THE IMPACT OF RELIGIOUS BELIEFS AND PRACTICES ON AGING:
A Cross-Cultural Comparison

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ABSTRACT: *Using indepth interviews and focus group data generated from elderly men and women in Singapore, this article focuses on the impact of religious beliefs and practices on their aging experience. The cross-cultural comparison deals with the Malay community comprising Muslims, and the Indian community comprising Hindus, Sikhs, Christians and a Jain. The research demonstrates the positive influence of religion at the personal and social levels on the adjustment process in late life. Religion served as an important thread of integration in old age if it had been part of the childhood socialization process and had been sustained through the adult years of the individual. The transmission of religious education was emphasized in both communities, and some sensitivity regarding modification of religious teachings to suit the needs of younger generations was recognized in the Indian community.*

The focus of this article is on the role played by religious beliefs and practices within the aging experience of the very old (aged 70-85 years)in Singapore. The research data is drawn from a larger qualitative cross-cultural study comprising elderly from the different ethnic groups in Singapore. For the present discussion, only the Indian and Malay ethnic groups will be addressed and compared. The Indian respondents belonged to the Hindu and Christian religions while the Malay respondents belonged to the Islam religion. Since a number of scholars have already elaborated on the function of religion per se in the lives of the aged (Moberg 1956; Fernandez 1982; Coleman 1986), this article will emphasize the specific ways and dimensions along which particular religious beliefs impacted perceptions of aging, responses towards the vicissitudes of aging, and the arrangement of social worlds.

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CONCEPTUAL FRAMEWORK

The importance of the integrative process in old age has been underscored by several researchers (Erikson 1963; Rosow 1967; Reker and Wong 1988; Sherman 1991). They have delineated various dimensions of this process, including the emotional, existential and social. In this study, the researcher has systematically examined the personal and social spheres of integration, as well as their ethnic manifestations in the lives of normal Singaporean old old.

The following definition of integration was used in the context of the present research:

> Integration is a complex, multidimensional subjective process through which the very
> old individual connects various parts of his life into a meaningful whole (Mehta 1994,
> p. 49).

At advanced old age when life's journey is ending, the need for integration increases. This is mainly due to the "awareness of finnitude" (Munnichs 1966) or the heightened awareness of the reality of death and the attendant search for meaning to one's life. Human beings choose a variety of threads to integrate their lives, religious beliefs being one of the more prominent ones in this research. Both in the personal as well as social spheres, these beliefs (with their attendant behavioral expressions) manifested their influence on the lives of the very old respondents.

METHODOLOGY

Bearing in mind the advanced age of the respondents and the personal nature of the data to be collected, a micro-level qualitative research design was constructed. A total of 45 non-institutionalized respondents were interviewed using the case study approach, which engendered a conducive environment for confidential and sensitive data collection. The research design consisted of 15 respondents from each ethnic group, and amongst these there were eight males and seven females.[1] A minimum of two interviews were held with each respondent. In total, 105 indepth interviews (each lasting approximately 1.5 hours) were conducted between June 1991-May 1992. Interview data was taped, transcribed and then analyzed. The goal was to create "thick description" (Geertz 1973) which would reflect the aging experience of the elderly within their ethnic contexts.

An open-ended, semi-structured style of interview protocol was followed; the major topic areas specified in the guideline were bio-data, life story, health, activities, attitudes and beliefs, family, community, social and medical services.

This set of interview data was triangulated with data from focus group discussions conducted with Singaporean elderly at around the same time period. The focus group data was collected as part of the researcher's involvement in an international project "Comparative Study of the Elderly in Four Asian Countries" (Mehta et al. 1992). Focus group data, since it had controls for ethnicity and age, was useful in clarifying, validating and sometimes providing alternative explanations for insights gained in the interview data. A total of 88 elderly (above 60) participated in these focus groups. The focus group data was analyzed using Ethnograph Program Version 3, a computer program designed for qualitative analy-

sis. The focus group method was found to be suitable in eliciting views, perceptions and experiences of aging in an interactional, informal context (Morgan 1993). Finally, secondary literature on aging as well as ethnographic documents focusing on the major ethnic groups in Singapore were also utilized. Informal participant observation of the elders' activities, social as well as religious, was utilized as an integral feature of the research.

FINDINGS

The most outstanding result of the analysis of both the interview and focus group data was the clear ethnic patterns of aging which emerged. While it is difficult sometimes to separate the effects of culture from that of religion, because the respondents made frequent references to religious and spiritual tenets, it was clear that these were guiding principles in their lives. There was an exception in each ethnic group, of aged individuals who did not feel that religion had an important part to play in their lives. These were interesting contrasts to the rest. Both these individuals had not been socialized as children into their respective religious orientations and even as adults were not inclined to be religious. It appears that religious beliefs have an impact in old age only if these have been transmitted in childhood and been reinforced in adulthood. A variety of factors such as family socialization, life course events, and influence of significant others may have a part to play in this process of religious conviction.

Perceptions of Aging

The data were analyzed for the cognitive meanings of aging. Table 1 summarizes the findings. The codes were derived from the transcripts using the method of "open coding" (Glaser and Strauss 1968; Strauss 1990). The main value of this kind of coding is that it is

TABLE 1
Meaning of Senescence

	Malays n=15	Indians n=15
Cognitive		
Natural, So Accept	2	5
Freedom from Responsibility	5	1
Time of Aches and Pains	3	3
Time to Think of God	9	14
Will of God	14	0
No Response	0	0
Affective		
Don't Feel Old	0	0
Happy/Contented	6	5
Bored	1	2
Lonely	6	4
Useless	3	0
No Response	0	4

Note: These categories are not mutually exclusive.

"grounded" on the reality that exists in the lives of the respondents. Rigorous scrutiny of the transcripts was carried out for checking reliability.

The Table clearly shows that the Malay Muslim elderly attributed their aging process and its accompanying decrements to the Will of Allah. An attitude of resignation and acceptance therefore followed.

A less significant but nonetheless noticeable perception among Malays was the recognition that old age meant freedom from responsibility. This referred to responsibilities such as childrearing, household tasks, and earning a living. In Singapore the majority of elderly (over 80%) co-reside with their children (Mehta et al. 1992), hence the elderly have gradually passed the household responsibilities to their children, while they contribute by helping out according to their financial and physical capacity.

The Indian elderly believed that old age was a time to think of God, and to focus on spiritual pursuits. In the Indian context, the four stages of the life cycle (*asramas*) according to Hindu philosophy had a salient bearing on old age experience (Unni and Paran 1988). The four stages are *Brahmacharya* (student) *Garhastya* (householder) *Vanaprasta* (late middle age—withdrawal from worldly activities) and *Sanyasa* (old age—period of renunciation). Such lifespan categorization simplifies the understanding of the concept of DHARMA or duty which each individual has to perform at each life stage.

A less significant perception which surfaced in the Indian sub-group was the interpretation of aging as "Natural, so accept" (see Table 1). Further probing on this line of perception indicated that they saw aging as a process of nature, which was based on the premise that a living being goes through the stages of birth, youth, adulthood and old age before death. Hence, there was no escape from the process of aging.

Responses Towards Vicissitudes of Aging

Generally, the chief causes of stress and concern in old age arise from lack of finances, illness and other health-related problems, and loneliness. Of course, there are several other causes, such as emotional and psychological dissatisfaction linked with regrets over past life experiences, or depression following demise of spouse or an involuntary change in residence, e.g., institutionalization. In coping with these stressors and concerns older individuals need to tap their inner resources as well as social support systems such as family members and community resources. Inner resources include personal coping mechanisms as well as spiritual 'nourishment'—the latter being closely linked with religious beliefs, though not necessarily so. The social support system can provide avenues for older persons to play a meaningful role in religious-oriented activities, thus relieving the sense of loneliness to some degree. Moreover, such activities have accompanying benefits, both tangible and intangible, which serve to enhance the self-image of the elderly. These factors were observed within the two communities studied, although they were manifested in different ways due to cultural and other differences.

THE MALAY PATTERN

As mentioned earlier, the process of aging was viewed by Malay Muslims as "the Will of Allah", or God's Will. It was a time for retribution of past sins in preparation for the final end—death.

> I ask Allah to forgive my sins after my daily prayers. I'll only stop when I die. I hope Allah accepts my prayers. We know that people can never escape from doing wrong. But if we pray to Allah, Allah will forgive us (Malay Muslim male, age 80).

> Our life on earth is only temporary. Our life after death will be permanent (Malay Muslim male, age 78).

Muslims believe that on Judgement Day (*Yau Mul Akhirah*) soon after death, Allah will ask the dead person's soul to give an account of his deeds on earth.

> We Muslims believe that after some time [following death] we'll be alive again in the life thereafter. You'll be on trial like a court of wrongdoing.... Those who have sinned will be burnt in hell. The torture is very terrible. After some time, they will go to heaven when the punishment is over (Malay Muslim male, age 75).

> We ask for more years to live so that we can make right our wrongs (Malay Muslim female, age 76).

The above quotations illustrate that old age is viewed by Muslims as a prelude to death and subsequently Judgement Day, thus explaining the sense of urgency and central preoccupation with religious pursuits. From the perspective of Muslims, since old age and death is in the hands of Allah, one is expected to accept one's fate. By the same token, one should be resigned to the vicissitudes of aging, such as poor health and illness.

> When a person becomes weak, often ill, he's old. Sometimes he urinates everywhere. Some children look after their old parents properly. Some don't even care about them. Neglect them. It's all fate (Malay, Muslim, age 76).

The belief in *Takdir* (fate) was mentioned by more than half of the respondents and surfaced during some focus group discussions. In Table 1 the category "Will of Allah" reflects this concept. Thus, *Takdir* is both an explanation as well as a coping mechanism which helps the elderly to accept difficult situations.

A fairly unique situation was mentioned by one of the respondents, who mentioned that his coping response to headaches was to recite twice a religious verse (*Kalimah Shahadah*) which never failed to relieve him of his headache. Hence, he consumed less drugs and at the same time saved on medical costs; the latter was significant because his financial situation was weak.

THE INDIAN PATTERN

Out of the 15 Indian respondents seven were Hindus, four were Sikhs, three were Christians and one a Jain. Since Sikhism and Jainism originated in India, like Hinduism, there are common sets of beliefs which pervade the three religions and therefore they will be discussed together instead of separately.[2] There are three main religious beliefs that need to be referred to—Reincarnation, Salvation (*Moksha*) and the law of *Karma*.

Reincarnation, or the cycle of birth and rebirth, is one of the core concepts in all the three religions. Hence, followers tend to view their present life as part of a long cycle of existence on earth with birth and death being markers separating each life from the next. Death is viewed as a passage to the next life. The soul (*Atman*) transmigrates from one life to the

next and this journey terminates only when the soul has reached a certain level of spiritual progress. Then the soul attains *Moksha* (salvation), which means the cycle of birth and rebirth has ended and the soul joins the Supersoul (*Parmatma* or God). Hindus, Sikhs and Jains perceive the liberation of the soul as the ultimate goal, and human life is seen as a precious opportunity to achieve spiritual upliftment.

The law of Karma, which is the law of cause and effect, continues through lifetimes. This law, or principle, states that an action will always have a reaction in that a good act will bear good consequences and vice versa. Thus it is often used as an explanation for positive or negative occurrences in one's life, thus easing the acceptance of adversities as well as disappointments in life. For the Malays, the notion of Fate plays a parallel role. Admittedly, these explanations are not solutions, but in old age oftentimes the challenge lies in the coping skills rather than the problem-solving skills.

As with the Malay pattern, the Indian pattern also has a strong religious axis, but the religious beliefs per se are different. Indian respondents also resorted to prayers, meditation and inner resources to cope with the losses of aging. Interestingly, from the Indian perspective the aging process referred to the aging of the body and not that of the soul.

> Age comes to the body, there is no difference to the soul (Indian Sikh male, age 72).

> Death is only the death of this body, this vehicle or boat. Not the soul because the soul is eternal. The *atman* (soul) is the only truth in this world ... I don't worry about my health ... (Indian Hindu male, age 83).

Two scholars who have studied the Indian culture have underscored the significance of the concept of *Atman* in the Indian psychological makeup (Roland 1988, p. 289) and the perception that the aging process affects the body but not the soul (Tilak 1989).

A less frequently used coping skill, but important nevertheless among Indians, is secondary locus of control. This means that some Indians altered their perception of a problem, eg. strain in social relationship, and replaced it with one that was more accommodating. For example, an elderly Indian Hindu man came to terms with the idea of his son marrying a Chinese woman by changing his perception of this marital union. At first, he was rather shocked, but later he altered his perception by giving her a Hindu name and accepting her as destined to marry his son by the latter's previous karma.

Of the three Indian Christians, who were all Catholics, two were greatly influenced by their religious convictions, while the third was less influenced. The latter was, however, a man of integrity who upheld his moral principles (which had been taught by his mother), such as doing good to others and not cheating or stealing. The former two Christians consisted of a 75 year old widow who lived independently, and a married 73 year old man who had two daughters suffering from severe arthritis. What these respondents shared was a similar coping strategy of offering their problems to Jesus Christ, whom they trusted to find the solutions. When asked about her future, the widow replied:

> What is there to think about the future? How many days have I got? We just have to ask Jesus to give us good health. What can man do? My happiness and sorrow are shared with Jesus. I believe in Him. If we cry to Jesus we are sure to get what we want .... He (Jesus) is like a friend (Indian Christian female, age 75).

> When you have difficulties you must be able to overcome them by offering them to God. Then all is O.K. Now I am having so many difficulties, but I am happy. Because life is given by God, so are the difficulties (Indian Christian male, age 73).

The unique characteristic of these two respondents was their personal relationship with Jesus Christ and their unquestioning trust that He would take care of their problems. Both had been devout Catholics from childhood days and had practised their faith throughout their middle age. A point worth mentioning is that the Indian Catholic male said,

> I pray the Christian way but I meditate the Hindu way.

From this we gain insight into the close interweaving of cultural background and religion. He was well versed in the rituals of Indian funerals. Moreover, as a result of meditating for over 40 years, he had strengthened his spiritual healing powers for helping sick children. This respondent's example also illustrates that spiritual paths which provide peace to an elderly individual *may* stem from sources other than one's religion. This point is important because it is more common that older individuals seek spiritual strength mainly from their religion. In this case, the Indian Christian male seemed to draw his spiritual strength from the Hindu religion.

Arrangement of Social Worlds

Religious beliefs provide broad guidelines which form the basis of cultural scripts for old age, especially in the realm of interpersonal behavior and appropriate social activities. Cultural scripts (Blau 1973, p. 177) are prescribed roles and norms which are built into the life course trajectory of the group concerned, in this case ethnic group. In both the ethnic groups respondents emphasized that the central roles of elders in the family is to transmit religious values to children and grandchildren.

> Yes, (we contribute) by teaching the grandchildren to read the Qu'ran, do prayers (Malay Muslim Elderly group).
>
> I have a small temple in my house. We teach the children to pray e.g., I pray in the morning at the temple; my son knows this and he follows before going to work. So, we elderly people feel that this is our duty in the home (Indian Hindu Elderly group).

Co-residential living arrangements facilitated the performance of such roles, but in fact the elderly felt that the sphere of their religious influence extended to non-coresidential descendants too. In this study, 70% of the respondents lived with their families.

THE MALAY PATTERN

One outstanding feature of the arrangement of the daily routine of the majority of Muslim respondents is the deliberate organizing of activities around their five prayer times in the day, which constitutes one of the five pillars of Islam.[3] What this means is that the day of the typical Malay elderly would start about 5.30 a.m. (just before the first prayer time) and throughout the day elderly would try to be home for the normal prayer times. For working Malay elderly, which were in the minority in the sample of respondents, it depended on the work environment. Nevertheless, these persons would try their best to be

home for the first and last prayer times. In Singapore, male working Malay Muslims usually negotiate with their employers to allow them to go to their mosque on Fridays during the noontime prayers. Since the women are not required to go to the mosque for these prayers, it does not affect them. A side effect of this practice for Muslims is that they find it difficult to participate in activities, organised by secular organizations, which clash with their prayer times.

The Islamic injunctions of interpersonal and social conduct assume great significance in the lives of elderly Muslims, especially as they consider themselves role models for younger generations. Both male and female respondents mentioned that they had mellowed in their behavior as compared to their youthful days.

> It's different when I was young and when I am old now. Now, I always think of my
> death, so I only want to do what's good ... (Malay Muslim male, age 78).

Showing tolerance, helpfulness, benevolence and mercy are qualities that are promoted among the older generations, and to understand the Malay Muslim better one has to be acquainted with the concept of *Ihsan,* which is validated by religious precepts and beliefs. "The concept of *Ihsan* in the religious sense implies the attaining of merit or reward for good works performed. The man of distinction *(Mulia)* is a man who possesses the characteristics and motivations associated with the concept of *Ihsan*" (Tham 1979, p. 98). Therefore, in their familial relationships as well as in community relationships (with friends, neighbors who may be Malays or non-Malays) there was a strong consciousness of practising these traits.

> I have never scolded my grandchildren, because I don't like scolding people. I want my
> family to follow my example, by praying and being friendly to others.... Both my neigh-
> bors are Chinese. They are nice to me because I am nice to them. They reciprocate my
> gifts by giving me gifts on their celebration day. We must always be good to our neigh-
> bors (Malay Muslim male, age 80).

Consistent with their emphasis on religious pursuits in old age, a common activity among the Muslim respondents was attendance at religious classes, talks and ceremonies where their presence was given due recognition. These activities fulfilled a dual purpose. Firstly, the Malay elderly felt that they were participating in activities that were approved by their community and therefore indirectly helped to raise their self-esteem. Secondly, these activities were opportunities for social interaction among peers which helped to meet their socioemotional needs.

An illustration of a religious ceremony wherein elders have a specific role and function to play is the circumcision ceremony. Within the Malay community, *Jawatankuasa Blok* i.e. block committees/associations are organized by Malays living in high-rise flats. Such a semi-formal association may serve one block or a few blocks of flats and its main purpose is to organize festivals, religious classes/talks and funeral arrangements for its members. Such associations often form *Marhaban* singing groups which train themselves in the melodious recitation of the Prophet's life history. These singing groups, which consist mainly of elderly and middle-aged men, are invited to bestow grace at special occasions such as circumcision and wedding ceremonies. An equivalent for Malay women are the

occasions when they are asked to *Rewang*, that is, help out in religious or wedding feasts (Blake 1992, p. 97).

It must be noted that *The Universal Brotherhood* principle, which is enshrined in the Qu'ran and refers to all Muslims, is manifested not only in the compulsory donations to charity but also the financial assistance that mosques provide to families at the fringe of poverty. Hence, elderly who are destitute and living alone may access this source of financial support.

To sum up, religious beliefs and practices had impact on the lives of Malay Muslims at the personal level, in terms of providing inner strength, and giving meaning to life at the old old stage; as well as the social level in terms of the guidelines for appropriate interpersonal conduct, community support for the maintenance of self-esteem, and companionship, which protected most of the elders from suffering the pangs of loneliness.

THE INDIAN PATTERN

While there were similarities between the Malay and Indian patterns in terms of the roles of elderly within the family in transmitting religious values and traditions, there was one major difference in that Indian elderly did not refer to religious injunctions of interpersonal conduct. The Indian respondents mentioned that 'good' behavior would win the favor of God and result in accumulation of 'good' karma for the individual, but the Muslim injunctions seemed to have a stronger impact on the lives of the Muslim elderly.

Relatively speaking, there seemed more emphasis among the Indian elderly respondents on teaching their descendants the religious rituals and traditions. The Muslims placed greater emphasis on the religious teachings of the Qu'ran and its meaning.

> In my home, I do some housework according to my capacity. My function is like a guardian—to guide and give advice. As far as possible to carry out the traditions, but also to change with the times and adjust (Indian Hindu female, age 70).

This quotation highlights the point that religious traditions are passed down by elders in the family, and where necessary they try to adapt to the changing times. In a fast developing and modernizing country like Singapore, this adaptability is also essential for harmony in the family.

Religio-cultural values are transmitted in many ways. Some of them are role modelling, teaching, and indirect channels, such as moral stories and epics. An Indian respondent was asked whether he told moral stories to his children and he gave the following answer:

> Of course. I never tell about Jack and Jill, which is all rubbish. We are Easterners and we must teach our children about our culture, our religion, our traditions.

Another said:

> We must give them the education about religion and life when they are young. It helps them a lot in life. It's very important (Indian Hindu male, age 75).

> I used to tell my children stories about Mahatma Gandhi and how he would carry his sick father to the toilet. So my children got to know about our culture (Indian Jain female, age 72).

The last quotation mirrors a parent's attempt to inculcate filial piety in the children by using true stories of a well-known Indian personality. The value of filial care is highly espoused in the Hindu, Sikh and Jain scriptures.

Beyond the family realm, within the community, Indian elders participated in religious-oriented activities such as devotional singing groups which meet regularly, religious classes, and talks by religious scholars who are often invited all the way from India. In contrast with the devotional singing groups among Malays which consist of all males, their Indian counterparts are mostly females.

As compared to the Malay Muslims, who organized their daily routine around the five prayer times, the Indians generally did not have such a requirement to fulfil. Thus, their times were more flexible and participation in secular activities made easier. However, for both these ethnic groups (which are minority groups in Singapore) the language barrier often prevented them from joining events where the majority are Chinese dialect speaking. The Christian Indians, who attended Church activities every Sunday morning, tended to join Churches where the majority of the congregation was Indian to ensure that language would not be an obstacle. While the Muslims looked towards Mecca for their pilgrimage intentions, the Indian Hindus, Sikhs and Jain elderly looked towards India mainly. Some of the more popular religious pilgrimages are to Tirupathi, Benares, Palitana and the Golden Temple, Punjab—all in India. The Christian Indians, being first generation immigrants from India or Sri Lanka, had sentimental ties with their homeland, since they had family members and friends still living there. However, their destination of pilgrimage was Jerusalem. Similarly, Malays from Malaysia and Indonesia, who were also first generation immigrants, had close ties with their homelands.

To sum up, the Indian pattern of arrangement of social worlds was to some extent similar to the Malay Muslim pattern in terms of type of activities preferred, but was less rigid in terms of timing. As with the Malays, the impact of religious beliefs was felt at both personal and social levels.

Elderly perceived themselves to be the transmitters of religious education both in the family sphere and community sphere. There was concern among the Indian elderly of modifying their practices, to suit the changing times as is captured in the following quotation.

> If anybody dies, they call me first. My function is not only to practise custom but also to give solace and consolation to people who are in grief. This is my main part. I also train assistants. We should not stick to the past. Many boys and girls in my Jain community ask 'Why is this done?' If I cannot answer I will lose respect. I explain to them from the knowledge I have learned about religions and traditions. Certain traditions are simply done for no reason. We should keep only the necessary traditions ... (Indian male in elderly group).

The successful transmission of religious education to younger generations is seen as an art requiring sensitive modifications to adapt to the needs of the younger audience.

DISCUSSION

The topic of this article is explored within the context of Singapore, a fast developing and modernizing Asian nation which is also aging very swiftly. The impact of religious beliefs

on the aging population has tremendous bearing on their adjustment to both the aging process, as well as the younger generations. As mentioned earlier, studies have shown the positive role played by religious faith in the search for meaning and purpose by older individuals universally. Those who have strong religious faith and convictions are less likely to fear death (Coleman 1986). At a more pragmatic level, religious activities organized at the group level provide several positive functions. First, they alleviate the elderly's sense of isolation. Second, they enhance self-esteem when they enable elderly to partake in specific functions wherein their 'hidden' talents can be shown. Finally, they help to meet the elderly's socioemotional needs for being liked, and wanted. Illustrations of these functions have been cited earlier in both the ethnic groups.

The present research has shown that religion can be an effective thread in the integrative process at old age. Religious beliefs, if transmitted during childhood and upheld during the middle adult years can provide a link for integrating the individual's past life, e.g. childhood with his current stage. Kaufman (1986) in her research found themes to prevail in the lives of her respondents which provided threads of integration and meaning in old age. Butler (1968) offered the concept of Life Review to help unveil the elderly's process of remembering and evaluating his past. In the Singaporean context, this piece of research has indicated religious beliefs and practices to be both sources of meaning and integration in the majority of respondents from both ethnic groups.

Within the Singapore context, Islam and Hinduism are minor religious groups accounting for 15% and 4% respectively of the total population (Census of Population 1990, p. 12). To what extent did the experience of marginality affect the elders' sense of responsibility towards transmission of religious education and traditions to the younger generations? It is possible that the minority status has heightened their awareness of the need to transmit their religio-cultural values and beliefs. However, the greater impetus in carrying out these functions arises from the central position occupied by religion in the Malay and Indian cultures. This centrality, accentuated in old age, may be observed in other Asian countries where the above-mentioned cultures are not marginalized.

The patterns that have been described in this article depict general characteristics of elderly in each of the ethnic groups. However, there were variations within these patterns too. Differences in income and educational levels, marital status, as well as health status explained some of these variations. For instance, a Malay Muslim respondent who was homebound due to frail health could not go to the mosque for the Friday prayers. He adjusted by performing his cleansing routine at home and observing the prayers as they were broadcasted on Television 'live' every Friday. Another single Muslim respondent said that he could not afford the busfare to go to the mosque every Friday so he tried to attend whenever possible. Otherwise, he would pray at home (in his case he could not afford even a television). An Indian female respondent regretted that she could not visit the temple every week—she had to depend on a companion's support since she had a weak heart and became breathless easily. Unfortunately, her spouse and children were not free to accompany her on a weekly basis. She tried to compensate by solitary prayers and meditation at home. Thus, practical life circumstances sometimes required elderly to make adaptations. Although this research does not claim to have captured all the variations, the common patterns have been presented.

This article shows that elderly who pursue religious paths in late life need not be 'disengaged'. In fact, in Asian societies where the cultural scripts of old age promote

participation in religious activities, there are many avenues for the elderly to remain active. In the case of the Malay and Indian communities, which are both minority groups in Singapore, the relatively small demographic size tends to enhance the community spirit. The researcher, having lived in Singapore for the past 27 years and belonging to one of these minority groups, feels that this community spirit often manifested in age-integrative festivals and religious occasions contributes towards maintaining the elderly in the main-stream of the communities. It must be noted that the government's policy of cultural pluralism facilitates the maintenance of such community spirit.

The author has sought to demonstrate that aging has been impacted by religious beliefs in three main areas, that is: perceptions of aging, responses to the vicissitudes of aging, and the arrangement of social worlds of the elderly. The aged grapple with the losses which accompany aging and the reality of impending death by using inner resources and commu-nity support. What can be asked at this juncture is whether there was any negative impact of religious beliefs observed in the data. In this regard, the common practice of using expla-nations which indicate use of external locus of control such as Fate and Karma in the Malay and Indian communities respectively (except for Indian Christians) warrants some further discussion. While in many cases the use of such explanations helped the elderly to cope with adversities, there were also cases where such rationalization discouraged the elderly from tapping relevant avenues of assistance. This was especially true in the area of health services and counselling. Whether resorting to such services would have helped to amelio-rate or even alleviate their problems is an open question. Hence, the author hesitates to classify their reluctance to seek outside assistance as a negative impact. Other reasons also responsible for their reluctance could be unwillingness to discuss family problems with strangers and unwillingness to increase the burden of medical expenses for their family. These two reasons are applicable in the Asian context because of the concept of "losing face" when one discusses family/personal problems with an outsider and secondly, most of the present cohort of elderly are financially dependent on their family members unless they are destitute. There were three such cases in the sample who verbalized their need for medi-cal attention but felt constrained due to limited financial resources. They assigned their fate in the hands of their respective Gods.

CONCLUSION

The influence of religious beliefs on the personal search for meaning and purpose in old age, and in meeting the socioemotional and esteem needs of the elderly, has been demonstrated in this article. It should not be assumed that religious beliefs effect human lives in positive ways only. In some instances, they may have a negative impact as was discussed in the earlier paragraph. On the whole, this research confirms that religious values, beliefs and traditions can provide a meaningful thread of integration which enhances their adjustment process. However, it seems that the importance of religious beliefs and practices in late life is a function of the transmission of religious teachings from one generation to the next.

NOTES

1.   Caution was taken to include respondents from different income levels, health conditions and educational levels. For readers who wish more details regarding the sample, please refer to the

researcher's Ph.D thesis "The Dynamics of Adjustment of the very old in Singapore," Department of Social Work and Psychology, National University of Singapore.

2. Sikhism originated in the state of Punjab (India) during the late 16th century. Since then it has spread to many parts of the world. The male followers are recognized easily by their turbans which cover the long hair which their religion requires them to keep. Jainism originated in the state of Gujarat (India) about 2000 years ago. It was a reaction to the social injustices which were being carried out by the followers of Hinduism then. Today, Jains can be found in many countries, including the United States and United Kingdom.

3. The other four pillars of Islam are: declaration of faith to Allah; fasting during the Ramadhan month; distribution of charity (*Zakat*) to the Muslim community; and lastly to make a pilgrimage to Mecca for the performance of Haj once in the lifetime. See *Essence of Islam*, a publication of the Muslim Converts' Association of Singapore (1982), for further reading.

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