his prayers gave him a sense of control over his critical situation.

Following Clements (1990, p. 57), in both cases, it seems that "something in their spirit has had some demonstrable effect on their body." It is plausible that their strong beliefs geared up the natural recuperative power of the body. This psychosomatic healing effect is similar to a "placebo effect" in modern medicine. The improvement in a condition arising from a placebo effect is real rather than imaginary, which cannot be explained away by the treatment in and of itself (Clements, 1990, pp. 56–57).

One fairly unique point worth mentioning is that for these religious elders, suffering from illness has a positive meaning. The following quotation illustrates the Buddhist perspective:

Illness can remind you that you still have a lot of retributions; you need to do good to counteract your evil *karma* (Buddhist male, age 66).

While the Buddhist perspective has a moral aura, the Christian perspective has a spiritual spark.

When you are ill, it is God's will. He is testing you. It will make you more spiritually mature and make you get closer to God. It also reminds you that you need God's care and protection (Christian male, age 69).

4.3. Cope with future frailty

For most elderly, dependence on care-giving due to physical disability or serious illness at the final stage of life is a nightmare. This was a major concern to the respondents.

I am so old. If I am strong, I want to live longer, but if I am not strong, I would rather die. I don't want to burden my family (Buddhist female, age 82).

I want to become a Buddhist monk now, but I am worried that nobody will take care of me when I lie in bed before death. You know, old people easily contract cardiovascular diseases and become paralyzed (Buddhist male, age 82).

I say to God, "Help me, don't let me lie on the bed and need others' care" (Christian female, age 84).

I hope that I won't encounter many physical pains and won't be bedridden for a long time before I die (Christian male, age 69).

To forestall the possibility of future serious frailty, the Buddhist and Christian respondents adopted health-promotive lifestyles advocated by Buddhism and Christianity, respectively.

Mr. Yeo, Buddhist, aged 82, associated his good health and longevity with Buddhist salutary lifestyle.

Interviewer: What do you think about the relationship between religion and health?

Mr. Yeo: One's illness may be caused by negative emotions besides unreasonable hygiene, diets. But Buddhism preaches these teachings such as purifying the mind, extinguishing desires and practicing vegetarianism. All these do good to one's health. Also, it bans drinking alcohol. This is good for the elderly.

As mentioned earlier, the Christian respondents regarded the body as the temple of God so they valued their bodies and followed the prescriptions and proscriptions linked to health protection sanctioned by Christianity.

The Bible tells us to look after our bodies, because it is given by God, so we have to look after our bodies, don't abuse. Don't go and get drunk too much. Don't eat too much. You know, just be healthy. We pray for good health. The body is the temple of God. That's why we tend to look after our bodies. That helps us to live. Try to remain healthy (Christian female, age 68).

In addition to a beneficial lifestyle, Buddhist respondents believed that doing good to accumulate merits would bear good *karmic* consequences because of the law of causality. In other words, in doing so, they hoped to evade negative consequences such as serious illnesses and becoming bedridden.

If we have not done wrong things, we definitely won't encounter many hardships. The point is that you yourself have not done wrong and violated your conscience. . . . What's most important is that you have a kind heart, thinking more about others. When I lived in a HDB flat, I even didn't throw a piece of hair downstairs. This is called merit. Merit-consciousness is very important . . . If you have accumulated a lot of merits, you will be blessed, then you won't fear any pains, though pains arising from illness are afflictive (Buddhist female, age 84).

In this regard, the Christian respondents believed that "Even to your old age and gray hairs I am he, I am he who will sustain you. I have made you and I will carry you; I will sustain you and I will rescue you" (Isaiah 46:4; all biblical quotations in this article come from the New International Version).

God will arrange everything well. We believe in Him. If we doubt, that shows we have no faith (Christian female, age 84).

We grow old and we grow frail, in the end, we grow very frail, we don't have much strength, we get sick more often, we can't even get up to cook lunch, then we have to depend on

somebody, then if you have God, you prefer to depend on God [rather] than people (Christian female, age 72).

To summarize, Buddhism and Christianity provided respective cognitive schemas, behavioral guidelines, and healing powers for adjustment to physical decline. For the respondents, a common concern was future frailty. To cope with it, Buddhist respondents resorted to the law of causality, while Christian respondents appealed to faith in God.

5. Adjustment to social attritions

Are old age and loneliness cheek by jowl? One of the prevailing social stereotypes defines the elderly as lonely because they are disengaged from their roles, they live alone, or they are isolated from mainstream society. However, “most older people report that they are seldom lonely” (Payne & McFadden, 1994, p. 16) and the elderly “themselves manage to construe even their aloneness as positive and meaningful” (Payne & McFadden, 1994, p. 13). According to Tillich (1980, pp. 547–549), being alive means being in a body separated from all other bodies, being separated means being alone, . . . and being alone has two sides: loneliness is “the pain of being alone” and solitude is “the glory of being alone.” In this study, all the respondents, including four living alone, concurred that they were not lonely. One of the four was Madam Liao, a Buddhist, aged 82. She lived alone in a studio apartment. Though her daughter asked her to live with her, she refused. Thus, she explained:

Now I live alone, and I enjoy freedom. Older persons also like freedom. If you want to sit down, you can sit down; If you want to lie down, you can lie down. I say, you younger persons like freedom, we older persons also like freedom (Buddhist female, age 82).

In a sense, Madam Liao represents a group of older persons who prefer to live alone or with spouses only. In Singapore, this group will probably increase because the future older cohorts are expected to be more educated, healthier, and wealthier, more importantly, as the quotation illustrates, the elderly value their privacy, independence, and freedom no less than any other cohort.

Madam Liao’s case also demonstrates Payne and McFadden’s (1994, p. 14) argument that the physical situation alone cannot determine whether one will feel alone because the feelings of aloneness, loneliness, and solitude all rest with one’s interpretation of the experience. Though physically Madam Liao lived by herself, she subjectively did not suffer from the pangs of loneliness. Conversely, she enjoyed her chosen freedom of solitude. In sum, aloneness is not equivalent to loneliness.

On the other hand, the elderly may be particularly susceptible to the lonely side of aloneness because many losses increase with age (Payne & McFadden, 1994, p. 13). Figuratively, loneliness, like the sword of Damocles, hangs over the elderly. Religion, whether it is Buddhism or Christianity, may function to shield the elderly from being attacked by this sword. In this study, three salient functions were identified.

5.1. Religion provided a transcendent sense of community and belongingness

Interviewer: You have become a Buddhist. Does that mean that you've found a sense of belongingness?

Madam Yuen: You bet. Like we've been registered by government, then we've become citizens. If you're registered as a Buddhist, you'll become Buddha's citizen (Buddhist female, age 84).

Being a Buddhist meant to Madam Yuen that she belonged to the community presided over by the Buddha. This seems to give her a sense of identity. Analogously, the Christian respondents also found their sense of identity; only they belonged to the kingdom of God.

My name has been written in the book of life. As long as I don't deny Him [God], He will not deny me. This is the Christian life (Christian male, age 66).

5.2. Communion with the divine forestalled loneliness

Madam Ng, a Buddhist widow, aged 84, lived with her daughter-in-law and her grandson. Her son had died. The relationship between the mother-in-law and daughter-in-law was strained.

Interviewer: When you're alone at home, do you feel lonely?

Madam Ng: No. I keep myself busy. I recite sutras. The *Lotus Sutra*. It's wonderful. You should also recite this sutra. Of course, I do housework too. But I tell you, if you are devout, the Buddha will always be near you. I've seen the vision of the Buddha many times. Not only in my dreams. I close my eyes slightly. Then I can see. How can I feel lonely since the Buddha is always beside me? (Buddhist female, age 84).

It seems that Madam Ng experienced a mystical communion with the Buddha, which penetrated her aloneness with the divine, making her feel that she was actually not at all alone. Mr. Yeo, a Buddhist, aged 82, also had a mystical transcendent experience that precluded loneliness.

Interviewer: Now do you feel lonely?

Mr. Yeo: Why lonely? I seldom have leisure time. I work at daytime. In the evening, I read books. I write articles. I practice Chinese calligraphy. I manage my time tightly. Certainly, I relax myself too. Strangely, at night, when I chant [*Amitabha*] Buddha, the beautiful Pure Land will appear to me as described in the *Amitabha Sutra*, the *Contemplation of Amative Sutra* [Meditation Sutra], and the *Sutra of Infinite Life* [Longer Version of *Amitabha Sutra*]. [I experience] wonderful music, beautiful scenery. My room is full of excitement. You see, so many celestial beings accompany me (Buddhist male, age 82).

What Mr. Yeo experienced seems to resemble what Waldron (1998, p. 109) terms “auditory/visionary experience,” a kind of mystical experience gained after long-term spiritual discipline, which integrated him into the future supernatural world that he was longing for.

As far as Christian respondents are concerned, they had communions with God or the Holy Spirit.

The presence of Lord is with me. I sense the Holy Spirit is inside me. There should be no reason why I should be lonely, because I know angels are all around me (Christian male, age 66)

You are bound up with God. The Holy Spirit communicates with you; you don't feel lonely. Jesus was lonelier than you (Christian male, age 69).

Plausibly, their belief that the omnipresent, omnipotent God always cared about them and was concerned with their well-being spawned the affirmation that they were truly not alone. Nevertheless, the elderly will still feel lonely at times like other age groups (Payne & McFadden, 1994, p. 24). Hopefully, the inescapable loneliness can be a basis of growth in old age; the painful loneliness can be transformed into creative solitude (Payne & McFadden, 1994, p. 16).

Interviewer: I wonder, before, if you experienced loneliness?

Mr. Koh: Yes, when I did not know Jesus. When I was lonely, I would try to look for people. And I tried to have company. Now I am a Christian, the loneliness, as a human, we do feel lonely, will help me meditate more on the presence of God. He is close to me. This is transforming of thought. The pattern of thought is different than before, you see. But I learn one thing inside, the spirit of Lord says, you will never be alone, because I am with you always, even until the end of time (Christian male, age 66).

To sum up, the respondents, whether Buddhist or Christian, had a transcendent sense of meaningful relatedness and connectedness to the supernatural and the divine, and a sense of spiritual companionship, so they were convinced that they were never lonely. In other words, the harmony with the inner self, that is, personal integration was a function of the infusion of religion in the lives of the respondents.

5.3. A supportive faith community and religious-oriented activities provided a sense of fellowship and meaning, and met their socioemotional needs

Consistent with their emphasis on religious pursuits in old age, both Buddhist and Christian respondents preferred to participate in religious-oriented activities and to build social networks through faith communities.

Now, I like to go to temple. I don't like to go to other places. Seeing [the statue of] the Buddha, I feel peaceful and pure ... Every layperson has his painful things, when laypersons get together, they only talk about their painful worldly things, making you feel

ill at ease. So I prefer to go to temple rather than visit my relatives' homes now . . . Most of my friends are from my temple, otherwise how could I know people from places other than the temple? (Buddhist female, age 82).

We are reluctant to take part in secular activities, because what they talk about and do is related to secularity, we are afraid to be affected . . . We volunteers get along well with each other because we share same faith (Christian male, age 69).

Involvement in religious-oriented activities seems to direct their energies in a constructive and meaningful way, preventing them from being consumed by trivialities and loneliness. Thus, these respondents gave religious-oriented activities precedence over other activities. The following quotation may shed more light on this point:

Religion satisfies you inside . . . That's why I say all the activities organized by community centers keep them [old people] happy for a few hours. They put them in the bus, take them to some places, shopping, have lunch sometimes, two hours, OK, but once they get home again, alone, a small little flat, it [the heart] is empty again. Inside is empty. So if you have religion, whether it is Buddhism or Christianity, you are not alone. Of course, you see, for example, the Buddhists have an altar. God is everywhere, for Buddhists maybe they see the statues. There is comfort. So, for us Christians, we read everyday, for example, my husband will sit at his desk and read the Bible. The Bible is a book you can read, read and read, every time the meaning gets deeper (Christian female, age 69).

It should be noticed that such private religious practices as reading the Bible and saying a prayer are also activities, albeit not social but solitary. Another reason explaining why they were more involved in religious-oriented activities is that the faith community offered social support.

We believe in the same God, so anyone of our members is hurt, or is unhappy, faces difficulties, all the other members support. Especially when we are aging, this plays a big part in our lives (Christian female, age 69).

We Buddhists practice loving kindness, compassion, so we help each other; we support each other. After all, we can get together, that means we are fated (Buddhist male, age 82).

A supportive faith community provides resources such as emotional, financial, and spiritual support and practical help in coping with problems. This may be increasingly important for the elderly who are involved in faith communities because their resources may have decreased with age.

To recapitulate, in terms of adjustment to social decrements and coping with loneliness, the influences of Buddhism and Christianity parallel in many ways. They provided not only social support but also a sense of belongingness and an opportunity to integrate with the divine. Herein, we are able to witness the integration of the social and the personal spheres in the respondents' lives.

6. Adjustment to thanatological realities

Death is like a Sphinx's riddle, which triggers many existential issues. Without death, religion probably would lose its *raison d'être*. In the 19th century, many scholars such as Herbert Spencer, John Lubbock, and E.B. Tylor argued that religion originates from the human encounter with death (Chidester, 1990, p. 2).

Death is a taboo topic for many Chinese who try to avoid the reality of death. Nevertheless, mortality is an inevitable reality for human beings. Sooner or later, people have to accept this reality. People approach death in different ways: Some see it as a punishment, while others see it as a transition to a better life; some hate it as destruction, while others welcome it as release (Atchley, 2000, p. 311).

For many elderly, death looms larger. To age successfully, they need to come to terms with death and then adjust to the reality of death; they need to make sense of and find meaning in their lives.

6.1. *Sense of finality*

Contrary to the social myth, the topic of death was not sensitive and formidable to the elderly respondents. They came to this topic naturally. The first point they usually talked about was that their days in this world were numbered and they had this sense of finality.

I know clearly that only several years remain for my present life existence (Buddhist male, age 82).

The doctor told me that there is something wrong with my heart. I said to him, "I don't want to be treated because I am already in my eighties." After all I am near death. There are very few people who can live 100 years. I have lived over eighty years. I am old enough. At most I have another one or two years to live (Christian female, age 84).

Death is so far away, when you are young. When we are old, we sense this. As you grow older, you attend funerals, the people begin to worry, when is my day coming? What is going to happen? When I die peacefully, after that, where am I going? (Christian female, age 69).

Reflections on death and an awareness of finitude have a significant bearing on how the elderly organize their life priorities. All the respondents gave top priority to existential and transcendental issues. However, they varied in their other priorities, for example, family and volunteer activities.

6.2. *Acceptance and transcendence of death*

Some prior studies have shown that people who are strongly religious have little fear of death (e.g., Coleman, 1986; Koenig, 1988). The current study echoed this point. All the respondents invariably stated that they did not fear death. The plausible explanation is that Buddhism and Christianity provided respective avenues for transcending death, thus giving

respective believers hope and a sense of continuity. Frazer once noted that religious history is a list of attempts to transcend death (cited in Chidester, 1990, p. 2). There is another stand taken by some scholars that some religious belief systems may lower death anxiety while others may heighten it (Kastenbaum, 2001, p.19).

Within the Christian faith, the enemy of death is triumphed over by dependence on God and faith in eternal life. “Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me. Your rod and your staff, they comfort me” (Psalm 23:4). “So will it be with the resurrection of the dead. The body that is sown is perishable, it is raised imperishable; it is sown in dishonor, it is raised in glory; it is sown in weakness, it is raised in power; it is sown a natural body, it is raised a spiritual body” (1 Corinthians 15: 42–44).

The faith in God and the hope for an eternal life facilitated acceptance of death because “Faith and spirituality change death from an ending to a new beginning of a new heavenly body” (Davis, 2000, p. 50).

I commit myself to God. I often pray, “God, the doctor said that something is wrong with my heart. I don’t want to have my heart checked. I know when the time comes, I will enter the Paradise” . . . Some people are afraid of talking about death. I don’t fear death. I peacefully wait for the calling of God . . . If God wants me to say goodbye [to this world], then I will say goodbye (Christian female, age 84).

Now I rejoice. Because to die is to gain. To die is to live again. If you are disobedient, you live in sin, then death is for you. But if you have Jesus as the Lord of your life, you are redeemed, you know, by His precious blood . . . For me, to die is to live, to be with him, into the kingdom of God. So it [death] is something that I should not fear (Christian male, age 66).

So I think if you have faith in God, this will give us an attitude of acceptance. You know, all the difficulties, all the joys, I [God] am there with you. All the time, I [God] carry you on my back. So if a Christian strongly keeps that and believes that, he would say, “OK, God, if you take me home now, that means, die, I accept it” (Christian female, age 72).

Impressively, some even excitedly looked forward to entering the kingdom of God.

Because the angels of God, they will bring me to Him. We have guardian angels. Each of us, we have angels, you know. The angel will bring me to Him. So I have no fear. In fact, I want to see the next kingdom where the road is gold, not dust, where I can walk in the mansion without using a key. Then I can meet all the great men of God, you know, like Moses, Abraham, all these great people, you know (Christian male, age 66).

In Buddhism, the achievement of nirvana (liberation) connotes the end of the cycles of births and deaths. It is “the radical breakthrough in the conditioned cycle of rebirth” (Chidester, 1990, p. 106). But this ideal state is extremely difficult for the common people to achieve. Afterwards, in a pragmatic sense, the Pure Land school, which was eventually developed in China in the fourth and the fifth century and now is the most popular Buddhist school among Chinese communities, preaches about rebirth in the Western Paradise or Pure Land of Amitabha (the Buddha of Infinite Light, who is believed to preside over the Western

Paradise) by devotion to Amitabha Buddha. The Pure Land is described as a paradise with purity, bliss, and beauty antipodal to *saha* (the Earth) with impurity, suffering, and ugliness. In the Pure Land, no new negative karma would be accumulated and all existing karma would disappear, so nirvana would be close at hand (Snelling, 1987, p. 156). Pure Land Buddhism is an adaptation of Mahayana to devotional practice (ibid). In this study, all of the Buddhist respondents belonged to the Pure Land Buddhism. With *saddha*, (confidence) they anticipated rebirth in the Pure Land following death.

I am miserable but I am happy at the same time, because I am a Buddhist. I don't want to live long, but I wish to be reborn in the Pure Land . . . I wish to have a good next life. That will be enough (Buddhist female, age 84).

Because we understand Buddhist teachings, we don't care when to die. It doesn't matter. So there is no fear about death. Is it not better to be reborn in the Pure Land? Why we want to suffer more in this world? (Buddhist male, age 66).

An interesting experience by a Buddhist male respondent was that he could experience as if he were already in the Pure Land when he chanted the name of Amitabha. This kind of religious ecstasy, according to Chidester (1990, p. 16), is “the experience of being transported out of body, or out of place, or out of the world” and it may represent an imaginative, experiential form of death transcendence. Alternatively, this kind of experience can be analyzed as ‘prolepsis’, meaning that a future development is assumed as if it had already existed (see Merriam-Webster online dictionary: www.m-w.com).

In short, for the Buddhist and Christian respondents, death was not frightening because religious beliefs in an afterlife enabled them to accept death as a passage to a blissful existence.

6.3. Dying process

The gerontological literature would suggest that fear of dying rather than fear of death is the focus of concerns of the elderly, in which the pragmatics and circumstances of dying are more important than death itself (Birren, 1990, pp. 50–51; Leming & Dickinson, 1994, p. 22). Recently, Kastenbaum (2000, p. 260) stated, “Aging and dying are formidable enough processes in their own right.” This study also showed that the respondents were more concerned with dying peacefully, without pain, with dignity, and in the company of loved ones.

I submit to my fate. I will accept whatever I will fare as long as I won't suffer too much in the last minutes [in this world]. Pass away happily and return to the Pure Land. This is my wish. I don't expect anything more. I only hope I won't suffer too much pain from illness and won't trouble others . . . I prefer to pass away during sleeping. Let me return to the Pure Land. This is my wish (Buddhist female, age 84).

I don't know how I will die. God will come. Or sleep, or trip and fall, [then die]. After all I am near death. There are very few people who can live 100 years . . . Now I pray to God, asking Him to let me enter the Paradise and go there quietly (Christian female, age 84).

To sum up, religion is not a panacea but it can function as an effective antidote to the fear of death. It promotes the nurturance of hope in an afterlife and the acceptance of one's own finality. For the Buddhist respondents, this hope lay in rebirth in the Pure Land of Amitabha, while for the Christian respondents, this hope consisted in entering the kingdom of God. Still, these respondents had some concerns about the dying process as stated above.

7. Discussion

The topic of this study is explored within the context of Singapore, a fast aging and modernizing city-state. By and large, this study has shown that religion can be an effective thread in the integrative process in old age and that religion has beneficial effects on adjustment to physical, social, and existential aging. For the respondents, religion was an overarching theme over their experiences across all domains of life. As an integrator, religion was very important to their later lives. It endowed them with a sense of meaning, mastery, security, belongingness, identity, and continuity, and furnished them with strength, peace, comfort, hope, purpose, and wholeness.

At the phase fraught with challenges, vicissitudes, and losses, in order to cope with existential concerns, to adjust to physical and social decrements, to face impending death, and to accept the inevitable, the elderly need to make sense of their lives. In this regard, religion can provide a "why" and a framework of meaning which enable the elderly to look on old age as a phase of growth rather than stagnation, hopefulness rather than desperation, and meaningfulness rather than pointlessness as indicated by this study.

Overall, in this study, religion tended to have positive effects on late-life well-being. Nevertheless, there were instances depicting the negative aspects too. For example, some Christians tended to be estranged from people who did not share their beliefs. Additionally, a Christian respondent felt that he had been denied access to meaningful work within the church. He was once very active in a church. Later on, he felt very rejected and hurt when asked to discontinue. However, he comforted himself by thinking, "It is God who wants me to rest." But when he talked about this matter, he was apparently still angry. Now turning to Buddhist respondents, the authors found some were vexed by the law of causality. For instance, one woman's husband and son both died young. According to her interpretation, it was due to her wrongdoings in the past lives. She thus felt guilty. Paradoxically, it was this understanding of the law of causality that spurred her to do good as far as possible to counteract her bad karma. Some respondents, especially Buddhists, neglected their families due to their overinvolvement in religious activities. This discussion suggests that religion is a two-edged sword, spelling both positive and negative effects on people's lives.

In this study, it was found that though there were fundamental, irreducible differences in terms of religious beliefs and practices between Buddhism and Christianity, there were far fewer differences in the ways they impact on the integrative aging process. Both Buddhism and Christianity played the role of an integrator, giving a sense of meaning and purpose, providing a supportive community, and promising a rewarding afterlife. Consequently, both Buddhist and Christian respondents had a positive attitude towards life, had a hope and

purpose for life, and had a clear sense of meaning in life. This shielded them from body preoccupation, loneliness, death anxiety, most importantly, made life worth living.

“Correcting misconceptions within gerontology is a major task for 21st century scholarship” (Moberg, 2001, p. 700). One of these misconceptions is the belief that wealth, health, and social support are the three key elements for positive aging. As Kimble (1995, p. 134) has put it, “It is the whole person who is aging and aged. This wholeness is a blend of spiritual, physical, mental, emotional, and social dimensions of human growth and development.” This reminds us that understanding the “whole” elder needs to include religious and spiritual aspects of experience. Koenig (1995, p. 24) notes that religion may be a key to the achievement of successful aging, which is a challenge involving some very real psychological and physical difficulties that must be overcome. In a similar vein, Moberg (1990, p. 9) argues that the spiritual is a domain that gives the most opportunity for continuing growth in later life. In this sense, a wholistic model emphasizing the importance of religion and spirituality needs to be considered for the study of successful aging.

This research has also illustrated that disengagement need not be classified as “unsuccessful” aging. For instance, those older persons who practice meditation and solitary spiritual pursuits may be engaged in purposeful activities that give them inner satisfaction. Under these circumstances, increasing their social activities may not be necessary because their reflective endeavors and interiority do not indicate social dysfunction. Their introspective choices have to be respected and contextualized within their belief systems.

8. Conclusions

Overall, this study has shown that religion can play an integrative role, which facilitates personal adjustment to the aging process. It has also shown that although there are fundamental, irreducible differences in terms of religious beliefs and practices between Buddhism and Christianity, there are far fewer differences in the ways they impact on the integrative aging process. In this context, Thomas’s (1997, p. 98) emphasis on “the content of one’s beliefs in giving meaning to one’s experiences” is relevant; however, the essence of the influence of religious beliefs on the older person’s life may not differ greatly. The findings have to be treated with caution bearing in mind the small size of the sample. The authors intend to extend the examination to the larger project, which is ongoing. Future researchers could extend the interreligious comparisons in gerontology to include other religions, for example, Hinduism and Islam.

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