

**RELIGIOUS COPING BY ELDERLY BUDDHISTS:
A QUALITATIVE STUDY OF CHINESE SINGAPOREANS**

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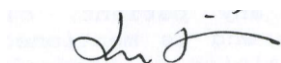
2012

DECLARATION

I hereby declare that the thesis is my original work and it has been written by me in its entirety.

I have duly acknowledged all the sources of information which have been used in the thesis.

This thesis has also not been submitted for any degree in any university previously.



Xu Jianbin

18 February 2013

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SUMMARY

The purpose of this study is to explore how elderly Chinese Buddhists in Singapore perceive their life stress, and what the roles and functions of Buddhism in their coping process are. The triangulation of semi-structured interviews with 17 community-dwelling older adults and one focus group discussion among 6 participants (selected from the 17 interviewees) was employed for data collection. Data collection and analysis were guided by the Interpretative Phenomenological Analysis (IPA) methodology. Participants were found to perceive stress as a form of *dukkha* (suffering) and to attribute stress to *karma* (the law of cause and effect). Six Buddhism-related coping categories, namely, karma-based coping, wisdom-based coping, emotion-based coping, meditation-based coping, compassion-based coping, and existential coping, were identified. Buddhist coping was found to be able to lead to stress-related growth in hardiness, compassion, hope, optimism, ego-transcendence, and integration. Also found in this study were some religious struggles such as religious doubt, religious scrupulosity, religious conflict, and improper meditation.

The current thesis develops a conceptualization of Buddhism-as-a-meaning-system (BMS) and a BMS-based model of coping. BMS can provide conative motives, moral compasses, cognitive schemas, behavioral guidelines, emotional channels, relational interdependencies, and existential reasons, thereby enabling the coping process to proceed meaningfully and purposefully. BMS is discussed as performing the roles of providing existential-cognitive-relational meanings as well as the remedial, preventive, integrative, and transcendent functions in coping. The thesis also addresses the implications of the study for social work practice, social policy, and future research.

CHAPTER 1

INTRODUCTION

“Spirituality is the heart of helping. It is the heart of empathy and care, the pulse of compassion, the vital flow of practice wisdom, and the driving energy of service.”

—Canda & Furman (2010, p. 3)

CHAPTER 1

INTRODUCTION

“Social work in its best sense can be considered a spiritual vocation,” argued Canda and Furman (2010, p. 35). They elaborated further:

This does not mean that all social workers follow the beliefs of the Judeo-Christian tradition or that they are religious. Rather, it means that there is an awareness of suffering and the possibility of transformation. It means that there is a motive of compassion to work together with other people to help everyone to overcome obstacles and to achieve aspirations. In addition, it means that spiritually sensitive social workers practice unconditional positive regard for clients and live by hope in the possibilities of resiliency, reconciliation, and realization of social justice. (pp. 35-36)

1.1 Research Context

This qualitative study was at the intersection of religion, coping, aging, and social work. Social work is linked to religion and spirituality in both historical and philosophical ways (Bullis, 1996, p. 7). Its founding was contextualized in the spiritual-religious domains of European and American societies and its value premise contains significant spiritual undertones (Watkins, 2001, pp. 133-134). According to Canda and Furman (2010), if social workers show no respect for spirituality and religious diversity, they infringe not only the NASW standards regarding culturally competent practice but also the NASW Code of Ethics (p. 365). This warning resonates with a tenor of social work. That is, since 1980s, a renewed interest in religion and spirituality has emerged in the social work profession and is gaining momentum (Canda, 2005; Canda & Furman, 2010; McInnis-Dittrich, 2009; Nelson-

Becker & Canda, 2008). Promising strides have been made toward bringing religion and spirituality to the fore of social work, owing to the concerted and devoted efforts of a group of social work educators, researchers, and practitioners¹. This dramatic development provides an opportunity to re-examine the role of religion and spirituality in gerontological social work and to reaffirm a holistic care of older clients. As a helping profession, social work embraces “a more integrative or holistic perspective as the core principle of professional practice”, which distinguishes it from other helping professions (Lee, Ng, Leung, & Chan, 2009, p. xxii).

Nowadays, the influence of Eastern religions and spiritualities on Western society is steadily growing. For instance, Buddhism-derived mindfulness has increasingly intrigued health care providers (Rejeski, 2008; Taylor, 2009). Within the field of social work, Zen Buddhism has influenced some social workers in terms of their conceptualizations of practice, interventions with clients, and interactions within wider systems by fostering their awareness, acceptance, and responsibility (Brenner & Homonoff, 2004). Some spiritually oriented social work books (e.g., Bullis, 1996; Canda & Furman, 2010; Derezotes, 2006; Hick, 2009; Lee, Ng, Leung, & Chan, 2009) have documented Buddhism-influenced practices. Within this context and under social work’s value commitment to religious and spiritual diversity (Nelson-Becker & Canda, 2008; Canda & Furman, 2010), it is valuable for social workers to “venture outside their own familiar religious landscapes, entering and exploring new religious worlds” (Pargament, Magyar-Russell, & Murray-Swank, 2005, p. 682).

In gerontology, involving religion and spirituality in research has assumed greater prominence (Kimble, McFadden, Ellor, & Seeber, 1995; Kimble & McFadden,

1. For example, Bullis, Chan, Cowley, Derezotes, Furman, Hodge, Sheridan, and particularly Canda, the founder of the Society for Spirituality and Social Work. See, e.g., Canda, 1999, 2001, 2005, 2009; Canda & Furman, 2010; Canda, Nakashima, & Furman, 2004; Canda & Smith, 2001. Also see his personal website: <http://www.socwel.ku.edu/canda/>, which includes a valuable resource center for spiritual diversity and social work.

2003; Koenig, King, & Carson, 2012; Krause, 2011a; Levin & Chatters, 2008; McFadden, 2008; Moberg, 2008). Religion and spirituality in aging can be examined from various perspectives. Yet studying religion and spirituality from a coping perspective can shed light on “how particular people use religion concretely in specific life situations and contexts” (Pargament & Ano, 2004, p. 119). Recent years have witnessed a growing interest in research on religious coping (Pargament, 1990; Pargament, 2011; Pargament, Feuille, & Burdzy, 2011; Pargament, Koenig, & Perez, 2000; Pargament, Smith, Koenig, & Perez, 1998). More than 1,000 empirical studies have been conducted on religion and coping (Pargament, 2011, p. 270). Most research is devoted to the Judeo-Christian tradition. However, to enrich the understanding of religious coping, the issue of coping in other religious traditions deserves more investigation. As far as Buddhism is concerned, very limited attempts have been made to examine the involvement of Buddhism in coping (e.g., Dane, 2000; Lundberg & Trichorb, 2001; Tweed, White, & Lehman, 2004; Phillips et al., 2009). Overall, from an empirical perspective, Buddhist coping remains poorly understood. Even more poorly understood is Buddhism-based coping in late life.

This small-scale qualitative study was contextualized in Singapore, one of the most rapidly aging countries in the Asia Pacific region (Mehta & Thang, 2008, p. 44)². The Singaporean society can provide a reasonable context for studying this topic. In Singapore, more than 70% of Singaporeans who participated in the World Values Survey 2002 regarded religion as “very important” or “rather important” in their lives, and 84% believed in the existence of a god or gods; the data suggested a high level of

2. The number of elderly residents aged 65 and above accounted for 9.3% of the Singapore population in 2011 (Department of Statistics, 2011, <http://www.singstat.gov.sg/stats/themes/people/elderly.pdf>). The proportion was projected to be 18.7% in the year 2030 (Ministry of Community Development, Youth and Sports, 2009, <http://app1.mcys.gov.sg/ResearchRoom/ResearchStatistics/StatisticalIndicatorsontheElderly.aspx>).

religiousness among Singaporeans (Tong, 2007)³. According to the Census of Population 2010, the largest religion was Buddhism (1,032,879, 33%) (Department of Statistics, 2011). Within the Chinese group, Buddhists accounted for 43.0%, Christians 20.1%, Taoists 14.4%, believers of other religions 0.7%, and nonbelievers 21.8% (ibid). A prominent profile of Singaporeans aged 55 and over was that the vast majority (86.6%) of them were religiously committed: 36.9% of them were Buddhists, 17.3% Christians, 17.0% Taoists, 11.5 % Muslims, 3.2% Hindus, and 0.7% believers of other religions (ibid). These statistics would reinforce the argument for more research into religion (especially Buddhism) and aging in Singapore.

1.2 Research Questions

In the research on religion and coping, older Buddhists have received scant attention. As a result, there is a dearth of literature on the religious coping experiences of older Buddhists. In order to fill this knowledge lacuna, the focus of this qualitative study was on study participants' lived experiences of coping with late-life stress and the roles and functions of Buddhism in the coping dynamics. It addressed two central research questions as follows:

1. *How do older Chinese Buddhists in Singapore perceive their life stress?*
2. *What are the roles and functions of Buddhism in their coping process?*

3. For an overview of religions in Singapore, see Lai, A. E. (ed.) (2008). *Religious diversity in Singapore*. Singapore: Institute of Southeast Asian Studies. For a historical view of Buddhism in Singapore, see Ong, Y. D. (2005). *Buddhism in Singapore: A short narrative history*. Singapore: Skylark Publications.

This study assumed that Buddhism can play a role in coping with stress in late life and that elderly Buddhists can use Buddhism to cope with stress in late life. Pargament (1997) has indicated that persons with greater religiousness are more inclined to adopt religious coping. (More will be said about Pargament's theory in Literature Review.) Accordingly, this study purposively selected participants who considered themselves religious and regarded Buddhism as important to them and who used or had used Buddhist coping strategies in late life.

In this study, stress is defined as a person-environment relationship that is perceived by a person "as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus & Folkman, 1984, p. 19). Religious coping is defined as "the use of religious beliefs or behaviors to facilitate problem-solving to prevent or alleviate the negative emotional consequences of stressful life circumstances" (Koenig, Pargament, & Nielsen, 1998, p. 513). Religion refers to "an institutionalized pattern of beliefs, behaviors, and experiences, oriented toward spiritual concerns, and shared by a community and transmitted over time in traditions" (Canda & Furman, 1999, p. 37). Spirituality is defined as "a universal and fundamental aspect of what it is to be human—to search for a sense of meaning, purpose, and moral frameworks for relating with self, others, and the ultimate reality" (Canda & Furman, 1999, p. 37). Nelson-Becker, Nakashima, and Canda (2007) noted, "Spirituality for social work is perceived as an overarching dimension that includes religion as one expression among many others" (p. 333). In this thesis, when the term spirituality is used, it refers to not only religious but also nonreligious expressions of spirituality.

1.3 The Purpose and Significance of Research

The purpose of this study is twofold: 1) to explore and understand how older Chinese Buddhists in Singapore perceive their life stress; and 2) to identify and interpret the roles and functions of Buddhism in their coping process.

This study was significant in several ways. First and foremost, it would make substantial and original contributions to the knowledge base of gerontological social work. Gerontological social workers and other helping professionals serving older adults would benefit from the empirical and conceptual knowledge generated from this study. Given the dearth of empirical literature on Buddhist coping in late life, this study was intended to make some explorations on this *terra incognita*. In this sense, the study would make original contributions. Moreover, the original nature of this study lay in the use of the Interpretative Phenomenological Analysis (IPA) methodology (please refer to Chapter 3 for details). An extensive search of the research literature has failed to identify studies using IPA to examine Buddhist coping. Thus, this study was uniquely placed to produce knowledge about Buddhist coping from the IPA perspective.

In the second place, this study would provide practical implications for gerontological social work, especially in terms of holism and client empowerment and growth. Given social work's commitment to “a whole person in environment perspective”, social workers should hold “a bio-psycho-social-spiritual view” (Canda & Furman, 2010, p. 5). To disrobe the client of his or her spiritual garb is to deprive social work of its philosophy of working with the whole person. If the spiritual dimension were to be thrust into limbo by so-called holistic social work interventions, there should be reason to cast a shadow of incredulity upon them. In this sense, a

holistic model of gerontological social work that values the spiritual dimension of aging and promotes older adults' bio-psycho-social-spiritual integration is warranted. Validating and valuing the spiritual dimension of aging and its significance for the well-being of older adults would promote client empowerment. From the strengths perspective (Saleebey, 1996, 1997, 2002), a perspective that advocates for digging out clients' resources and resiliencies, religious resources can constitute salient or potential strengths for many older persons to draw on. Preoccupation with a bio-psycho-social model without attention to the human spirit may give elderly clients a moratorium on learning how to tap spiritual resources and how to grow spiritually. Now that gerontological social work cannot afford to divorce itself from spirituality, social workers need to be sensitive and responsive to older clients' spiritual concerns and needs along with their physical, psychological, and social concerns and needs. This study would provide a valuable point of reference for social workers to understand elderly Buddhist clients' spiritual concerns, needs, and resources and thus to help them holistically.

Furthermore, this study would provide a basis for further studies in that they can derive variables from the concepts developed in this study and can verify or modify the conclusions drawn from this study. For example, future quantitative research can possibly develop Buddhist coping variables on the basis of the analysis in the current study, and then examine whether these variables predict health and well-being outcomes in elderly Buddhists above and beyond the effects of socio-economic status. This research will be of significance given that a cohort of elders who are more well-to-do, better educated, as well as more independent is emerging (Thang, 2000, p. 207).

In addition, the knowledge generated from this study would benefit the public. In particular, it would educate elderly Buddhists about potential late-life stressors and potential effective religious coping strategies. How to achieve effective coping is not only a theoretical issue but also a practical one. Peer learning in an empirical sense would help older Buddhists improve their effectiveness of coping.

Lastly, the study would provide implications for policies and programs relating to older adults in Singapore. Policymakers and program planners need to dish out more meaningful and holistic bread and butter of service and care to the elderly. In this sense, they should understand the role of religion in older persons; the policies formulated and programs designed should be religiously and spiritually sensitive. They should, inter alia, consider such questions as how to get religious institutions more involved in community elder care, how to foster a sense of meaningfulness among older adults, how to promote spiritual care, especially in hospices and long-term care facilities, how to introduce religious concerns into aged healthcare system, and how to address religious concerns and ensure spiritual well-being of religious committed elderly when crafting or rectifying bioethics-related policies (e.g., euthanasia, organ transplant, and stem cell research).

CHAPTER 2

LITERATURE REVIEW &

THEORETICAL FRAMEWORKS

“To live is to suffer. To survive is to cope. To succeed is to adapt effectively and creatively. For most people, the journey of life is continued education on coping and survival in the school of hard knocks.”

— Wong, Reker, & Peacock (2006, p. 267)

CHAPTER 2

LITERATURE REVIEW & THEORETICAL FRAMEWORKS

2.1 Theoretical Literature Review

It may be Pollyannaish to pursue a stress-free life. As Lazarus & Folkman (1984) pointed out, "...stress is an inevitable aspect of life..." (p. 21). Benson (2001) even indicated that about 60-90% of doctor visits have to do with stress-related conditions (p. 58). In this sense, coping is of significance to health and well-being. Numerous coping responses and methods have been documented in empirical literature. With the steady growth of coping research, more and more models and theories have been developed to account for the phenomenon of coping.

2.1.1 Lazarus and Folkman's theory of stress and coping

The cognitive theory of stress and coping developed by Lazarus and Folkman (1984) has been highly influential on research into stress and coping. They defined *psychological stress* as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (p. 19). Regarding coping as a process rather than a trait, they defined coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are

appraised as taxing or exceeding the resources of the person” (p. 141). Lazarus and Folkman (1984) distinguished between problem-focused and emotion-focused coping. Emotion-focused coping uses strategies such as positive reframing, distraction, distancing, avoidance, selective attention, and seeking emotional support to manage emotional responsiveness to stress, thereby alleviating emotional pain and sustaining hope and optimism; it does not try to deal with the distress-induced problem head-on. By contrast, problem-focused coping refers to cognitive and behavioral endeavors geared toward defining and eliminating or managing the distress-induced problem. Information seeking, problem solving, developing new behavioral standards, and decreasing ego involvement are the examples of problem-focused coping. Problem-focused and emotion-focused coping strategies are both used synergistically in most stressful situations (Lazarus & Lazarus, 2006). Folkman and Lazarus (1980) proposed that problem-focused coping is more suitable to grapple with changeable stressors, while emotion-focused coping fares better when dealing with unchangeable stressors.

Generally, problem-focused coping is regarded as more effective in early adulthood, but in later adulthood, it may backfire and cause stress, especially for those who are diseased or disabled and have scarce social capital and financial resources (Folkman & Lazarus, 1980). Under these circumstances, emotion-focused coping may be more suitable (Folkman & Lazarus, 1980). In a similar vein, Brandstadter (1999) identified a shift in the coping style: Assimilative coping (parallel to problem-focused coping) with controllable problems characterizes early adulthood, while older adulthood features increased accommodative coping (parallel to emotion-focused coping) with uncontrollable problems. Usually, there is a bias towards problem-focused coping on the part of coping researchers, partially because research has found that problem-focused coping tends to be correlated with better psychological well-

being, while emotion-focused coping is more likely to be linked to poorer psychological outcomes (Yeh, Arora, & Wu, 2006, p. 57). This bias may cause researchers and practitioners to romanticize problem-focused coping but understate emotion-focused coping, thus stigmatizing older persons who may employ more emotion-focused coping strategies. According to Aldwin and Yancura (2011), looking at coping efficacy (i.e., perceived effectiveness of a coping strategy in addressing the particular problem) might represent a more proper way of investigating age changes in terms of coping (p. 268).

Though widely accepted, the Lazarus and Folkman (1984) model is not without limitations. First, Wong, Wong, and Scott (2006) implied that this model sets store by instrumental coping such as problem solving and pays scant attention to transformational coping. Examples of transformational coping, according to them, include Buddhist enlightenment, Christian spiritual transformation, and existential coping.

Second, Wong, Wong, and Scott (2006) criticized that this model gives short shrift to culturally based coping strategies and resources (p. 5). They appealed for the development of concepts and instruments compatible with non-Western cultural values (p. 11).

Third, as Aldwin (2007) noted, in this cognitive model of stress, cognition takes precedence over emotion (p. 34), but as a matter of fact, people may sometimes “react first and think later” (p. 35).

Fourth, this model is predominantly based on a cognitive approach. Thus unconscious coping processes are neglected. Because of getting trapped in a cognitive straitjacket and failing to appreciate what is less conscious and more subtle, the model may miss something important to the basis of coping.

Subsequent to Lazarus and Folkman's (1984) model, there are other coping models such as approach coping and avoidance coping (Roth & Cohen, 1986); mastery coping and meaning coping (Taylor, 1983); and primary control coping and secondary control coping (Rothbaum, Weisz, & Snyder, 1982). According to Aldwin (2007), avoidant coping with controllable stressors may exacerbate emotional distress and problematic situations, but avoidant strategies may be effective in tackling uncontrollable stressors; on the other hand, although approach coping is generally helpful, it may be harmful when applied to address uncontrollable stressors (p. 342).

2.1.2 Emerging conceptual developments

Wong, Wong, and Scott (2006, p. 21) have identified several new advancements in the field of stress and coping including:

- From *reactive* coping to *proactive* coping: Proactive coping refers to cultivating more coping resources including the interpersonal and intrapersonal resources.
- From *individual* coping to *collective* coping: The human survival history demonstrates the importance and effectiveness of collective coping. If our focus is on individual coping alone, much progress in understanding the coping behavior identified in collectivistic cultures will not be made.
- From *cognitive* coping to *existential* coping: Existential coping involves accepting what is unchangeable and locating meaning and purpose for one's life.

These emerging trends seem to suggest that research into stress and coping is expanding its conceptual horizon, which may affect research on coping with aging.

2.1.3 Pargament's theory of religious coping

A theory of religious coping developed by Pargament (1997) has become dominant in the field of psychology of religion and coping. "Pargament's concept of religion as coping offers a framework that provides researchers with guidance in a sea of proximal variables, approaches, and methods, to help us learn more about the authentic experience of religion and its relationship with health and well-being" (Willis, 2004, p. 159).

2.1.3.1 A dominant theory of religious coping

Pargament's theory of religious coping extends the stress, appraisal, and coping model of Lazarus and Folkman (1984). Emphasizing that both religion and coping are concerned with the search for significance, Pargament (1997) defined religion as "a process, *a search for significance in ways related to the sacred*" [italics in original] (p. 32) and then defined coping as "*a search for significance in times of stress*" [italics in original] (p. 90). Religious coping methods refer to "ways of understanding and dealing with negative life events that are related to the sacred" (Pargament & Abu Raiya, 2007, p. 23).

Pargament, Koenig, and Perez (2000) developed RCOPE, a multidimensional and comprehensive instrument to measure religious coping that has well-established reliability and validity. RCOPE has five dimensions (in accordance with five key functions religion serves): discovering meaning, obtaining control, obtaining comfort by virtue of closeness to God, achieving closeness with others, and transforming life.

The following are the main themes of Pargament's theory summarized according to Pargament (1997), Pargament and Ano (2004), and Pargament, Ano, and Wachholtz (2005):

- 1) It has been consistently found that deeper religious commitment and involvement is predictive of greater religious coping. The involvement of religion in coping is because it is not only "a relatively available part of the orienting system" but also "a relatively compelling way of coping" (Pargament, 1997, p. 144).
- 2) Religion is not simply a defense mechanism. A variety of studies have demonstrated that the association between religious measures and active coping is more consistent than that between religious measures and passive coping. What religion may contribute to coping distinctively lies in that it uniquely addresses sacred matters. Functions performed by religious coping are multifaceted, including meaning-searching, identity, control, anxiety alleviation, transformation, and the quest for the sacred.
- 3) Religion has been generally treated as a conservational force in the coping process to maintain and sustain the sense of meaning, control, or spiritual connection during life crisis. However, there are times when conservation loses its viability due to internal factors (e.g., developmental transitions) or external factors (e.g., negative life events). Under these circumstances, transformational religious coping methods such as religious conversion are in place to help the person to find a new meaning and purpose.
- 4) Particular religious coping methods can be classified into two broad groups: positive and negative religious coping methods. Generally, positive religious

coping strategies express “a secure relationship with a transcendent force, a sense of spiritual connectedness with others, and a benevolent world view” (Pargament, Feuille, & Burdzy, 2011, p. 51), so they tend to be salutary for stressed individuals. By contrast, negative religious coping strategies mirror “an underlying spiritual tensions and struggles within oneself, with others, and with the divine” (Pargament, Feuille, & Burdzy, 2011, p. 51), so they are more likely to be maladaptive.

- 5) The orienting system as a general disposition to the world is composed of beliefs, practices, feelings, habits, relationships, personality, and values. It seems that the orienting system can influence what concrete religious coping strategies will be adopted in particular situations. More proximal religious variables such as church-based support, religious attributions, and specific coping strategies mediate the impact of general religious orientation on health and well-being.
- 6) Religious coping is utilized by specific people, in specific contexts, to respond to specific stressful situations, so different factors can moderate the associations between religious coping and outcome variables. First, it seems that the more religious people are, the more helpful religious coping is for them. Second, religious coping seems to be more beneficial when people face more challenging situations that make them realize human limitations and when immediate social and personal resources are exhausted. Third, religious coping may be more helpful to people from some religious affiliations than others.
- 7) As a dynamic process, religious coping changes with temporal, contextual, and circumstantial situations.

2.1.3.2 Evaluation of the theory

As the most widely cited theory of religious coping, Pargament's theory is empirically supported. Furthermore, the theory is clinically relevant (see Pargament, 2007). Additional strengths can be identified as follows:

2.1.3.2.1 Religiousness is elaborately examined

Religiousness is measured and examined in the actual coping contexts in which specific religiously oriented individuals interact with and deal with specific stressful situations (Pargament, Koenig, & Perez, 2000; Pargament, Smith, Koenig, & Perez, 1998). Given the preponderance of generic and simplistic measurement of religiousness (e.g., frequency of participation in religious activity) in the research on religion and coping, this finer-grained way represents a promising mode of measurement, in that it can help ascertain more specific and refined dynamics of religious coping, and tap the deeper meanings of religious coping. Moreover, in predicting the outcomes of stressful life events, it holds a stronger power than the global way of measuring religious orientation (Pargament, 1997. p. 197).

2.1.3.2.2 Religious coping is theorized in a balanced manner

The conceptualization of religious coping is balanced in the sense that it is sensitive to both the negative aspects (e.g., reinterpreting the stressor as a punishment from God or an act of the Devil; passively waiting for God to resolve the stressor; attempting to cope on one's own without resorting to God; doubting God's love and being discounted with God) and the positive aspects (e.g., reinterpreting the stressor as benevolent; developing a partnership with God during coping; seeking and

appreciating God' love and care; confessing; praying) of religious coping (see Pargament, Koenig, Tarakeshwar, & Hahn, 2004, p. 717, for a detailed list of positive and negative religious coping methods). This treatment sheds light on that religion can play a deleterious as well as salutary role in coping.

2.1.3.2.3 The concept of holistic health is extended to include spiritual health

Health is treated holistically to comprise spiritual as well as physical and psychological functioning (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). In social work and psychology, spiritual health is a relatively uncharted academic terrain. This inclusion of spiritual health represents an unusual exploration in this terrain, which may herald a promising direction.

However, the accolade given to Pargament's theory needs to be tempered by an understanding of its limitations.

2.1.3.2.4 Research methodology is biased towards quantitative approach

Jenkins and Pargament (1995, p. 66) once pointed out that qualitative methods can play a very valuable role in exploring those concepts and processes that are scantily understood and difficult to be objectively translated into an questionnaire format. More recently, Pargament and Ano (2004) noted that given the complexity of religious coping, depending on one single research method is inadequate for capturing the full essence of religious coping. They wrote that researchers "cannot afford methodological arrogance or elitism" when studying religious life and that "religious life is far too complex to be examined with exclusivistic epistemological tools" (p. 117). Still, Pargament and his collaborators' research is predominantly quantitative (e. g., Hathaway & Pargament, 1990; Newman & Pargament, 1990; Pargament et al.,

1988; Pargament, 2011; Pargament, Feuille, & Burdzy, 2011; Pargament & Hahn, 1986; Pargament, Koenig, & Perez, 2000; Pargament et al., 1995; Rye & Pargament, 2002). They have put only too limited efforts into qualitative research (e.g., Pargament et al., 1990; Pendleton et al., 2002). The methodological imbalance might render Pargament's theory difficult to attain the depth of understanding that may result from qualitatively examining contexts, nuances, subtleties, and richness of religious coping.

2.1.3.2.5 Transformational forms of religious coping have received less attention

As compared with conservational forms of religious coping, transformational coping might bear more research significance inasmuch as it might involve more coping efforts and resources.

2.1.3.2.6 The relationship between religious coping and culture has not been adequately addressed

Though Pargament has sometimes mentioned that cultural factors shape religious coping (e.g., Pargament, 1997, 2007; Pargament & Ano, 2004), cultural variables seem to be often missing in his empirical studies. However, the influence of cultural factors on religious coping is not negligible. Empirical evidence has indicated that coping within same religion can vary across cultures. For example, Bjorck, Lee, and Cohen's (1997) study showed that stronger belief in God's control was correlated with lower depression among Caucasian American Protestants but with greater depression in Korean American Protestants.

2.1.3.2.7 Research has not differentiated religious coping in different age groups

Though Pargament and his collaborators' research has sometimes sampled older persons (e.g., Pargament, Koenig, & Perez, 2000; Pargament, Koenig, Tarakeshwar, & Hahn, 2001, 2004; Pargament, Smith, Koenig, & Perez, 1998; Pargament, Tarakeshwar, Ellison, & Wulff, 2001), they are less concerned with how religious coping evolves over life course as well as what constitutes, characterizes, and underlies religious coping in old age.

2.2 Empirical Literature Review

2.2.1 Religious coping with late-life stress: blessing or burden?

Health-related stressors are more likely to befall older persons than younger persons (Aldwin, 2007; Stephens, 1990). Older persons also have a higher likelihood to undergo bereavement (Aldwin, 2007). However, older persons can cope as effectively as younger persons (Aldwin & Yancura, 2011). Some evidence indicates that compared with younger persons, older persons not only adopt more nuanced coping methods but may also be more sophisticated in emotion regulation (Aldwin, 2011). Furthermore, they are more accepting of tribulation (Lazarus & Lazarus, 2006). In addition to compensatory strategies, as Aldwin (2007) propounded, older persons may employ more anticipatory coping to forestall or mitigate problems. Threat, distinct from harm or loss, first and foremost, is of adaptive significance by permitting anticipatory coping (Lazarus & Folkman, 1984, p. 33). The process of anticipatory coping encompasses the anticipation and/or identification of potential stressors

followed by the performance of preemptive actions to preclude such stressors or to minimize the impact they may make (Aspinwall & Taylor, 1997; Aspinwall, 2005). Anticipatory coping strongly predicts purpose in life and personal growth in later adulthood (Sougleris & Ranzijn, 2011) and may be of importance to successful aging (Ouwehand, de Ridder, & Bensing, 2007).

Research has revealed the positive impact of religion and religious coping on health and well-being in late life (Koenig, King, & Carson, 2012; Levin & Chatters, 2008; McFadden, 2008; Moberg, 2008). For example, higher religiousness is linked to reduced anxiety, less fear of death, as well as better coping with grief (Koenig, 1995a), to decreased worry (Tapanya, Nicki, & Jarusawad, 1997), and to lower risk of mortality (Bryant & Rakowski, 1992). Longitudinal findings indicated that residing in a rundown neighborhood had a negative impact on depression among older persons; this impact, however, was significantly alleviated if older persons perceived that others had been often praying for them (Krause, 2011a). Older Christians whose life experience is valued by their congregation have higher self-worth, which is correlated with fewer depressive symptoms (Krause, 2012a). Religious beliefs and practices were found to be related to lower caregiver depression (Hebert, Dang, & Schulz, 2007). Wink, Dillon, and Larsen's (2005) longitudinal investigation of a community-residing sample born in the 1920s revealed a depression-buffering function for religiousness. A number of studies using medically sick elderly samples showed that religious and spiritual coping is correlated with lower depression (Koenig et al., 1992; Koenig, Pargament, & Nielsen, 1998), lower anxiety (Koenig, Moberg, & Kvale, 1988), reduced death anxiety (Koenig, 1988, 2010), and decreased general distress (Siegel & Schrimshaw, 2002).

Using the model of positive and negative religious coping, Pargament and his associates (e.g., Bowie, Snyder, Granot, & Pargament, 2004; Kinney, Ishler, Pargament, & Cavanaugh, 2003; Pargament, 2002, 2008, 2011; Smith, Pargament, Brant, & Oliver, 2000) have found that positive religious coping is correlated with desirable health and well-being outcomes. For example, subsequent to the 1993 Midwest flood, Smith, Pargament, Brant, and Oliver (2000) found that positive religious coping employed by church members (e.g., attribution to God's will, religious support, pleading) was related to better psychological and religious outcomes (e.g., spiritual growth, closeness to the church) both 6 weeks and 6 months after this flood. In their study of Presbyterians including 823 older church members, Pargament, Tarakeshwar, Ellison, and Wulff (2001) revealed a positive correlation between positive religious coping and well-being (e.g., positive affect, religious satisfaction). Pargament, Koenig, Tarakeshwar, and Hahn (2004) studied 268 medically sick elderly over two years, indicating that positive religious coping (e.g. benevolent religious reframing, seeking congregational support, collaborative religious coping), after controlling for demographic characteristics and baseline health conditions as well as selective attrition and mortality, generally predicted better spiritual results (i.e. being closer to God, being closer to the Church, and spiritual growth), stress-related growth, and better physical and mental health (e.g., cognitive functioning). According to Pargament (1997) and Pargament, Magyar-Russell, and Murray-Swank (2005), the benefits that specific religious coping strategies such as benign reframing, prayer, spiritual support, ritual participation, meditation, religious distraction can offer seem to be distinctive and be over and above the effects offered by nonreligious coping responses. "What are the distinctive contributions of religion

to the coping process?" asked Pargament (1997, p. 310). After reviewing numerous research studies, he provided an evidence-based answer as follows:

I believe religion offers a response to the problem of human insufficiency. Try as we might to maximize significance through our own insights and experiences or through those of others, we remain human, finite, and limited. At any time we may be pushed beyond our immediate resources, exposing our basic vulnerability to ourselves and the world. To this most basic of existential crises, religion holds out solutions. The solutions may come in the form of spiritual support when other forms of social support are lacking, explanations when no other explanations seem convincing, a sense of ultimate control through the sacred when life seems out of control, or new objects of significance when old ones are no longer compelling. (Pargament, 1997, p. 310).

Most of the existing research into religious and spiritual coping focuses on the Judeo-Christian tradition. Recently, a limited number of studies have examined religion, spirituality, and aging among the Chinese, revealing generally more positive than negative effects of religious and spiritual coping (see Table 1 for a summary of the studies). In the Hindu context, Tarakeshwar, Pargament, and Mahoney (2003) administered the Hindu religious coping scale to 164 Hindus in the U.S., and found that positive religious coping was correlated with better mental health. Among Japanese elderly who lost a loved one, belief in a good life after death was found to predict a lower likelihood of developing hypertension (Krause et al., 2002).

Table 1: Summary of studies on religion and aging among the Chinese

<i>Author(s)</i>	<i>Sample & Design</i>	<i>Religious Measures</i>	<i>Outcome Measures</i>	<i>Major Findings</i>	<i>Comments</i>
Hahn, Yang, Yang, Shih, & Lo (2004)	863 community-residing older Taiwanese (aged 65-74); multilevel stratified sampling; interview survey; cross-sectional	Religious activity attendance over the past 6 months (never or at least once)	Degree of depression and its correlates (measured with Taiwanese Depression Questionnaire and Neighborhood Quality Index)	Participants with no religious involvement were 2.70 times more likely to suffer from depression than religiously involved participants	A generic measure of religiousness was simplistic; it failed to ascertain which religion participants were involved in
Lee (2007)	145 elderly Asian Americans (76 Chinese and 69 Koreans; mostly Christians and Buddhists); nonprobability purposive sampling; questionnaire survey; cross-sectional	Brief Multidimensional Measures of Religiousness and Spirituality (6 subscales: daily spiritual experience, values, forgiveness, private religious practice, religious/spiritual coping skills, and religious support)	Subjective well-being (depression measured with CES-Depression Scale; life satisfaction measured with 5 items adopted from Satisfaction with Life Scale; and self-efficacy measured with Generalized Self-Efficacy Scale)	Using religious coping skills was positively correlated with life satisfaction; religious support was negatively correlated with depression but positively correlated with life satisfaction; forgiveness improved life satisfaction and self-efficacy; less private religious practice boosted self-efficacy	A multi-dimensional examination of religiousness provided a more complete picture of religiousness; both negative and positive religious coping were investigated

<i>Author(s)</i>	<i>Sample & Design</i>	<i>Religious Measures</i>	<i>Outcome Measures</i>	<i>Major Findings</i>	<i>Comments</i>
Wang, Chan, Ng, & Ho (2008)	167 elderly Chinese with visual problems in Wuhan, mainland China; convenience sampling; structured questionnaire interviews; cross-sectional	Chinese Spirituality Scale (3 subscales: tranquility, resistance to disorientation, and resilience)	Generic and vision-specific health related quality of life (HRQOL); controls: visual functioning (clinically measured and self-rated), subjective health, and demographics	Spirituality was correlated with better general physical health as well as general mental health; there was a significant relationship between spirituality and vision-specific HRQOL	A more inclusive concept of spirituality (personal beliefs and experiences) provided a fuller story of spirituality, but the use of non-probability sampling might limit the generalizability of findings
Yeagerb, Gleib, Au, Lin, Sloane, & Weinstein (2006)	A longitudinal survey (1989–2003) of a random sample of 4,049 older Taiwanese	Religious affiliation (Buddhism, Taoism/traditional folk religion, Christianity, Islam, Yi Kuan Tao), attendance, beliefs, and practices	Self-rated overall health conditions, mobility limitations, depression, and cognitive functioning; clinically measured systolic and diastolic blood pressure, serum interleukin-6, and 12-h urinary cortisol; 4-year mortality	Religious involvement was not significantly related to biological markers; the effect of social activity participation on health was stronger than that of religious attendance	A better measure of health (not only subjective but also objective) was used, but religious variables were globally and thus simplistically assessed

<i>Author(s)</i>	<i>Sample & Design</i>	<i>Religious Measures</i>	<i>Outcome Measures</i>	<i>Major Findings</i>	<i>Comments</i>
Zhang (2008)	Data from Chinese Longitudinal Healthy Longevity Survey (1998 and 2000 waves); 6,747 Chinese (aged 80-105) randomly selected from mainland China	Frequency of participation in religious activity	Mortality (approximately 37% of participants died); controls: demographic characteristics, subjective baseline health status; optimism and autonomy; health behaviors (exercise, leisure activities, and smoking)	Religious participation was predictive of reduced risk of mortality among oldest old women and those with poor health.	Only one dimension (i.e., religious participation) was gauged, which was likely to oversimplify the religion-mortality relationship
Cheung & Kam (2012)	15 elderly Chinese in Hong Kong (aged 62-85; 10 females and 5 males); grounded theory-based qualitative in-depth interviewing	Self-reported retrospective narratives of religious faith (Buddhism, Taoism, Catholicism, or Protestantism)	Resilience (self reliance, openness, and relaxation)	Religiousness contributed to resilience	Qualitative approach allowed for a deeper understanding, but it failed to adequately consider differences of religions in the contribution

It is worthy of emphasis that religious coping does not always present a rosy picture. Research has uncovered some negative aspects of religious coping (Pargament, 2011; Pargament, Feuille, & Burdzy, 2011). For instance, negative religious coping was found to be linked to higher levels of depression and anxiety as well as lower health-related quality of life among patients with hemodialysis (Ramirez et al., 2012), and to emotional distress in patients with diabetes, congestive heart failure, or oncology (Fitchett et al., 2004). An association between certain forms of negative religious coping and risk of mortality has been established in Pargament, Koenig, Tarakeshwar, and Hahn's (2001) two-year study of elderly medically sick patients. After controlling for baseline health conditions, mental health state, and demographic characteristics, their study found that negative religious coping (i.e., patients thought that God had abandoned them, raised doubt about God's love and care, or perceived that their illness was an act of the devil) was related to a significantly (19 to 28%) higher risk of mortality over two years. In the Pargament, Koenig, Tarakeshwar, and Hahn (2004) study as mentioned earlier, while positive religious coping is correlated with better spiritual and health outcomes, negative religious coping (e.g. punishing God reappraisal, interpersonal religious discontent, self-directing religious coping) was found, in general, to predict worse spiritual outcome, lower quality of life, and poorer physical and mental health (e.g., depression). Studies have also found that religious doubts (Krause, 2008, 2012b; Krause & Ellison, 2009) and interpersonal conflicts among church members (Ellison et al., 2009; Krause, Chatters, Meltzer, & Morgan, 2000; Krause, 2008) were associated with psychological distress. A study by Krause (2012b), for instance, found that more religious doubts (e.g., doubts about religious beliefs, church teachings, and

God's direct involvement in everyday life) predicted deeper influences of financial strain on depression in elderly Mexican Americans.

Using Pargament and his associates' model of positive and negative religious coping (Pargament, Smith, Koenig, & Perez, 1998; Pargament, Koenig, & Perez, 2000) as a conceptual framework, Ano and Vasconcelles (2005) conducted a meta-analysis of 49 relevant studies with a total of 105 effect sizes, quantitatively synthesizing the relationship between religious coping and psychological adjustment to stress. The meta-analysis basically lent support to the hypothesis that positive and negative methods of religious coping are linked to positive and negative psychological adjustment to stress respectively. In another meta-analysis, Smith, McCullough, and Poll (2003) reviewed 147 studies that examined the relationship between religiousness and depression, indicating that negative religious coping tends to be related to higher levels of depression.

In the Singapore context, Mehta (1997) used qualitative data to investigate and compare the influences of religion on the lives of elderly Malay Muslims and Indian elders. Her study revealed an overall positive impact of religion on adjustment in later adulthood. For example, group-level religious activities were found to lessen the sense of isolation, heighten self-esteem, and generate feelings of being liked and wanted. On the other hand, her study exposed that some participants invoked the notion of karma or fate for their failure to utilize counseling and medical services. In their research into the support systems among elderly Singaporeans, Vasoo, Ngiam, and Cheung (2000) found that religious activity participation constituted the most common way for elders to engage in age-integrated activities. A study by Ng, Nyunt, Chiam, and Kua (2011) showed that as compared with those older people who were not religious affiliates, older religious affiliates exhibited more reluctance to seek

professional help if they had mental health symptoms. Given that research on religious coping in Singapore is still in its infancy and the relationship between religion and coping is complicated, more research is needed to throw light on local older adults' religious life and religious coping.

To sum up, religion can be treated as a double-edged sword in that it can play a deleterious as well as a salutary role in coping. Therefore, we should guard against what Kaplan, Munroe-Blum, and Blazer (1994) called “a religion-is-good-for-you bias” (p. 59). On the other hand, religion tends to have more beneficial than harmful effects on coping (Pargament, 1997, 2011).

2.2.2 Potential pathways between religious coping and well-being

The possible pathways between religious coping and well-being can be identified as follows, albeit they are understandably biased towards explaining coping in the Judeo-Christian tradition.

2.2.2.1 Offering prophylaxis

Two ways of prophylaxis have been propounded by Musick, Traphagan, Koenig, and Larson (2000). First, certain denominations (e.g., Mormons and Seventh Day Adventists) proscribe certain insalubrious behaviors such as drinking, smoking, and using drug. Second, evidence suggests that regular religious practice is correlated with a healthier lifestyle (e.g., better diet, greater physical activity). Having a wholesome lifestyle can exert what Koenig (1994) called “primary prevention” (p. 27). Thus, those who observe a religiously sanctioned healthy lifestyle would keep mentally and physically healthy as they grow older (Koenig, 2008; Levin & Chatters, 2008).

2.2.2.2 Facilitating positive reframing

“Religious reframing” (Pargament, 1997, pp. 221-232) can transform stress and suffering into explainable and acceptable experience with positive value and significance. For example, stressors such as contracting an illness can be religiously reframed as part of God’s plan and thus as benevolent events (Gall & Cornblat, 2002; Pargament & Park, 1995; Pargament, 2007; Webb, 2012). In addition to God’s plan, stressful life events can also be positively reframed as “a lesson from God, a reward from God,” and “an opportunity to get closer to God” (Emery & Pargament, 2004, p. 9). The religiously based positive reframing was correlated with better well-being outcomes, for instance, for cancer patients (Jenkins & Pargament, 1988) and for middle-aged and elderly patients with a life-threatening disease (Ardelt, Ai, & Eichenberger, 2008).

2.2.2.3 Providing a sense of meaning and purpose

Meaning is a complex and multidimensional phenomenon (Krause, 2007, p. 795). Reker and Wong (1988) defined *personal meaning* as “the cognizance of order, coherence, and purpose in one’s existence, the pursuit and attainment of worthwhile goals, and an accompanying sense of fulfillment” (p. 221). Religion can accord a sense of meaning to life (Hood, Hill, & Spilka, 2009; Jung, 1971; Krause, 2003; Pargament 1997). Empirical evidence buttresses the importance of meaning for aging. Considerable research (e.g., Ardel, 2003; Boyle, Barnes, Buchman, & Bennett, 2009; Reker & Chamberlain, 2000) has demonstrated a positive association between meaning and well-being in the elderly. As far as meaning and stress is concerned, religious meaning enables many older persons to cope with stress (Krause, 2003, 2009a, 2009b). Krause (2007) indicated that some elderly people’s effective coping

with lifetime trauma is attributable to their being able to find a strong sense of meaning in life. In contrast, those without a deep sense of meaning in life, as Park's review (2007) showed, are more likely to engage in health-risk behaviors. A study by Krause (2009a) even found that meaning in life is correlated with late-life mortality. More specifically, older persons with a deep sense of meaning in life have a lower likelihood of dying over the study follow-up period than those without a deep sense of meaning. This is the first-ever study that has linked meaning in life to mortality among a nationwide representative sample of older persons (Krause, 2009a, p. 517). Krause (2004) suggested four reasons to explain the association between a sense of meaning and health in old age. First, those older persons who have a strong sense of meaning can sometimes realize that stress-related growth has occurred to them. Second, one of the main elements of meaning is possessing a set of goals, which fosters a sense of optimism, which in turn may produce health-protective effects. Third, meaning may ameliorate immune functioning directly. Finally, having a sense of meaning is related to fewer psychological problems, which is of importance given a positive correlation between psychological problems and physical problems.

2.2.2.4 Providing a sense of control

Hood, Hill, and Spilka (2009) argued that religion has a capacity to provide meaning for almost every life situation (even death and dying), so religion can fulfill one's need for control over the uncertainties of life. According to Pargament, Koenig, and Perez (2000), five ways of religious coping can generate a sense of control, namely, *collaborative religious coping*, *active religious surrender*, *passive religious deferral*, *pleading for direct intercession*, and *self-directing religious coping* (pp. 522-523). A more robust sense of personal control generally predicts more effective coping with

stressful encounters (Mirowsky & Ross, 2003). Not only does a sense of control moderate the subjective experience of stress, it also affects biochemical reactions to stress (e.g., lower levels of catecholamine) (Taylor, 2009, p. 155).

2.2.2.5 Promoting a sense of acceptance

“When a man finds that it is his destiny to suffer, he will have to accept his suffering as his task: his single and unique task” (Frankl, 1984, p. 99). To age well, older adults may need to cope with unalterable stress and suffering and to accept “the ambiguity, contingency, intractability, and unmanageability of human life” (Cole, 1992, p. 231). Christianity and many other religions tend to converge on a point that suffering is intrinsic to human life yet significant for spiritual development and personal growth (Kimble, 2000; Pargament, 2007). This belief would facilitate acceptance of suffering. When suffering is uncontrollable, being with suffering peacefully rather than doing with suffering drudgingly or avoiding suffering hedonically seems to pay off. For example, mindfulness-based acceptance contributes to the relief of chronic pain (Kabat-Zinn, 1990).

2.2.2.6 Enriching social support

According to Krause (2002), religious persons tend to enjoy increased social contact, more mutual help, and higher perceptions of the availability and adequacy of support. Religiously committed elderly have more close friends and higher levels of contact with friends and family (Iderl & Kasl, 1997) as well as higher levels of social support provided by family and friends (Krause, 2006). Atchley (2000) proposed that religious participation can provide a sense of belonging and security, and increase social support resources for coping with crises and challenges. With church-based social

support, older persons may cope better with stressful life events, inasmuch as it nourishes and sustains their sense of self-worth, personal control, and meaning in life (Krause, 2008, p. 53). Research evidence now indicates that providing social support may reduce stress for both the recipient and the provider (Taylor & Master, 2011, p. 103). According to Krause (2008), evidence has suggested that there is a particular likelihood for older persons to benefit from giving help to others; for example, help-giving contributes to productive aging and social integration. An impressive and expanding body of research evidence, as Taylor and Master (2011) indicated, has demonstrated that the perception or use of social support under stressful situations tends to have positive effects upon a range of mental and physical health problems including cardiovascular disease, depression, and infection with HIV.

2.2.2.7 Enhancing positive emotions

Durkheim highlighted the importance of rituals by pointing out that the person participating in a successful ritual is emotionally energized (Collins, 2007, p. 29). According to Pargament (2007), rituals can facilitate emotional catharsis, reinforce identity, promote community development, and aid in making sense of change and transition. McFadden (2008) noted that religious and spiritual involvement can produce positive emotions such as optimism, hopefulness, peacefulness, reverence, and joy. The beneficial effects of positive emotions on health, well-being, and mortality have been empirically documented. For example, positive emotions are correlated with improved immune regulation (Finan, Zautra, & Wershba, 2011), can serve as a buffer against negative affect reactivity in response to daily stressors (Wichers et al., 2007), and can undo the cardiovascular aftereffects of negative affect (Fredrickson, Mancuso, Branigan, & Tugade, 2000). Giltay et al.'s (2004) study

supported an independent protective effect of dispositional optimism on all-cause mortality in late life. Optimism is correlated with reduced exposure to stress (especially interpersonal stress, e.g., negative social exchanges) and with escalating social support over time (Williams, Smith, Gunn, & Uchino, 2011).

2.2.2.8 Fostering acceptance of death

A main function of religion in history is to help people cope with mortality (Hood, Hill, & Spilka, 2009, p. 184). Numerous studies (e.g., Cohen et al., 2005; Harding, Flannelly, Weaver, & Costa, 2005; Hui & Coleman, 2012; Koenig, 1988) have revealed lower levels of death anxiety in religiously involved persons. Wong (2000) explicated that religious belief in a blissful life after death facilitates an “approach acceptance” of death (p. 31). Terror management theory (TMT) holds that as compared with secular beliefs, which can also perform a function of managing the potential death-related terror, religious beliefs excel in serving this function in part because “they are all encompassing” and “rely on concepts that are not easily disconfirmed”(Vail III et al., 2010, p. 84).

2.2.2.9 Serving the stress-buffering or the stress-deterrent function

Pargament (1997) proposed two models to account for what religious coping can intervene between stressors and outcomes: the *religious stress moderator* model and the *religious stress deterrent* model (p. 303). The former is of the view that religious coping moderates the correlation between stressors and outcomes. That is, at elevated levels of stress, religious coping buffers the person against the impacts of stress, but at lowered levels of stress, it is not advantageous to the person. In other words, as stress levels rise, greater religious coping protects people more from the negative impacts of

stress than lower levels of religious coping. The latter sees religious coping as a useful deterrent to stress no matter how high or low stress is. Under more stressful circumstances, greater religious coping predicts more favorable outcomes, which also holds true for less stressful circumstances.

2.2.2.10 Promoting stress-related growth

Great strides have been made recently in examining *stress-related growth* (Park, 2011; Park, Edmondson, & Blank, 2009; Roesch, Rowley, & Vaughn, 2004) and *posttraumatic growth* (Denney, Aten, & Leavell, 2011; Shaw, Joseph, & Linley, 2005) empirically. These two terms are often used interchangeably in the literature (Shaw, Joseph, & Linley, 2005, p. 1). According to Park, Edmondson, and Blank (2009), stress-related growth refers to “the perception of experiencing positive life changes following stressful life experiences” (p. 321). A model of stress-related growth developed by Roesch, Rowley, and Vaughn (2004) consists of three dimensions: thinking maturity, affective growth, and spiritual growth. For cancer survivors, stress-related growth may include an enhanced appreciation for life, improved positive emotions, deepened spirituality, and better interpersonal relationships (Stanton, Bower, & Low, 2006). In addition, as compared with the non-religious pathway (i.e., hope, self-control appraisals, and active coping), the religious pathway (i.e., religiousness, religious control appraisals, and religious coping) was much more strongly predictive of the stress-related growth of cancer survivors (Park, Edmondson, & Blank, 2009).

2.2.3 Buddhism-related coping

There are two mainstreams of research on Buddhism-related coping. One is therapeutic research into non-Buddhists in the West; the other is empirical research focusing on oriental Buddhists.

2.2.3.1 Therapeutic research on non-Buddhists

Recent years have witnessed the incorporation of mindfulness into therapeutic approaches such as spiritual self-schema (3-S) therapy (Avants, Beitel, & Margolin, 2005), ACT (acceptance and commitment therapy) (Hayes & Strosahl, 2004), MBCT (mindfulness-based cognitive therapy) (Teasdale et al., 2000; Williams, Teasdale, Segal & Kabat-Zinn, 2007), and MBSR (mindfulness-based stress reduction) (Kabat-Zinn, 1990), the most popular mindfulness-based intervention according to Hick (2009, p. 11). Take MBCT as an example. Building on MBSR and incorporating cognitive therapy, MBCT teaches persons with depression how to practice mindfulness to cultivate metacognitive awareness so as to be able to externalize and detach from the concatenation of dysfunctional automatic thoughts (e.g., ruminations, self-blame) (Teasdale et al., 2000; Williams, Teasdale, Segal, & Kabat-Zinn, 2007). In the social work profession, spiritually oriented social work books (e.g., Bullis, 1996; Canda & Furman, 2010; Derezotes, 2006; Lee, Ng, Leung, & Chan, 2009) have increasingly documented Buddhism-influenced interventions such as mindfulness. A good example is the specialized book *Mindfulness and Social Work* (Hick, 2009), which illustrates the effective application of mindfulness techniques in social work practice such as enhancing worker-client relationships, helping children and youngsters heighten self-esteem and self-awareness, and improving family affect regulation.

Mainly inspired by Kabat-Zinn's work and his greatly successful program of MBSR, a body of therapeutic research on the positive effects of mindfulness has been rapidly expanding (Wallace, 2007, p. 9). For example, research has established the effectiveness of MBSR on chronic pain (Kabat-Zinn, 1990), anxiety and negative affect (Davidson et al., 2003), and cancer-related psychological suffering (Ledesma & Kumano, 2009). The therapeutic research has focused on non-Buddhists in the West.

Other forms of meditational practice have also been found effective by research. For instance, feelings of social connectedness and positivity toward strangers can be enhanced by virtue of even only a few minutes of loving-kindness meditation (Hutcherson, Seppala, & Gross, 2008). Fredrickson et al. (2008) established an association between loving-kindness meditation practice and the diachronic increases in day-to-day positive emotional experiences. They also observed that increased positive affective experiences was correlated with enriched personal resources, which in turn was related to lessened depressive symptoms and heightened life satisfaction. Loving-kindness meditation also is an important promising modality for clients manifesting negative symptoms of schizophrenia (Johnson et al., 2009; Johnson et al., 2011). As for compassion meditation, Pace et al. (2008) propounded that it can dull both inflammatory and autonomic reactivity to psychosocial stressors and therefore may ameliorate stress-based emotional and physical problems.

Researchers have begun to explore and elucidate the potential mechanisms of meditation. For example, concentration on a neutral object (e.g., the breath, a mantra, a recurrent chant) averts attention from stress-producing situations (Kristeller, 2007, p. 680). Observation of an experience or impulse with a sustained awareness gives rise to discovery of the rising-and-falling nature of these experiences and thus to

disillusionment with their constancy (Kristeller, 2007, p. 681). Development of nonjudgmental awareness helps to dis-identify oneself with the stressful experience and to disrupt one's habitual maladaptive reactivity to stress (Kristeller, 2007, p. 681). Mindfulness enables individuals to witness their moment-to-moment experience more clearly and objectively, instead of "being immersed in the drama of" their personal experience (Shapiro, Carlson, Astin, & Freedman, 2006, p. 377).

In the social work profession, research has documented such positive effects of mindfulness on social workers as heightened engagement, attentiveness, and effectiveness during the professional-client encounter (Ying, 2008, p. 408). For instance, Goh (2011) incorporated mindfulness techniques into her teaching of listening skills to undergraduate social work majors in Singapore. This pedagogy had proved effective in raising the students' self-awareness of internal dialogue during listening. According to Kessen (2009), mindfulness practices can make social workers more perceptive by raising their awareness of themselves and the environment (e.g., better cognizance of personal distressing emotions prior to their affecting the worker-client relationship; better ability to deal with distressed clients without feeling distressed themselves) (p. 42).

2.2.3.2 Empirical research on Buddhists

To date, a few empirical studies have investigated how Buddhists cope. For example, Tweed, White, and Lehman's (2004) study indicated that individuals from Buddhism-influenced countries are inclined to adopt more "internally targeted control strategies" to cope with stress (p. 664). Lundberg and Trichorb (2001) studied 179 Thai Buddhists with cancer and found that meditation constituted one of the most common methods they used to grapple with radiation therapy. Dane (2000) interviewed 26 Thai

Buddhist women having HIV/AIDS and concluded that meditation can benefit women with HIV/AIDS by increasing their control, boosting their immunological reaction to stress, lessening the side effects caused by treatment, and reducing their anxiety and fear. A qualitative study of 24 American Buddhists by Phillips and his colleagues (2009) identified six methods of Buddhist coping, namely, right understanding (e.g., impermanence, karma, not-self, inter-being), concentration meditation, mindfulness, spiritual struggles, morality (e.g., five Buddhist precepts), and support from sangha (a group of fellow Buddhists). Among Thai elderly Buddhists, there was a correlation between intrinsic religiousness and decreased worry (Tapanya, Nicki, & Jarusawad, 1997). Religiousness was found to contribute to resilience in elderly Chinese Buddhists (Cheung & Kam, 2012). By and large, there is still a paucity of research into how elderly Buddhists utilize their religious resources to cope with late-life stress.

2.2.4 Limitations of existing research

By virtue of mounting empirical evidence, great strides have been made in describing, understanding, and interpreting religious coping with stress. However, the existing research suffers from several limitations. These limitations warrant discussion here inasmuch as the current study attempted to contribute to the rectification of them.

2.2.4.1 Conceptual ambiguity

Research into religious coping has been plagued by conceptual ambiguity. The understandable difficulty and divergence in conceptualizing and operationalizing key constructs such as religion, religiousness, and spirituality have rendered the empirical landscape chaotic, vague, and equivocal. Plausibly, conceptual ambiguity would make replication studies and meta-analysis difficult if not impossible, at least at present.

Hence, to improve the clarity of main concepts and identify common conceptual ground whereby different researchers can effectively communicate with each other is a desideratum.

2.2.4.2 Methodological biases

Quantitative approach and qualitative approach seem to be complementary and synergistic. Thus, we should understand their respective strengths and limitations and uphold methodological flexibility, rather than becoming enamored of and thus clinging to the skirt of only one approach. However, the existing research on religious coping has been predominantly quantitative, cross-sectional, and correlational, thus failing to adequately capture the richness, subtleness, and dynamics of the religious coping process. Moreover, in many cases, non-probability sampling was employed, which did not sufficiently justify the generalizability of findings. Another area that could be improved concerns the measurement instruments. To build a weight of evidence, instruments should improve their reliability and validity.

2.2.4.3 Less attention to the impact of coping on religion

Pargament (1997) rightly opined, “Religion is a force that helps shape the coping process and is, itself, shaped in turn” (p. 196). Much research, however, has focused on the influence of religion on coping and lost sight of the impact of coping on religion. Given that the actual relationship between religion and coping is dynamic, reciprocal, and bidirectional (Pargament, 1997, 2007), the influence of coping on religiousness and spiritual growth deserves more research attention.

2.2.4.4 Marginalization of cross-cultural and interfaith research

The research was mostly conducted in North America and focused on the Judeo-Christian tradition. Thus, the generalizability of most existing research findings to other religions and cultures is uncertain. So the generalization of the findings and the conclusions based on these findings has to be treated with caution and care.

Research should try to incorporate multicultural perspectives and to demonstrate multi-religious sensitivity. Some researchers (Musick, Traphagan, Koenig, & Larson, 2000; Seifert, 2002; Pargament, 2011; Phillips et al., 2009) have called for more cross-cultural and inter-religious studies. Herein, a relativistic perspective on religion can be adopted. Such a perspective sees “the particulars of the religious traditions as human constructs that give form to the many faces of the transcendent and provide a mode of human response”; thus, no religion is right and none is wrong (Wulff, 1996, p. 66).

2.2.4.5 Unbalanced theoretical underpinnings

Efforts have been made to establish theoretical underpinnings for explaining the positive effects of religious coping on health and well-being. However, why and how religious coping adversely affects health and well-being is still a *terra incognita*. This imbalance has left us a vague and inharmonious theoretical picture of religious coping. To gain a fuller and balanced picture, we need to develop the theory of religious coping in a more comprehensive and integrative manner allowing for the negative aspects.

There is growing recognition that religious coping can be constructive or destructive (Pargament, 1997, 2007; Pargament & Ano, 2004; Pargament, Feuille, & Burdzy, 2011) and that religion can be a source of struggle (e.g., religious conflict, negative religious coping, spiritual risk) (Exline & Rose, 2005). A point worth noting

is that religious struggle may lead to growth and spiritual transformation through the coping process (Pargament, Feuille, & Burdzy, 2011, p. 55) or result in degeneration and spiritual disengagement (Pargament, 2007, p. 136). From a social work perspective, Cowley (2001) argued that religion may be a path for some people while a pathology for others. This opinion is echoed by Canda and Furman (2010), who noted that on a personal level, the distortion and misdirection of spirituality into destructive beliefs, attitudes, and behaviors can lead to a sense of inappropriate guilt, shame, and hopelessness, or result in discrimination against and oppression of others (p. 76). Canda and Furman (2010) further stated that religious groups and informal spiritual groups may not assist members in bringing their spiritual potential into full play, and may treat those who hold different perspectives with hostility and violence (p. 76).

It is worthy of emphasis that Sakyamuni Buddha himself is an example par excellence of religious figures who have undergone spiritual struggles. In the course of attaining enlightenment, Buddha had to meet several challenges. For instance, Mara, a demon, enticed Buddha with the promise of nirvana: “Who could be expected to understand truth as profound as that which the Buddha had laid hold of? ... Why not wash one’s hands of the whole hot world—be done with the body and slip at once into Nirvana? The argument was so persuasive that it almost carried the day. At length, however, the Buddha answered, ‘There will be some who will understand,’ and Mara was banished from his life forever” (Smith, 1991, p. 87). Empirically, Phillips et al. (2009) discovered two forms of intrapsychic spiritual struggles in Buddhists, namely, “bad Buddhist” (i.e., discontent with oneself due to the perception of not applying Buddhism properly during coping) and “its not easy being Buddhist” (i.e., difficulty in meeting the demands of Buddhism-based coping, such as staying mindful) (p. 237).

2.3 Theoretical Frameworks

As Chinen (1994) commented, “Religious phenomena are notoriously difficult to capture in research. When the complexities of aging are added on, the task is even more daunting” (P. 85). Difficult as it is, Buddhist coping in late life is worthy of more research safaris. To make a meaningful and fruitful exploration, I brought with me some conceptual paraphernalia mainly consisting of religion as a meaning system, Pargament’s theory of religious coping, the Buddhist perspective on coping with aging, and the strengths perspective.

2.3.1 Religion as a meaning system

One of the fundamental functions of religion is to accord a sense of meaning to life (Hood, Hill, & Spilka, 2009; Jung, 1971; Krause, 2003; Pargament 1997; Spilka, Hood, Hunsberger, & Gorsuch, 2003). Geertz regarded the meaning-giving function as the most fundamental one served by religion (Pargament, 1997, p. 49). This was echoed by Pargament (1997), who argued, “All religious pathways are methods of seeking significance” (p. 41). Having pointed out that among a number of ways of finding meaning in life religion may be of particular importance, Krause (2003) emphasized that this is particularly true to older persons considering the nature of the challenges (e.g., mortality) they must face (p. 169).

Weber devoted a large share of his work to religion (Ritzer, 2008). For him, religion serves to turn the arbitrariness of world into the orderliness and meaningfulness by offering a “theodicy” to make sense of good or bad fortune (Hamilton, 1995, p. 138). Hamilton (1995) summarized Weber's ideas on “the root source of religious attitudes” (p. 138) as follows:

Religion is fundamentally a response to the difficulties and injustices of life which attempts to make sense of them and thereby enables people to cope with them and feel more confident when faced by them. Religious conceptions arise as a result of the fact that life is fundamentally precarious and uncertain....There is always a discrepancy between what we think ought to be and what actually is. It is the tension generated by this discrepancy which is the source of the religious outlook. (p. 138)

This summary provides a reasonable glimpse of Weber's outlook on religion. In addition, Weber looked on *religiously motivated action* as a rational one to be examined from the perspective of the meaning implicit in the action (Furseth & Repstad, 2006, p. 35). He attached importance to the religious devotee's interpretations of personal beliefs and practices and to the content of religion (Furseth & Repstad, 2006, p. 37).

An increasing number of researchers have conceptualized religion as a meaning system (see, e.g., Hood, Hill, & Williamson, 2005; Silberman, 2005; Paloutzian & Park, 2005). According to Hood, Hill, and Williamson (2005), a meaning system refers to "a group of beliefs or theories about reality that includes both a world theory (beliefs about others and situations) and a self theory (beliefs about the self), with connecting propositions between the two sets of beliefs that are important in terms of overall functioning" (p. 14). Park (2005b) summarized that as compared with secular meaning systems, religious meaning systems are typified by having higher levels of comprehensiveness, existential satisfactoriness, and immunity from being disconfirmed (pp. 299-300). Hood, Hill, and Spilka (2009) reaffirmed that the uniqueness of religion as a meaning system lies in four aspects. First, it is so comprehensive that it can encompass numerous meaning systems such as career life, family life, and social life. Second, its worldview and system of values are comprehensible. Third, it provides a sense of transcendence. Finally, its claim that it is able to offer a sense of significance is unequivocal and uncompromised (pp. 15-16).

According to Silberman (2005), the concept of meaning system involves not only cognitive structure but also goals, emotions, and behaviors. A conceptualization of religion as a meaning system “facilitates an understanding of the dynamic, process-oriented function of religion in people’s lives” and offers one discourse that is, on one hand, comprehensive enough for analyzing religious phenomena profoundly, and on the other hand, parsimonious enough for researching efficiently (Silberman, 2005, p. 650).

Baumeister (1991) noted that it is the highest levels of meaning that religion is concerned with (p. 205). Spiritual goals, whose uniqueness lies in their linkage to the sacred, “should assume a level of primacy within a person’s overall goal hierarchy” (Emmons, 1999, p. 96). Pargament, Magyar-Russell, and Murray-Swank (2005) argued that the sacred is the distinctive feature of the religious meaning system. When life appears uncontrollable and no rational explanation seems to be available for events, the-sacred-oriented beliefs and practices may be able to “provide ultimate meaning, order, and safety in place of human questions, chaos, and fear” (Pargament, Magyar-Russell, & Murray-Swank, 2005, p. 676).

To summarize, religion as a meaning system is characterized by comprehensiveness, transcendence, existentialism, convincingness, accessibility, unequivocalness, holism, dynamics, ultimacy, and orientation to the sacred. These characteristics combine to determine the distinctiveness of religion as a special meaning system. It is assumed that Buddhism as a meaning system also partakes of these characteristics.

2.3.2 Pargament’s theory of religious coping

Main themes of Pargament's theory as summarized earlier were used as a theoretical point of departure for this study.

2.3.3 The Buddhist perspective on coping with aging

Sakyamuni Buddha clearly regarded the fact that human beings suffer, are dissatisfied, and are under chronic stress as the essential problem and condition of human life, which he termed *dukkha* (Santee, 2007, pp. 123-124). In the Buddhist literature, aging as one of the eight major sufferings is described as miserable. For example, Sakyamuni Buddha said:

That's the way it is, Ananda. When young, one is subject to aging; when healthy, subject to illness; when alive, subject to death. The complexion is no longer so clear & bright; the limbs are flabby & wrinkled; the back, bent forward; there's a discernible change in the faculties—the faculty of the eye, the faculty of the ear, the faculty of the nose, the faculty of the tongue, the faculty of the body. (Thanissaro Bhikkhu, 1998, p. 1)

However, the miseries associated with old age can motivate and promote human beings to seek liberation from suffering. The story of Siddhartha Gautama, the founder of Buddhism, tells us that he resolved to renounce his royal life to pursue spiritual liberation after four encounters (i.e., encounters with an old man, a sick man, a corpse, and a wandering holy person respectively). These encounters exposed him to “the central problem of human existence, the problem of suffering” (Snelling, 1987, p. 23). After six years of spiritual quest and cultivation, he was reported to achieve *anuttara-samyak-sambodhi* (Supreme Perfect Enlightenment) and become Sakyamuni Buddha (a Buddha is a fully enlightened being). That means “he succeeded in purifying himself of the mental defilements of craving, aversion and ignorance, and transforming his human consciousness into a supreme state of enlightened consciousness, whereby he developed unconditional love and compassion, and also gained profound insights into the universal laws of causation and the nature of

existence” (Chen, 2006, p. 74). He then taught that life, characterized by birth, aging, illness, and death, is *duhkha* (suffering). Nonetheless, one can attain *nirvana* (liberation)⁴ by practicing *sila* (disciplinary morality), *dhyana* (existential meditation), and *prajna* (transcendent wisdom), and exterminating greed, hatred, and delusion. Failing to do so, one will incessantly suffer from *samsara* (cycles of deaths and rebirths) within six forms of life existence (i.e., celestial beings, demi-gods, humans, animals, hungry ghosts, and hell-beings), driven by one’s *karma* (action by body, speech, or mind). The Buddha’s fundamental teachings can be epitomized in the Four Noble Truths: Life is suffering; the cause of suffering is ignorance (as well as its corollaries: attachments and cravings); suffering can be extirpated; and the extermination of suffering depends upon following the Eightfold Path (i.e., right view, right thought, right speech, right action, right livelihood, right effort, right mindfulness, and right meditation).

Buddhism holds that what accounts for one's stress and suffering is “the psychological mechanism of craving and aversion and the ignorance about its workings” (Chen, 2006, p. 75). Effective coping lies in transforming oneself by means of mental cultivations and enlightenment (ibid). Meditation, karmic morality, and egoless wisdom are particularly germane here.

Meditation can serve as a method of coping in addition to a practice of transformation (Chen, 2006, p. 78). Generally, there are two types of meditation: concentration meditation and mindfulness meditation (Kristeller, 2007, p. 679). Techniques of concentration meditation “involve sustained attentional focus on a specific object, such as a mantra (a repeated sound or word), with a goal of complete absorption, suspension of everyday preoccupations, and calming the mind” (Kristeller,

4. Nirvana is “the state of liberation through full Enlightenment”; it “does not indicate annihilation but rather entry into another mode of existence...which...is...transcendent, supramundane and only accessible to mystical experience” (Van Hien, 2003, pp. 455-456).

2007, p. 679). In contrast, mindfulness meditation is concerned with cultivating “sustained attentive awareness to whatever may emerge into conscious experience, without reaction or analysis” (Kristeller, 2007, p. 679).

As an important Buddhist concept, karma reveals a moral law of cause and effect. It refers not only to action but also to the fruition of action (Van Hien, 2003, p. 352; Ghose, 2007). It is basically dichotomized into good karma (*kusala*) and evil karma (*akusala*): Good acts (*kusala*) performed by body, speech, and mind will generate good and pleasant results, whereas evil ones (*akusala*) will engender bad and unpleasant consequences (Gyatso, 1984, pp. 32-33; Rahula, 1959, p. 32). This is metaphorically expressed in the *Dhonasakha Jataka*: “As he sows the seeds, so he reaps the harvest or fruit (*yadisam vapate bijam tadism harate phalam*)” (as cited in Krishan, 1997, p. 68).

Perhaps nothing else is as deep-rooted in human consciousness as the notion of the ego. In Buddhism, the ego “refers to the notion of oneself as a fixed and discrete entity separate from other selves and from an outside world” (Van Hien, 2003, p. 212). Attachment to the ego, as Moacanin (1992) noted, is the origin of all suffering, so in order to see our Buddha-nature we should relinquish ego-attachment (p. 287).

Abe also (1997) wrote:

According to the teaching of the Buddha, the idea of self (in the ordinary sense) is an imaginary, false belief which has no corresponding reality, and it produces harmful thoughts of ‘me’ and ‘mine,’ selfish desire, craving, attachment, hatred, ill-will, conceit, pride, egoism, and other defilements, impurities and problems. It is the source of all the troubles in the world from personal conflicts to wars between nations. In short, to this false view can be traced all the evil in the world. (p. 68)

Additionally, the ego, as the Buddhist notion of egolessness (*anatman*) explains, is nothing but a psycho-physical stream constitutive of five aggregates (*skandha*) that are interdependent and in a state of constant flux. The five aggregates are form (*rupa*),

sensation (*vedana*), perception (*sanna*), mental formation (*sankhara*), and consciousness (*vinna*); each of these aggregates itself is impermanent, dynamic, and nonessential. Therefore, there is not an ontological, essential, and foundational ego and the conceptions of “I”, “me”, and “mine” are cognitive constructions that are insubstantial and impermanent. Thus, one should not get attached to the ego. According to Abe (1995), to attain nirvana “is not to die one’s physical death, but to die the death of the ego” (p. 76). If one is still get attached to the ego, he or she will not be able to break away from *samsara* (the endless cycle of birth, death, and rebirth), according to Buddhism.

Today’s Buddhism diverges into three streams of development, namely, Theravada (teachings of the elders), Mahayana (the great vehicle), and Vajrayana (the diamond vehicle). It is worth noting that some developmental trajectories of Buddhism have gradually deviated from early Buddhism. A case in point is Pure Land Buddhism. As a denomination under Mahayana Buddhism, Pure Land Buddhism now enjoys being the most popular Buddhist denomination in Asia (Van Hien, 2003, p. 5). It promises a convenient release from human suffering by virtue of rebirth in the Pure Land of Amitabha Buddha (the Buddha of Infinite Light and Infinite Life) through faith in and devotion to Amitabha Buddha. The Pure Land is described as a paradise with ultimate bliss antipodal to the *Saha* World (the world of human beings) with diverse sufferings, and an ideal place for cultivation where those who are reborn there are bound to attain Buddhahood. Three factors are essential to rebirth in the Pure Land: faith, vows, and practice; more specifically, having faith in the power of Amitabha Buddha to take every sentient being to the Pure Land, making vows to be reborn there, and practicing recitation of Amitabha Buddha's name are indispensable (Tam, 1994). According to Chen (2006), Pure Land Buddhism can help its believers

to tackle grief, death anxiety, and suffering by experiencing and understanding the anticipated rebirth in the Pure Land as a bona fide thing guaranteed by Amitabha Buddha (p. 85).

2.3.4 The strengths perspective

In social work, the strengths perspective departs from the conventional ways of social work practice dramatically (Saleebey, 2002, p. 1). Placing stress on the client's inner and environmental resources and assets instead of problems and deficits, the strengths perspective, according to Saleebey (1996, 1997, 2002), has the following major principles:

- All persons, groups, families, and communities are possessive of strengths and resources.
- Each environment abounds with resources to be tapped.
- Problems and adversities can serve as sources of both challenge and opportunity.
- Practitioners should hold an assumption that they have no idea of the depths of individual, group, and community growth potential.
- Establishing a collaborative relationship with clients is desirable.
- The importance of mutual caring and social interdependence should be emphasized.

It appears that the strengths approach encourages and enables social workers to see clients in positive light and not through the pathological lens. Honing strengths-sensitive skills, knowledge, and competencies, and harboring positive regard and

caring spirit, social workers can collaborate with clients to tease out, build up, and tap into clients' strengths, resources, assets, and resiliencies.

Spirituality evolves over the life course, gaining momentum in old age (Langer, 2004, p. 614). From the strengths perspective, religious resources, for many older persons, constitute latent or salient strengths for coping and healing. Thus, it behooves gerontological social workers to be religiously sensitive and to help clients explore, expand, and exploit these resources. Older clients' religious coping resources and capabilities can be identified and utilized as a major source of client empowerment and growth.

To sum up, the above four theoretical frameworks together can provide a theoretical lens through which Buddhist coping can be seen in a positive, meaningful, and integrative way. They suggest that Buddhism as a meaning system can be a strength in coping with perceived stress in late life.

2.4 Concluding Remarks

The theoretical frameworks stated in this chapter were not intended to predetermine this study. Rather, they would combine to provide a “horizon” (Gadamer, 2004/1975, p. 301) or a “fore-conception” (Heidegger, 1962/1927, pp. 191-192). Heidegger (1962/1927) maintained that whenever an interpretation of something is initiated, it “is never a pre-suppositionless apprehending of something presented to us”; rather, “the interpretation will be founded essentially upon the...fore-conception” (pp. 191-192). In this sense, the so-called freedom from theoretical bondage does not mean that we can dispense with theory. Rather, we should treat theory as the Rosetta stone, which facilitates the decipherment of empirical mysteries, instead of as the Procrustean bed, which has rigid standards for

empirical data to fit dogmatically. Although the formulation of these frameworks was temporally prior to my research engagement with the lived experiences of participants, the interpretative order would actually be from the lived experiences to these frameworks, inasmuch as “one makes sense of...fore-structures in terms of the things themselves” (Smith, Flowers, & Larkin, 2009, p. 25). Of importance is, according to Gadamer (2004/1975), awareness of one's personal horizon, “so that the text can present itself in all its otherness and thus assert its own truth against one's own fore-meanings” (pp. 271-272).

According to Gadamer (2004/1975), the horizon refers to “the range of vision that includes everything that can be seen from a particular vantage point” (p. 301), and hermeneutic openness allows the horizon to be dynamically widened or transformed. Accordingly, in the current study, the horizon consisting of these theoretical frameworks would not be fixed but would be amenable to expansion, revision, and refinement along the process of study.

CHAPTER 3
METHODOLOGY

“One person’s cult is another’s religious innovation. One person’s superstition is another’s dearly held belief.”

—Canda & Furman (2010, p. 274)

CHAPTER 3

METHODOLOGY

The present study was a qualitative inquiry. During this research voyage, the Interpretative Phenomenological Analysis (IPA) approach acted as a methodological compass.

3.1 Paradigm for Inquiry

3.1.1 What is Interpretative Phenomenological Analysis (IPA)?

IPA is a relatively new but rapidly growing approach to qualitative research. Developed mainly by Smith (Smith, 1995, 2004; Smith, Flowers, & Larkin, 2009; Smith, Jarman, & Osborn, 1999; Smith & Osborn, 2008), IPA was initially used in the field of health psychology, and recent years have witnessed a growing interest in its application in other disciplines including social work (e.g., Houston & Mullan-Jensen, 2012).

IPA subscribes to a moderate constructionism as compared with the strong constructionism embraced by discourse analysis (Eatough & Smith, 2006). It comprises a phenomenological examination of and an interpretative understanding of participants' lived experience (Smith & Osborn, 2008). Three theoretical pillars support the IPA edifice. They are phenomenology, hermeneutics, and idiography. Attempting to examine lived experience in detail and seeking to make the experience unfold in its own terms in the best possible way align IPA with phenomenology (Smith, Flowers, & Larkin, 2009, p. 32). Smith, Flowers, and Larkin (2009) further

pointed out that “...because IPA has a model of the person as a sense-making creature, the meaning which is bestowed by the participant on experience, as it becomes an experience, can be said to represent the experience itself” (p. 33). IPA is interpretative in the sense that the analysis is always a process of the “double hermeneutic”, namely, “the researcher is trying to make sense of the participant trying to make sense of what is happening to them” (Smith, Flowers, & Larkin, 2009, p. 3). IPA is idiographic in that it is committed to the particular and this commitment is reflected in two aspects: one is detailed and deep analysis; the other is “understanding how particular experiential phenomena (an event, process or relationship) have been understood from the perspective of particular people, in a particular context” (Smith, Flowers, & Larkin, 2009, p. 29).

Reid, Flowers, and Larkin (2005) have summarized the key elements of IPA as follows:

1. IPA adopts an inductive approach and does not engage in hypothesis-testing. Its aim is to explore and identify the meanings that participants give to their lived experiences.
2. Participants are regarded as experts on their own lived experiences who can tell their own stories in their own language and in detail.
3. Analysis is rigorous and systematic and balances what is idiographic against what is shared.
4. A successful analysis is characterized by being interpretative (so the results are not facts), transparent (grounded in data), and plausible.
5. Researchers should self-examine the role they have played in the collaborative and interpretative dimensions of research.

3.1.2 Why IPA?

This study was designed as a micro-level qualitative study using IPA on the basis of the following reasons:

- 1) Given the paucity of the existing literature on Buddhist coping, it would be very difficult, if not impossible, to generate testable hypotheses about Buddhist coping. Therefore, this study had an exploratory nature. An exploratory nature, according to Glesne (1999), constitutes the primary reason for the choice of a qualitative approach.
- 2) If a topic is novel or understudied, IPA is particularly appropriate for investigating the topic (Smith & Osborn, 2004, p. 231). Arguably, IPA would facilitate the exploration of this less charted research terrain in that it could provide three important theoretical guideposts—phenomenology, hermeneutics, and idiography.
- 3) As a person-centered and collaborative approach, IPA “is committed to understanding how particular experiential phenomena have been understood from the perspective of particular people, in a particular context” (Smith, Flowers, & Larkin, 2009, p. 29). This commitment to idiography is in line with the emphasis of social work practice on accommodating the particular circumstances and characteristics of clients.
- 4) Pargament (1997) reminded us that “...much of religious experience remains private, subjective, and highly symbolic”, so not only outsiders' but also insiders' perspectives are important for examining it (p. 11). Plausibly, the lived experiences of religious coping this study sought to explore would be

dynamic, nuanced, contextualized, and deeply individualized. Hence, tuning in to insiders' perspectives could help us better understand these experiences.

- 5) IPA has been employed to study the role of religion in coping (e.g., Chio et al., 2008; Duncan, 2012; Golsworthy & Coyle, 2001). Its proven track record furnishes a basis for belief in its applicability to the current study.

3.2 Data Collection

3.2.1 Sampling

The sample selection was purposive and guided by IPA principles. To be included in the study, all participants had to meet the following eight criteria:

- 1) Chinese Singaporean;
- 2) aged 65 or older;
- 3) community-residing;
- 4) cognitively healthy (measured with Elderly Cognitive Assessment Questionnaire or ECAQ⁵);
- 5) spoke Mandarin, Hokkien, or English;
- 6) had been practicing Buddhism since vowing to take refuge in the “triple gem” at a conversion ceremony;⁶

5. See Kua, E. H., & Ko, S. M. (1992). A questionnaire to screen for cognitive impairment among elderly people in developing countries. *Acta Psychiatrica Scandinavica*, 85, 119-122.

6. In Buddhism, the triple gem (or three refuges) refers to the Buddha (the being with supreme enlightenment; the physician in a Buddhist medical analogy), the Dharma (teachings of the Buddha; the medicine), and the Sangha (the community of Dharma followers; the nurse); for an individual to become a Buddhist, he or she should vow in a ceremony by saying the following

- 7) had a relatively high level of self-rated religiousness (gauged with Assessment of Self-Rated Religiousness or ASRR); and
- 8) agreed to have the interview audio-recorded.

The sample size for this study was 17. Smith, Flowers, and Larkin (2009) recommended that a sample size of 12 be reasonable for a Ph.D. study using IPA. In view of this recommendation and the purpose of obtaining rich data, 17 participants were considered to be a reasonable sample for this study. IPA samples are characterized by reasonable homogeneity in addition to small size (Smith, Flowers, & Larkin, 2009; Smith & Osborn, 2008). As far as this study is concerned, the homogeneity consisted in the use of religious coping by elderly Chinese Singaporeans who embraced Buddhism and perceived themselves as having a higher level of religiousness.

Participants were recruited through recommendations by Buddhist organizations/Buddhist monks (n=7), snowball technique (n=4), and personal contacts (n=6). To recruit, a letter of invitation was sent to personal contacts, Buddhist organizations, and Buddhist monks. A copy of the schedule for semi-structured interviews and the guideline for focus group discussion were also sent along with the letter of invitation for reference.

Among 17 participants, 7 were male and 10 were female. The range of their ages was 24 years (the youngest was 66, the oldest was 90) and the mean was 75.3. Participants had been practicing Buddhism for an average of 27.5 years. All participants were Mahayana Buddhists who had faith in the Pure Land of Amitabha Buddha. All participants converted to Buddhism as an adult.

formula thrice: "I go to the Buddha for refuge; I go to the Dharma for refuge; I go to the Sangha for refuge" (Van Hien, 2003, p. 803).

Table 2: Participants' sociodemographic characteristics

<i>Dialect Group</i>	11 Hokkien
	1 Cantonese
	3 Teochew
	1 Hainanese
	1 Hakka
<i>Current Marital Status</i>	7 Married
	2 Divorced
	8 Widowed
<i>Educational Attainment</i>	5 No formal education
	8 Primary education
	4 Secondary education
<i>Self-Rated Health Status</i>	1 Very poor
	6 Poor
	6 Average
	4 Good
<i>Current Employment Status</i>	5 Retired from paid work
	5 Gainfully employed
	7 Homemaker
<i>Living Arrangement</i>	7 Live alone
	4 Live with spouse only
	2 Live with spouse and child(ren)
	2 Live with child(ren)
	1 Live with other relative(s)
	1 Live with non-relative (s)
<i>Monthly Income</i>	6 S\$500 and below
	7 S\$ 501-1000
	2 S\$1001-2000
	1 S\$2001-3000
	1 S\$3001 and above

3.2.2 Instruments and procedure

Potential participants who verbally agreed to participate in the study received a short screening interview by me in light of the inclusion criteria as listed above. If they met the criteria 1, 2, 3, 5, 6, 8, they would then be assessed with ASRR and ECAQ, two short and quick questionnaires to determine if they met the criteria of being cognitively healthy (criterion 4) and having a relatively high level of self-rated

religiousness respectively (criterion 7). ECAQ consists of 10 short questions and ASRR comprises 3 scaling questions. The administration of ASRR was prior to that of ECAQ and only those who met the ASRR criterion were to be measured with ECAQ. ECAQ results were not communicated to respondents. They were just informed whether they were suitable for the study. Before interviewing, I reminded potential participants that 1) their participation in the screening interview was totally voluntary and no consequence of any kind would occur if they decided not to participate; 2) the information they provided would be kept strictly confidential, and if they were not eligible, the assessment (i.e., ASRR and ECAQ) data would be destroyed right away; and 3) they could withdraw from this screening interview at any time.

Immediately after the suitability of a potential participant had been confirmed, I provided him or her with a copy of participant information sheet and informed consent form as well as a copy of the schedule for semi-structured interviews and the guideline for focus group discussion, so that he or she would have a better understanding of what to expect. I explained participation-related information in the language to the best of the participant's comprehension, and clarified any doubts. Prior to signing the consent form, potential participants were asked to summarize its content. The goal was to ensure that each participant fully understood what would be expected in the study as well as confidentiality, potential discomforts, and voluntary nature of participation.

There were two phases for this study. The first phase consisted of semi-structure interviews with 17 participants. The second phase involved one focus group discussion among 6 participants, who were selected from the 17 participants of the first phase.

3.2.2.1 Phase one: semi-structured interviews

Semi-structured in-depth interviewing was utilized in this study as the primary method of data-collection. It sought to produce rich data that would mirror the lived experience of Buddhist coping with late-life stress in Singapore. After signing the consent form, every participant was interviewed face-to-face twice or thrice, spaced approximately one week apart. The length of each interview session generally was 60-90 minutes; the actual length of time hinged primarily on the participant's stamina. The preceding interview was transcribed and reviewed to see what needed to be covered and addressed in the succeeding interview. A total of 41 interview sessions were conducted. The arrangement of an interview venue accommodated the participant's need for privacy, comfort, and convenience. Accordingly, the interview venue was either the participant's home or a religious place. These were their familiar physical environments, which could facilitate the unfolding of their religious coping experiences. During each contact with participants, I reminded them that their involvement in this study was voluntary and they could withdraw from the study whenever they liked. Treating participants as research collaborators rather than objects of study, I expressed an interest in learning about their valuable coping experience and life wisdom in addition to using appropriate self-disclosure. Empathy, warmth, genuineness, and respectfulness were also employed during interacting with participants. All these, *inter alia*, was instrumental in my developing rapport and trusting relationships with participants, which promoted open and candid conversations. During every interview session, I endeavored to construct a caring, relaxing, and friendly atmosphere. Social work skills of relationship building, collaboration, active listening, observation of nonverbal behavior, probing, and other

relevant skills were helpful to the interview effectiveness. An interview generally began with simple informative questions, and then progressed into topics on life and religious coping experiences. In order for participants with different educational and socio-economic backgrounds to understand and respond, the actual phrasing of interview questions, the sequencing of these questions, and the probing for further information were flexible and adaptive to the particular circumstances of each interview, the individual characteristics of each participant, and the flow of interview. All participants turned out to be open in sharing their religious coping experiences, although some participants initially were relatively hesitant to disclose their stories, who however became more willing and open to do so after they felt that I am trustworthy. Differences in accent between participants and me sometimes erected communication barriers. Repetitions or clarifications were greatly instrumental in removing these barriers. Debriefing was conducted at the conclusion of every interview. A selected list of counselling services was also provided. In view of confidentiality, their real identities are concealed in this thesis and pseudonyms are used if necessary.

A detailed version of the interview schedule can be found in Appendix 3. This schedule was developed in accordance with the IPA guideline (Smith, Flowers, & Larkin, 2009; Smith & Osborn, 2008) and through my review of relevant literature (especially insights from Pargament, 1997, 2007; Nelson-Becker, Nakashima, & Canda, 2007), my consultation with the thesis committee and three Buddhist monks, and my personal reflection. The schedule for semi-structured interviews, the guideline for focus group discussion and (see Appendix 4) the participant information sheet & consent form (see Appendix 1) were translated into Chinese by me and a translator who is proficient in both English and Chinese independently. Then the two versions

were checked against each other. Any inconsistencies were discussed between the two translators. A third party double-checked the final versions. This inter-rater validity ensured the accuracy of the translations.

3.2.2.2 Phase two: focus group discussion

One focus group discussion was conducted two months after the analysis of all individual interviews of the first phase had been done. It was aimed to check whether my data analysis of the interviews accurately captured participants' lived experiences and to obtain some additional collective data. Six participants were selected from the 17 interviewees to participate in this focus group discussion that lasted approximately 1 hour and 50 minutes. The language used for the discussion was Mandarin. During the discussion, the six participants examined my summary of findings and interpretations of all interview data, in addition to discussing the questions in the Guideline for Focus Group Discussion. Throughout the session, I facilitated group discussion and dynamics by using prompts and probes and being sensitive to the non-verbal cues.

All individual interviews and the focus group interview were conducted by myself. With participants' permission, the interviews and the focus group discussion were audio-recorded (with a digital voice recorder), and then transcribed verbatim.

3.3 Data Analysis

IPA is primarily concerned with “the lived experience of the participant and the meaning which the participant makes of that lived experience”, but the analysis is always a process of “how the analyst thinks the participant is thinking”, i.e., a process

of the “double hermeneutic” (Smith, Flowers, & Larkin, 2009, p. 80). In this study, the data were analyzed using the step-by-step IPA analytic strategy composed of the following four steps (Smith & Osborn, 2008, pp. 66-75; Smith, Flowers, & Larkin, 2009, pp. 79-107):

▪ **Step 1: Looking for themes in the first case**

- Read the transcript carefully and closely several times and familiarized myself with it, trying to be immersed in the participant’s world while maintaining an open mind.
- During reading, wrote in the right-hand margin any notes or comments on anything in the transcribed text that was considered interesting or significant, trying to generate as detailed and comprehensive notes and comments as possible. The comments were either descriptive (describing content) or conceptual (interpreting content), forming a preliminary understanding of the participant's lived experience. Although the conceptual comments were more abstract, they were inspired by and grounded in the text.
- Derived themes from the comments by attempting to identify and label what was essential in the particular comments. These themes were written in the left-hand margin of the transcript.

▪ **Step 2: Integrating emergent themes of the first case**

- Listed the themes that had been developed in the first step on a large sheet of paper in the same sequence as they appeared in the transcribed text.
- Established logical, conceptual, or structural connections between these themes and then clustered the interrelated themes by virtue of four main

methods: abstraction (conflating closely related themes into a cluster and naming the cluster), subsumption (conflating closely related themes into a cluster and elevating one of the themes to be the superordinate theme for this cluster), polarization (identifying antithetical relationships between the clusters of themes), and contextualization (detecting the temporal and cultural as well as narrative contexts of significant life events) (Smith, Flowers, & Larkin, 2009, pp. 96-99).

- Checked the internal consistency of each cluster.
- Created a table of themes in which each cluster of subordinate themes is subsumed into a superordinate theme.

▪ **Step 3: Analyzing subsequent cases**

- Treated each of the subsequent cases in its own right and tried to factor out the thoughts arising from the analysis of preceding cases.
- Followed the above-mentioned step 1 and step 2 to analyze each subsequent case.

▪ **Step 4: Detecting cross-case patterns**

- Used three main questions to guide the identification and establishment of cross-case patterns: “What connections are there across cases? How does a theme in one case help illuminate a different case? Which themes are the most potent?” (Smith, Flowers, & Larkin, 2009, p. 101). Those themes that were prevalent or salient within the transcribed data and/or were instrumental in elucidating the experiential meanings were selected as main superordinate themes. Some themes were filtered out due to lacking salience, prevalence,

depth, or illumination in the idiographically oriented accounts of participants.

For example, the theme of emptiness (*sunyata*) was determined to be inadequately supported and was thus discarded.

- Produced a master table for the group that consists of main superordinate themes with respective subordinate themes.

Analyzing data was iterative (Smith, 2004). It involved “moving from the particular to the shared, and from the descriptive to the interpretative” (Smith, Flowers, & Larkin, 2009, p. 79). It also involved a hermeneutic circle: “the part is interpreted in relation to the whole; the whole is interpreted in relation to the part” (Smith, Flowers, & Larkin, 2009, p. 92). The concept of the hermeneutic circle is probably “the most resonant idea in hermeneutic theory”, which involves part-whole dynamics (Smith, Flowers, & Larkin, 2009, p. 27). Gadamer (2004/1975) had this to say about the dynamics: “A person...projects a meaning for the text as a whole as soon as some initial meaning emerges in the text....[T]his fore-projection...is constantly revised in terms of what emerges as he penetrates into the meaning...Every revision...is capable of projecting before itself a new projection of meaning...This constant process of new projection constitutes the movement of understanding and interpretation” (p. 269). The part and the whole are, according to Palmquist (2000), dialectically symbiotic within the ongoing process of interpretation: A deeper understanding of the part gives rise to a more accurate conception of the whole, which in turn leads to an even deeper understanding of the parts. Palmquist (2000) treated such a hermeneutic circle as a spiral in that each part-whole evolution expands the understanding of the text.

In IPA, “the researcher's ongoing biography” can represent the whole, while “the encounter with a new participant” can represent the part (Smith, Flowers, & Larkin, 2009, p. 35). This hermeneutic circle of biography and encounter was also employed in the current study. An example was that my horizon of understanding participants' attitudes towards death evolved over time through such a hermeneutic circle. Initially, my fore-understanding was that religiously involved people are less fearful about death. This presupposition was confirmed by the first few interviews. But being introspectively mindful enabled me to refrain from imposing this pre-understanding on the phenomenon under investigation. As the data collection proceeded, two participants were found to harbor death anxiety. Having readily revisited my pre-understanding of the whole group of participants, I rectified it in the light of what came to be a new meaning, so that it could better account for the unfolding meaning. Subsequently, the finding that several participants actually held an ambivalent attitude towards death surfaced and challenged my revised fore-understanding, which was modified again so as to attain a more sophisticated and cumulative understanding of participants' lived experiences. Such a part-whole dialectic ensured that I paid careful attention to those empirical aspects that did not fit neatly into my fore-conceptions and self-consciously realigned the evolving fore-understandings to mesh with participants' experiential meanings.

Table 3 shows the themes (superordinate and subordinate) generated through data analysis. The utilization of verbatim extracts taken from the transcripts was to illustrate and illuminate each theme. Together, these themes provided insights into the religious coping experiences of elderly Chinese Buddhists and received significant support from the data.

Table 3: List of themes

Buddhist Identity and Aging

Significance of a Buddhist Identity for Aging
Significance of Aging for the Buddhist Identity

Perception of Stress

Stress as a Form of Dukkha
Attribution of Stress to Karma
Karma-Attribution for Current Stressors
Karma-Attribution for Anticipatory Stressors

Buddhist Coping Categories

Karma-Based Coping

Karma-Directed Corrective Coping
Cognitive Coping
Behavioral Coping
Karma-Directed Proactive Coping
Faith in Sacred Powers
Creation of Positive Karma
Adherence to a Simple and Healthy Life

Wisdom-Based Coping

Cognitive Reframing
Ego-Transcendence

Emotion-Based Coping

Generation of Positive Emotions
Cultivation of Four Immeasurable Traits
Appreciation of Buddhist Music
Ritual Participation
Labeling
Expression of Negative Emotions

Meditation-Based Coping

Concentration Meditation
Mindfulness Meditation

Compassion-Based Coping

Faith-Based Support
Volunteerism

Existential Coping

Coping with Meaninglessness
Coping with Loneliness

Multiple Coping with Health-Related Stress

Coping with Physical Disability
Coping with Chronic Illness
Coping with Cancer
Coping with Caregiving Stress

Religious Struggles

Religious Doubt
Religious Transferring
Dilemma about Vegetarianism
Religious Scrupulosity

Religious Conflict
Dysfunctional Coping with Marital Stress
Improper Meditation

Stress-Related Growth

Hardiness
Compassion
Hope and Optimism
Ego-Transcendence
Integration

3.4 Dependability and Credibility

In the current study, strenuous attempts were made to minimize researcher biases and response biases and to enhance the dependability (reliability) and credibility (validity) of the study.

First, feedback and criticisms from participants, colleagues, and thesis committee members helped me analyze the data with reasonable accuracy. In particular, my thesis committee members offered me constructive and critical advice, feedback, and comments. These contributions were the grist for my mill of analyzing data. I was more open to reflecting on and exploring alternative ways of thinking and was more mindful of personal preconceptions and biases such as self-serving bias and selective abstraction. My supervisor acted as a sounding board, alerting me to the influences of my personal biases, values, and beliefs, and tempering my inappropriate flourish of analytic trumpets. My supervisor also audited and reviewed the themes I derived from the data to ensure that they were credible.

Second, the lengthier interviews as well as my deeper understanding of Buddhism and Buddhists resulting from my personal and professional experience helped me detect response biases. Since 1990 (I was then a student of Xiamen

University in PRC), Buddhism has persistently piqued my interest. The interest is academic and I am not personally religious. Working for the Religious Affairs Bureau of Quanzhou, PRC and the Singapore Buddhist Lodge exposed me to anecdotal evidence on the helpfulness of Buddhist coping. The genuine interest in the topic motivated me to conduct rigorous research to gain insight into the lived experience of Buddhist coping. To update my experiential and practical knowledge of Buddhism, I visited temples, socialized with elderly Buddhists, and attended talks on Buddhism. These efforts also gave me a trove of contextual information. Concurrently, efforts were made to deepen my understanding of Buddhist theory. I read Buddhist books, joined a sutra study group organized by the Minding Centre, discussed with monks and spiritual friends, and meditated regularly. My prolonged engagement with Buddhists and relative familiarity with Buddhism contributed to the dependability and credibility of the study.

Third, combination of in-depth interviewing and focus group discussion generated more balanced data and more accurate interpretations. The breadth and depth of interview questions, coupled with the adoption of in-depth interviewing, facilitated the capture of a reasonable spectrum of perspectives on the topic. Subsequently, the focus group gave feedback about the appropriateness and accuracy of my interpretations of interview data. The feedback was instrumental in validating my interpretations and in placing my interpretations more in line with participants' subjective meanings. Thus, I had greater confidence that the fine-tuned analysis explicated and elucidated their experiential claims reasonably and sufficiently. This is what Padgett (2008) termed “member checking” (p. 182), which would make research conclusions more reasonably convincing.

Fourth, awareness of my conceptual sunglasses that might color what I understood helped me paint a clearer and more accurate picture of the lived experiences of participants and achieve analytic clarity and depth. When one embarks on a new research journey, one has to bring with him or her certain conceptual baggage. To prevent conceptual baggage from becoming conceptual bondage in the process of “trying to make sense of the participant trying to make sense of what is happening to them” (Smith, Flowers, & Larkin, 2009, p. 3), any interpretive framework in this study was treated as the Rosetta stone that helped decipher the mysteries of participants’ lived experiences, rather than as the Procrustean bed that dogmatically fitted the experiences in predefined standards. Accordingly, during data analysis, I tried to be mindful of my fore-conceptions that I brought to the encounter with the texts and “make sense of these fore-structures in terms of the things themselves” (Smith, Flowers, & Larkin, 2009, p. 25). A journal was kept to record my reflexive notes on observations, ideas, insights, and reflections in addition to the research process. My disciplined utilization of reflexivity ensured that my “gazes fixed on the things” (Gadamer, 2004/1975, p. 269) and my hermeneutic melodies resonated with the participants’ narrative voices.

Fifth, I was sensitive to participants’ cultural nuances and subtleties. Participants’ narratives were embedded in larger socio-cultural contexts. Consulting participants and cultural experts and expanding my cultural knowledge base enabled me to understand the culturally based dynamics. Furthermore, adopting egalitarianism and cultural empathy facilitated my intercultural engagement with the narratives.

Last but not least, participants’ actual quotes are cited as evidence to support the findings and analyses. During the choice of an actual quote from a transcript, a

review of its context was conducted on the basis of the transcript to confirm its applicability as evidence or illustration.

3.5 Ethical Issues

Concern for and attention to ethical issues remained throughout the study. IRB approval (approval number: NUS-903) was obtained from the National University of Singapore (NUS). I submitted relevant documents to NUS-IRB for review on 17 September 2009 and obtained the approval on 24 November 2009. In between, I made four revisions. The procedure not only sensitized me to ethical issues, but also alerted me to some practical aspects of the study that had eluded me. The informed consent of participants was gained before data-gathering. Efforts were made to ensure the full understanding of the study purposes and procedures on the part of participants before they entered into the interview process or the focus group session. All data related to participants were held with strict confidentiality and were not used for any purpose other than execution of this research. Besides respecting their privacy, anonymity, dignity, and worth, I honored their cultural and religious traditions at all times.

Talking about stress may trigger some negative emotions, but the focus of this study on coping with stress rather than on stress itself brought forth a positive reaction from participants. For example, some of them were proud of their success in overcoming difficulties and challenges; others appreciated their stress-related growth.

Termination was handled with warmth, empathy, and genuineness. I responded to participants' termination reactions in a professional and ethical manner. Debriefing was conducted (for debriefing questions, see Appendix 5) subsequent to every interview. A list of referral sources (see Appendix 6) was also provided.

With participants' permission, semi-structured interviews and the focus group discussion were audio-recorded into a digital voice recorder and were subsequently transcribed verbatim and analyzed. All information about participants in this study is used only for research and publication purposes. Measures taken to protect their privacy and confidentiality included:

- 1) All written information was secured in a locked place.
- 2) The digital voice recorder used for recording the interviews and the focus group discussion was secured in the same locked place;
- 3) The audio-recorded information was deleted after transcription;
- 4) The computer used to process relevant research data was password-protected;
- 5) All their identifiable information was given a code number;
- 6) Only I could access to participants' identifiable information (e.g. name, gender, date of birth, contact information, and residential address); and
- 7) All their identifiable information will never appear in any publication or presentation.

3.6 Concluding Remarks

“If men define situations as real, they are real in their consequences” (Thomas & Thomas, as cited in Ritzer, 2008, p. 369). People engage in religious coping, partially because religious solutions are more compelling than alternative ones (Pargament, 1997, p. 153). From the IPA perspective, people define and confine what is real and significant to them. The characteristics of IPA arguably render it well suited to exploring the breadth and depth of Buddhist coping in an organized,

coherent, and disciplined fashion. IPA would help to attain a more profound understanding of participants' concerns, anxieties, and sufferings as well as joys, hopes, and triumphs.

CHAPTER 4
RESULTS AND ANALYSIS

“Religion provides that glimmer of light when circumstances say there is none; it provides a future when all the evidence points to no future; it provides a purpose and direction, when everything in this world appears meaningless; and it provides comfort when there is no one around to comfort.”

—Koenig (1995b, p. 10)

CHAPTER 4

RESULTS AND ANALYSIS

This study has two aims. For one thing, it seeks to explore and understand how older Chinese Buddhists in Singapore perceive their life stress. For another, it attempts to identify and interpret the roles and functions of Buddhism in their coping process. This chapter deals with findings and analysis regarding participants' perception of and coping with stress. Three sections constitute this chapter. The first section focuses on the relationships between the Buddhist identity and aging. The second section is concerned with stress perception. In the final section, Buddhist coping categories, religious struggles, and stress-related growth are explored. Like other IPA reports, this chapter witnesses "the interweaving of analytic commentary and raw extracts" (Smith, Flowers, & Larkin, 2009, p. 110).

4.1 Buddhist Identity and Aging

To make sense of participants' experience of religious coping, it seems necessary to first gain an insight into what a religious identity meant to the participants and its relationships with aging. Findings demonstrated that there was a reciprocal relationship between participants' religious identity and aging.

4.1.1 Significance of a Buddhist identity for aging

Although emphasizing the concept of *no-self*, Buddhism acknowledges “the self-identity of the individual person” (Abe, 1995, p. 65). In other words, the individual has a self-identity in a relative sense but has no substantial self-identity in an absolute sense (Abe, 1995, p. 66). Accordingly, in the current study, a Buddhist identity in a relative sense was recognized and appreciated by all 17 participants. Such statements as “I am a Buddhist” and “I am lucky to be a Buddhist” were pregnant with a sense of Buddhist identity. Oftentimes, their tone of voice communicated a sense of fortuitousness and felicity arising from having a Buddhist identity.

For all of 17 participants, conversion to Buddhism whereby they acquired a Buddhist identity was a significant turning point in life. Not surprisingly, a majority of them exhibited a vivid memory of their conversion ceremony and exuded joy when describing their conversion, which was not infrequently concluded with an expression of fortuitousness. A prime illustration was Madam Loh, aged 70, who reminisced that she was exceptionally excited and overjoyed throughout her conversion ceremony. Unlike some participants whose conversion transpired in the shadow of crisis, Madam Loh looked on her conversion as a natural result due to her own karma:

My Buddhist mentor told me that this was because the seed of virtue inherent in my karma germinated. It was a natural thing. It just happened naturally. My Buddhist mentor asked me if I wanted to convert. I just said yes. That’s it.

A sense of specialness was a prominent theme in connection with participants’ Buddhist identity. Akin to many other participants, Madam Loh harbored a sense of specialness sustained by the Buddhist doctrine of *samsara* (the cycle of births, deaths, and rebirths). According to this doctrine, chances of reincarnation into a human form are as slim as the incidence for a blind turtle in the vast sea to happen to go through a hole in a piece of sea wood. Furthermore, this doctrine holds that of six realms of existence (i.e., celestial beings, demi-gods, humans, animals, hungry ghosts, and hell-

denizens), human beings enjoy the most suitable environment for learning and practicing Buddhism. As Madam Loh commented:

Now we've got this opportunity to learn Buddha Dharma, it is a very special karmically conditioned opportunity, very special, do you know? According to Buddhism, it is difficult for us to be reborn as a human being, but now we have got this human life; it is also difficult for us to hear Buddha Dharma, but now we have already heard...Buddha Dharma is not easily available for hearing, particularly in the present Dharma-ending age, even more difficult to hear. I always say I'm lucky, we're lucky. Human environment isn't so painful as that of hell-dwellers or hungry ghosts. It isn't so joyful as that of heavenly beings. Being too painful or too joyful is not suitable for practicing Buddhism.

It is important to point out that participants did not translate the sense of specialness into a sense of pride. One participant made precisely this point:

Buddhism teaches us to respect all sentient beings. Before, I was a little bit *haulian* [proud] because I am a Buddhist. I liked to argue with others. Nothing else, just argued about which religion is better. Then my Buddhist mentor scolded me, saying pride is one of the six poisons for mind. So I came to realize I was wrong.

Among participants, an increased awareness of the importance of a Buddhist identity in later adulthood pervaded. The Buddhist identity served several preeminent functions. First of all, a Buddhist identity was of paramount importance to participants' self-definition. It presumably provided participants with definite answers to the questions of who they were in later adulthood and who they would be. It prevented their personal growth from coming to a halt when they had to face vicissitudes, challenges, and stressors associated with aging. Hence, the key to understanding their self-definition would rest on gaining an insight into their Buddhist identity.

In addition, the Buddhist identity afforded participants a sense of belonging and community. From an ecological perspective, a Buddhist identity provided them with a "niche" (role) fit for their "habitat" (social and physical settings) (Hepworth et al., 2006, P. 17), and sustained the correspondence between their "habitus"

(internalized mental schemes) and religious “field” (Bourdieu, 1984, p. 94). This might protect their “life-world” from “colonization” by “system” (Habermas, 1987, p. 299). Embosomed in a Buddhist community, they were imbued with feelings of supportiveness, security, belonging, and rootedness. No other words could help us better capture what a Buddhist identity meant to participants than the following words:

I feel connected with other fellow Buddhists. I also have a sense of connectedness with the sacred powers. I’m not alone. I’m not homeless.

Lastly, a fundamental sense of meaning and purpose given by the Buddhist identity made their life orderly, lively, meaningful, and fulfilling. As Jung (1971) argued:

...we cannot live the afternoon of life according to the programme of life’s morning: for what was great in the morning will be little at evening, and what in the morning was true will at evening have become a lie... Whoever carries over into the afternoon the law of the morning... must pay for it with damage to his soul... (pp. 17-18)

This argument suggests that the meaning for late life is different from the one for early life. Having a Buddhist identity presumably provided participants with a sense of direction, meaning, and purpose. This might be the reason why many participants avowed that without the Buddhist identity and without spiritual goals, their life would be directionless and chaotic.

By and large, it appeared that the Buddhist identity constituted the central part of participants’ identity and facilitated participants’ segueing into the twilight of life. Perhaps this facilitation was nowhere more evident than in coping with late-life stress where the Buddhist identity was perceived as a reliable source of solace, strength, protection, control, and meaning.

4.1.2 Significance of aging for the Buddhist identity

Late life appears to be a ripe time for spiritual development and growth. For most of the participants, juggling multiple (e.g., occupational and familial) responsibilities frequently siphoned off their time and energy. So the unprecedented freedom from these responsibilities in old age made it possible for them to have more discretionary time for religious pursuits. This was a long-awaited opportunity, as Madam Lee said excitedly:

I have never been freer than now. When I was young, I just wanted to earn money, the more the better. Now I'm free, though there is no much time left for me to remain in this world. I just want to learn more Buddhism.

Other participants echoed:

At long last I can have enough time for myself...I used to work long hours. I was like a yoked ox. Now I feel a strong need to make up for the lost time that could otherwise be used for religious pursuits.

In old age, because there are fewer family responsibilities, because there are fewer constraints by desires and material world, a person can put more effort in learning Buddhism.

Because I'm retired, I have more time to learn Buddhism, participate in religious activities. It is now that I feel I am practicing in an authentic way, because I have no burden, psychological burden; anything has been put down.

Madam Loh, for example, accorded great importance to spiritual strivings. Before retirement, added to her work-related stress were heavy demands of raising four children. As a dedicated mother and a conscientious employee, she spent a great deal of time making a living. Although she had not swerved from the path of Buddhism, neither had she devoted adequate time to learning and practicing Buddhism. In the final stage of life, she felt the pressing need to draw closer to Buddhism:

In the remaining years of my life, I just don't want to sit idle. I was not content simply to lead a leisure-oriented life. Practicing Buddhism is the best leisure activity....How many more years can I have for the rest of my life?

The above extracts reveal that a slower pace of life was not only a welcome relief from secular obligations but also an opportunity for spiritual enjoyment and growth. They also suggest that a heightened sense of mortality in old age might whet participants' appetite for spirituality, making their aging carry greater spiritual significance. Impressive was that religious quests had become participants' center of gravity, occupying a lion's share of their time. Take a 71-year-old participant as an example. Almost every day Madam Lui went to a Buddhist monastery, taking part in daily religious activities there. And every night at home, she carved out one hour for meditation. These diurnal and nocturnal religious practices bore witness to a profound commitment to her spiritual goals. According to Madam Lui, she derived dharmic joy and spiritual energy from her intensive spiritual strivings. Listen to what she uttered from the bottom of her heart:

Interviewer: You have rich life experiences. Then what were your happiest moments in life?

Madam Lui: Practice Buddhism. I find nothing happier than this, because Buddhism really transcends worldliness. It teaches us the truths about this universe and our life. Learning from the Buddha is learning great wisdom. You know, great wisdom, not secular wisdom. Learning from the Buddha will enable you to overcome suffering and find happiness and will enable you to transcend samsara and gain liberation. Why not?

For participants, Buddhist teachings represented supreme truths about human life and the universe; spiritual goals assumed "a level of primacy within a person's overall goal hierarchy" (Emmons, 1999, p. 96). Thus, it was logical that they gave primacy to Buddhism and led a methodical and meaningful religious life.

4.1.3 Summary

Profound commitment and deep involvement characterized participants' religious life. It seemed that heightened awareness of the importance of spirituality and increased freedom in old age as well as a stronger sense of finality contributed to participants' giving priority to spiritual goals. They calibrated and orchestrated different aspects of life in light of their spiritual strivings. For participants, Buddhism seemed to have "become a larger part of their orienting system" (Pargament, 1997, p. 301) and therefore was "more likely to be accessed in coping" (p. 144). Given the higher levels of their self-rated religiousness and the mutual influences between the Buddhist identity and aging, it is hardly surprising that participants described their lived experience of stress and coping within a Buddhist discourse.

4.2 Perception of Stress

This section provides insights into how older Chinese Buddhists in Singapore perceive their life stress. Researchers such as Aldwin (2007) and Pargament (1997, 2007, 2011) have indicated that religious and cultural factors can shape stress perception and coping. One may wonder how Buddhism shapes and informs the perception of stress as well as coping with stress. This study has found that Buddhist notions such as suffering (*dukkha*), causality (*karma*), impermanence (*annica*), egolessness (*anatman*), non-attachment (*apratishitacittam*), and dependent arising (*paticcasamuppada*) greatly influenced participants' perception of stress. They tended to interpret, conceptualize, and reframe stressful events and situations in terms of such Buddhist notions.

As we will see below, types of stressors varied across the participants, but common themes about how they perceived stress could be identified. Emergent from participants' accounts were two main themes about stress perception: treatment of stress as a form of dukkha (suffering) and attribution of stress to karma (the law of cause and effect). Thus, any attempt to understand their stress perception should take into account what stress meant to them religiously.

4.2.1 Stress as a form of dukkha: path or pitfall?

A wide range of the stressors reported by participants included interpersonal conflict, marital stress, financial strain, physical illness, disability, caregiving burden, bereavement, loneliness, dependence on care, and the fear of death and dying. These stressors resonated with the stressors documented in the existing literature (Aldwin & Yancura, 2011; Aldwin, 2011; Lazarus & Lazarus, 2006; Stephens, Crowther, Hobfoll, & Tennenbaum, 1990). Additionally, religious life led to participants' exposure to some "religious-specific life stressors" (Pargament, 2011, p. 274). For example, there were religious struggles (such as religious doubt, religious conflict; more will be said about religious struggles later in this chapter).

As stated previously, the truth that life is suffering (dukkha) tops the Four Noble Truths. Embracing this truth, participants tended to place stress within the context of dukkha. Here is how one participant articulated his view:

But human beings definitely have stress. According to Buddhism, our world is a dirty and turbid world. The first noble truth of Buddhism is the truth of suffering. Life has a lot of sufferings, worries, stresses, and anxieties. But we have to endure.... If I am under stress, I say to myself: "This is life. Everybody suffers. Life is suffering. Stress is a kind of suffering. You're already very old, there is no much time left for you to live in this world, why not tolerate stress, co-existing with it."

The extract above illustrates that stress can be reinterpreted in terms of dukkha, which is likely to facilitate transcendent acceptance of existential suffering and thus to enhance endurance with stress. This stress-in-dukkha conceptualization was pervasive among participants. The following quotation sheds more light on this perspective:

One time I was so stressed out. I had low appetite, insomnia, diminished energy, poor concentration. I lost interest in once-pleasurable activities. I thought I might lose my mind or go crazy. Then during a group discussion, the monk wanted us to talk about *ku* [苦; suffering]. And we voiced our personal opinions; some also shared their stories. Then I realized everybody has suffering. The Buddha has told us a truth. He has never lied. Then I thought although I was stressful, I could regard this as a normal part of life's suffering.

To this participant, stress is a form of suffering that is intrinsic to life; thus, it would be of benefit to her to accept it as it is. This understanding fosters her rationalization of and coexistence with stress. Being with stress peacefully would be advantageous. In Geertz's (1973) opinion, the issue of suffering does not lie in how to steer clear of suffering; rather, it is concerned with how to turn suffering into something "sufferable" (p. 104). In this sense, it would be inappropriate to run away from stress hedonically or to grapple with stress drudgingly. Under such circumstances, being with stress might be a judicious way to render stress more sufferable.

It is worth noting that the usual translation of dukkha into suffering tends to muddle our understanding of its fuller meaning. Here, four clarifications are relevant. First, it is important to underscore that Buddhism does not deny the existence of happiness (Abe, 1995, p. 74), so the concept of dukkha must not be exaggerated to the point where there is no foothold for happiness in life. As a participant uttered:

Some people don't understand the real meanings of dukkha, so they groan and moan all day long. But you should know that suffering and happiness are relative. The Buddha didn't ask you not to enjoy happiness; he just would like you not to get attached to happiness.

The fact, according to Buddhism, is that suffering is often wrapped in a cloak of happiness. For example, striving for happiness is a painful process; happiness cannot last long; and one is worried about losing current happiness. All these are associated with one's attachment to happiness. Paradoxically, when one gives up the grasping for happiness and the aversion to suffering, one will dwell in more happiness (Abe, 1995; Santee, 2007).

Second, Buddhism seems to adopt a realistic view of human life. Admittedly, participants often used the imagery of the bitter sea to describe their lives. Perhaps for many participants, nothing other than this imagery could vividly convey a poignant sense of distress:

Life is like a bitter sea, boundless, up and down. This is what living in the *suopo* world [娑婆世界; the world of endurance] is like. The *suopo* world is an evil world of *wuzhuo* [五浊; five defilements].

Nevertheless, this metaphor is not necessarily on a pessimistic note. Rather, what it really conveys is a realistic insight into human existence. Listen to how one participant expressed her realism:

It has dawned on me that earthly life is short-lived and bitter. But still I want to make full use of it. I want to, want to make most of it....When I say life is bitter, I mean there are eight kinds of bitterness. Birth, aging, illness, and death, these are the first four kinds of bitterness. The other four occur when loved ones are forced to separate from one another, when those who hate one another have to get together, when people can't get what they pursue, and when mind is fiery. Everyone will encounter all these so-called sufferings. They're really existent in our daily life.

Third, the truth of dukkha should be understood in conjunction with another noble truth that suffering can be eradicated or at least lessened. It is reasonable to expect that a realistic and hopeful spirit would grow out of this combined understanding of suffering. Buddhist teachings suggest that only if one gains a fuller

understanding of suffering can one really triumph over it. As one participant expounded:

The Buddha is a fully enlightened being. One single moment of awakening will make us become a Buddha. We want to be a fully enlightened being. Since beginningless time, we've undergone bewilderments, karmic retributions, and sufferings due to ignorance, up and down in the sea of samsara. But if we follow in the Buddha's footsteps, we can get away from the bitter sea. There is bitterness; there is happiness. When we're enlightened, bitterness will be turned into happiness.

Fourth, in a wider context, sufferings in old age as described in Buddhism "are intended to be spurs to spiritual growth and practice" (Lecso, 1989, p. 60). This was echoed by a participant:

Physical declines are miserable, hard to accept. Your wrinkles are on the increase and you are becoming ugly. Your teeth are gone and you can't hear clearly. But what can you do? This is natural, inevitable. Birth, aging, illness, and death all are sufferings. We should learn how to break through these physical limitations and let go of the body. Understanding suffering helps us to cultivate *chulixin* [出离心; the will to liberation from suffering]. The *chulixin* may urge you to follow the path toward enlightenment.

Plausibly, these four dimensions of the notion of dukkha—a realistic view of human existence, a relativistic approach to happiness, a futuristic hope of ending suffering, and an opportunity for spiritual growth—would combine to avert participants from being hijacked by pessimistic and nihilistic thoughts and to endow their stress with a spiritual significance.

4.2.2. Attribution of stress to karma

Cognitive appraisal involves establishing why a specific person-environment transaction is stressful (Lazarus & Folkman, 1984, p. 19). Deeper insight into stress perception may be obtained if we examine how participants assigned attributions to stress. Prevalent was the attribution of stress to karma, which was mainly responsible for legitimizing and validating participants' perception of stress.

4.2.2.1 Karma-attribution for current stressors

Appreciating and embracing the law of karma (the law of cause and effect), participants tended to hold their own karma accountable for their stress. This corresponds to a Buddhist viewpoint as enunciated by Chen (2006, p. 75) that the individual is the primary source of and therefore responsible for his or her own stress and suffering. The following extracts give a hint of how participants traced stress to negative karma:

I don't fare well now. I think this is because I did bad deeds in the past. So I don't blame my suffering on others or heaven. I accept whatever happens to me, good or bad. I don't feel hopeless. What I need to do is to avoid bad actions and perform good behaviors.

My life has been up and down in the waves of karma. When bad karma comes, I'm down and miserable. When good karma comes, I'm up and happy. These are my karmic results; they are inescapable.

When a dog barks at me and wants to bite me, I'm scared. I would say this is because of my bad karmic relationship with it. Maybe I kicked or killed it in previous life.

For participants, not only could previous karma be associated with actions done in this life, it might also result from actions performed in the previous life or in the even earlier lives. As Sakyamuni Buddha elucidated, "You are in slavery to a tyrant of your own setting up; your own deeds, words, and thoughts in your present and former states of being, are your own avengers through a countless series of existences" (Monier-Williams, 1995, p. 548).

Karma-attribution was reiterated by participants. In the focus group discussion, the topic of karma was hotly discussed. A participant articulated it in this way:

Yeah, at that time, I had trouble falling asleep. I often woke up too early. I sat up. I said to myself this was due to the karma in my previous life.

Another participant expressed:

Having a big, happy family is my *fubao* [福报; good karmic retribution]. I'm satisfied. In a harmonious family, everything goes smoothly. So I suffer less.

A third participant added:

Then I had difficulty falling asleep. I didn't feel like eating. I constantly felt tired. My marriage ended up with divorce, but for me, I've paid my *yezhai* [业债; karmic debts].

The fourth participant explained:

This is my *yezhang* [业障; karma-induced hindrance]. The law of karma is real. Take my husband for example. Others who have this disease, esophageal cancer, in the final stage, feel pain, but he didn't. Of course, he felt tired. He passed away peacefully.

The fifth participant shared:

Yeli [业力; karmic force] can drive you to a good or bad environment. I believe this. Our life sometimes is good and sometimes is bad. This is due to *yeli*. It is overwhelming.

The final participant disclosed:

I felt stressed out. I easily woke up and was unable to get back to sleep. My heart aches. I always complain. I feel dizzy. Never, never *zaoye* [造业; commit negative karma].

These accounts reflect profound belief in the law of karma and demonstrate the impact of karma-attribution on well-being.

The perceived karma-stress linkage above built on self-induced karma. On the other hand, others-induced karma also left a deep imprint on participants' perceived karma-stress linkage. In this case, the concept of interdependence underlies this linkage. The Buddhist theory of interdependence maintains that "all things and all beings are interconnected and mutually dependent in time and place" (Nakasone, 1994, p. 243). Although interdependence connotes complicated and concatenated links of others-induced karma to stress, participants were inclined to simplistically

single out one or two links. For them, some of the karmic links that resulted in stress were relatively distal and intangible. For example, stress was attributed to a karmic act of a hungry ghost or a departed person:

Hungry ghosts can disturb people. Under these circumstances, *mengshanshishi* [蒙山施食; offering food to starving ghosts] is effective in comforting the ghosts.

One time, I always felt there was something wrong in my home. And I always dreamt about a ghost. A monk said: “You’re a person who is learning Buddhism, so the ghost wants to get some karmic benefits from you. Maybe you should recite the Diamond Sutra on his behalf for one week.” I did so. And the ghost seemed to have benefited from my recitation and disappeared.

Because over many, many lives, we’ve had countless karmic relationships with human beings or animals. For example, we may have killed a lot of animals. So they’ve hated us. They’ve become our *yuanqinzhai* [冤亲债主; karmic creditors] and will wreak vengeance on us.

Parenthetically, many Chinese believe that ancestor worship can bring blessings to offspring. On the other hand, as Thang (2000) pointed out, there is a fear that if ancestors are not ritually worshipped, they may get angry and thus supernaturally punish descendants’ families (p. 200). A participant had such a fear:

One time, I just felt fidgety, nervous. I didn’t know why. That night I had a dream. I dreamt of my mother. Then I told my wife. My wife said, alas, we forgot to commemorate the anniversary of her death.

Albeit nowhere did this participant clearly trace his stress to his deceased mother, the karmic linkage was perceptible.

Conversely, other karmic links that led to stress were found to be relatively proximal and tangible. For instance, the problems of family members became the source of stress. Aldwin (1990), having referred to “concerns for others” as “nonegocentric stress”, explained that harm, loss, or threat inflicted on our loved ones brings us under stress too, even if we find no direct impingement of the harm, loss, or

threat on our personal well-being (p. 52). Bierman and Milkie (2008) have discussed a similar phenomenon that adult children's stressful life events induce stress in parents, which they termed "intergenerational stress proliferation" (p. 344). In this study, some participants could experience stress when their adult children or grandchildren were stressful. This suggested the presence of stress proliferation within a family setting. They thought that this kind of stress proliferation was a result of deep karmic relationships between family members.

In addition, falling into stress may arise from being compassionate with others' sufferings on the basis of karmic relationships, as revealed by the following conversation.

Mr. Teo: My being a TCM physician is an arduous task. Some patients I treated were cured, but some were not. So there's much stress. The most fearful thing is that treatments are not effective.

Interviewer: Why not retire since there is stress [he was already 90 years old]?

Mr. Teo: I've thought about retiring several times, but it's not easy to retire. Earning more money is not my purpose. I just want to follow in the steps of the Bodhisattva of Mercy, harboring loving kindness and compassion and wishing all sentient beings to suffer nothing. I chant the mantra of the Buddha of Medicine and the manta of Om-Ma-Ni-Pe-Me-Hum. I hope to eliminate the sufferings of patients, because the sufferings of patients are also my sufferings; the stress of patients is also my stress. Ha-Ha.

Interviewer: This is really a spirit of the Bodhisattva, that is, regard patients' stress as one's own stress.

Mr. Teo: Patients trust me. I, I have the responsibility to exert my abilities to deliver them from sufferings. If I practiced TCM only for the money purpose, I would not have put stress on myself. This is karma. I have karmic relationships with them; they have karmic relationships with me. I help them; they help me.

Mr. Teo used the concept of karmic interdependence to account for why things that distressed others could afflict him. In all likelihood, a karma-attribution was tenable and viable for him.

4.2.2.2. Karma-attribution for anticipatory stressors

Especially noteworthy is that karmic results are not necessarily immediate although they are bound to occur. According to *Angutara Nikaya*, any action creates karmic force that will germinate and materialize under the right conditions; karmic seeds may ripen during this life, next life, or later lives (Jing, 2006, p. 96). The temporal extension beyond this lifetime to encompass past and future lifetimes ensures the viability and tenability of karma-attribution. Let's look at the following extracts:

Sometimes people will experience the bad karmic results in this life. But some bad karmic results won't come to fruition until next life.

Good deeds beget good results and bad deeds beget bad results. The results of our previous actions will befall us sooner or later.

The law of karma is true at any time and in any place and I have no any doubt about this truth.

It was found that participants attributed not only present stressors but also some of future-oriented stressors to evil karma. Different from lower animals, humans can suffer stress even without exposure to a stressor (Taylor, 2009, p. 157). Likewise, participants' vision of stressors was not myopic; they anticipated some threats. Lazarus and Folkman (1984) defined threat as "harms or losses that have not yet taken place but are anticipated" (p. 32). Two main anticipatory threats were widespread among participants. One was dependence on care due to chronic illness or functional disability; the other was death concerns.

4.2.2.2.1 Dependence-related stress

Dependence-related stress was not a fiction; rather it was a fact. As a participant commented:

Generally speaking, old guys are fearful of poor vision, low energy, pain, physical disability, many chronic illnesses, loss of control over daily life, not enough money, and dementia...If you lose the ability to feed yourself, go to toilet by yourself, that would be depressing and stress-stricken.

On the personal level, at least three reasons can be cited for dependence-related stress. First, perhaps the role of event uncertainty in generating threat is nowhere more widely documented than in cases of physical illness and disability (Lazarus & Folkman, 1984, p. 90). Second, according to Jang, Bergman, Schonfeld, and Molinari (2006), the three strongest factors that deter the development of depression in older persons are a sense of control over life, an ability to make choices about daily activities, and the confidence in being able to manage one's life. Dependence may erode a sense of personal control and mastery, resulting in feelings of uselessness and worthlessness. Third, coping resources in late life tend to take a downward spiral.

It was understandable that the above three reasons found echoes in participants' accounts. However, what seemed more interpretatively significant to their dependence-related stress was the concept of individual karma:

Being bed-ridden or wheelchair-bound or whatever, this is due to bad karma. When retribution comes, nobody can resist. Although I try to, try my best to reduce bad karma, as human beings, we carry too much bad karma to this world. I don't know how much bad karma I have. Nobody can tell me. Even monks don't know. Only Buddhas or Bodhisattvas can tell because they have *sumingtong* [宿命通; a transcendent power of knowing others' past lives]. So I'm worried my bad karma may make me bed-ridden or wheelchair-bound.

A friend of mine suddenly had a stroke. I visited him. He was very happy. But before I entered his home, I heard he was shouting. He always was gentle and talked nicely. Then I tried to comfort him. But I didn't dare to tell him this was due to karma. I just asked him to chant Amitabha Buddha's name more frequently.... Before long, I fell down, but not

serious. Lucky. I thought life is impermanent. Today I'm OK; tomorrow I will probably die or be immobile. Only karmic forces can determine whether I'll be able to have a happy ending.

These quotes uncover the perceived causal relationship between individual karma and dependence-related stress. On the other hand, sometimes one's suffering is due to collective karma; that is, as a member of a collectivity, one shares the karmic reward for what the collectivity has done (Van Hien, 2003, p. 353). In addition to individual karma, it was not unusual that participants attempted to invoke the notion of collective karma, although it was mentioned less frequently than was individual karma. One oft-mentioned form of collective karma was ecological deterioration. One participant stated:

One time my husband asked me what I would do if he should pass away earlier than me. I said I didn't know. What my husband meant was who would take care of me if I should have to depend on others' care. Frankly, I had never thought about this issue before. But my husband was serious. Then I said: "Don't worry. We are good persons and will have good retribution." Then my husband said: "Now this world is becoming worse and worse. Environmental destruction has caused many cases of disease such as cancer. This is collective karma. Many people can't die peacefully." Yes, now many people die painfully and prematurely.... So I began to think about my future issue. Will I be like many people who suffer from environmental diseases and live in dependence? Will this collective karma affect me?

Additionally, the matrix of socio-cultural and politico-economic factors in Singapore might constitute part of collective karma responsible for this type of stress. Two of these factors merit particular attention. First, certain traditional Chinese family values are progressively declining in Singapore. Filial piety (Thang, 2000, pp. 196-199) is one of them, although Singaporeans have been indoctrinated with filial piety from childhood (Teo, Mehta, Thang, & Chan, 2006, pp. 89-90). This value may be withering away in the thoughts of younger Chinese Singaporeans; it is still lingering

in the minds of many elderly Chinese including almost all the participants, though in a varying extent. One participant had this to say:

When people retire, they feel lonely because fewer people are around now. This is because of collective karma. So old people could feel they receive the cold shoulder from society. They hope that somebody will be sympathetic with them. But now Singapore is different from before. We *tangren* [唐人; ethnic Chinese] value filial piety, ancestor worship, and the continuation of the family tree. But now in Singapore, these traditional values are becoming weaker and weaker. This is due to collective karma.

Reflective of the value of filial piety is the emphasis on family eldercare. But this emphasis is increasingly challenged and eroded in Singapore. Discrepancy between parents' expectation of receiving care in old age and children's unwillingness to fulfill filial piety is nothing new. One participant deplored:

Now young couples don't like to have more children even though the government encourages them to do so. I have five children. They're filial. But some of my friends are worried because their children are not so filial. In olden days, one couple could raise seven or eight children, but now seven or eight children can't support one mother⁷. So sad! So strange la.

In late life, the clustering of stressful life events and the more chronic nature of illness and disability require progressive and long-standing commitments from caregivers (Hansson & Carpenter, 1990, p. 147). However, the availability and adequacy of family members to render care may be further negatively affected by emigration, residential mobility, and shrinking family size.

The second factor is concerned with relatively high medical costs in Singapore. According to a survey by the Lien Foundation (2009), for Singaporeans, the most feared thing about death was becoming a burden to family and friends, while medical cost was the next top death-related fear. In discussing the concerns of male elderly Chinese Singaporeans who lived alone, Thang (2011) pointed out, "Medical costs as

⁷ In 2009, the old age support ratio in Singapore was 8.3 (MCYS, 2009, <http://app1.mcys.gov.sg/ResearchRoom/ResearchStatistics/StatisticalIndicatorsontheElderly.aspx>)

well as daily expenses can be a huge burden for older persons, especially when they live to their eighties and above” (p. 60). In this study, participants were similarly concerned that the financial burden incurred by an acute or chronic illness could whittle down their or their families’ economic resources. Accordingly, they were reluctant to make their families financially and psychologically miserable:

I am already old. Although now I am still strong, still independent, and I am happy, I’m worried that one day I may be bedridden. I’m not sure if I will be still happy at that time. Perhaps no, because you’re like a baby that has to depend on others. But everybody is so busy, who’ll take care of me? Who’ll give me money?

Everything is expensive, you know. Seeing a doctor is expensive; hospitalization is expensive. In Singapore, it is better to die than to fall seriously ill. If I am seriously ill and can’t walk about, then I say I would rather die. I don’t want to bring others trouble.

Participants tended to appeal to the notion of collective karma for accounting for the mounting medical costs in Singapore. For instance,

High medical costs. Hmm, from a Buddhist point of view, this is due to social common karma. Very complicated. I don’t know. But I regard it as an external thing that I can do nothing to change. What I can do is save money.

Singapore is a blessed place. Many temples and churches. People are good. People pray, do good works. All these help to accumulate good collective karma. As to high medical expenses in Singapore, I think it is the result of bad collective karma. Sometimes I think actually this is fair, you know. It’s impossible for us to enjoy too many things. We already have a good environment, no typhoon, no earthquake, very safe. We already have many good things, so don’t be greedy. It’s impossible for us to own too many good things in the *suopo* world.

In a nutshell, it seemed that individual karma and collective karma coalesced to result in dependence-related stress in participants, who endeavored to be as independent and autonomous as they could.

4.2.2.2.2 Death-related stress

Not unrelated to but distinguishable from the stressor of dependence was that of death. Only human beings are weighed down by an awareness of the inevitability of their own demise (Wong, 2008, p. 65). Older adults' increasing awareness of not having much time left for this life results in their frequent thinking about the reality of death (Carstensen, Fung, & Charles, 2003). In Singapore, people generally feel at home talking about death (Wee et al., 2006) and Chinese elderly seem to exhibit no aversion to discuss death-related issues (Chan & Yau, 2009). Given a higher salience of the death reality in old age (Tornstam, 2009), death seemed to loom large on participants' horizon. As one participant said on a somewhat facetious note, "I am already so close to my coffin."

Rebirth in Amitabha's Pure Land is the primary goal for adherents of Pure Land Buddhism (Van Hien, 2003, p. 108). It was found that all participants harbored this goal. However, entertaining this goal did not necessarily translate into death acceptance. More specifically, seven participants exhibited peaceful acceptance of death, five participants manifested ambivalence (approach-avoidance) toward death, and still five experienced death anxiety. Less predictable was that a significant proportion of the participants regarded death as a major potential stressor (death anxiety or ambivalence toward death). This seems to contradict evidence (e.g., Cohen et al., 2005; Harding, Flannelly, Weaver, & Costa, 2005; Hui & Coleman, 2012; Koenig, 1988) that indicates the lower levels of death anxiety in religiously committed persons.

Let's first talk about death anxiety. The greatest trial facing human life is nothing but death (Kimble, 2000, p. 151). This was echoed by a participant:

The most fearful thing in life is death. If we are not afraid of death, we are not afraid of anything else. Life and death is the most important thing in life. What else can frighten him if a person is not afraid of death?

Awareness of finitude can result in existential anxiety, namely, a profound concern over whether one's life is meaningful and fulfilling; if not, being aware of the inevitability of death can plunge the individual into death anxiety (Morse, 1998, p. 112). Managing death anxiety, in this sense, is of significance to achieving positive aging. Three main sources of death anxiety were identified in this study. The first was the fear of being unable to achieve rebirth in Amitabha's Pure Land. This fear was typically experienced by a female participant. More exposure to death had caused her to calculate how far she was away from death. Pondering over the shortness of life led to her shortness of breath due to anxiety over death. The following extract vividly conveys her poignant sense of death anxiety:

You may laugh at me, but to be frank with you, I'm *kiasi* [fearful of death]...I am afraid that I won't be able to go to the Western Pure Land after death. I feel that I'm not so eligible for going there. I still need to cultivate myself and enhance myself. My previous impure karma is heavy.

It seems that the ineligibility perception induced her fear of death, which had become an albatross suffocating her life.

A second source of death anxiety was the fear of descending into three evil realms. Krause (2011b) found that older persons who were able to religiously interpret their contact with a dead loved one and to draw on such an encounter to reinforce their own religious beliefs were more likely to have a lower sense of death anxiety. However, this study found that spiritual encounter with deceased relatives increased death anxiety in some participants who dreamed that their departed relatives were suffering. One plausible explanation is that there are multiple Buddhist forms of afterlife and three of them are vicious (i.e., animals, ghosts, and hell-beings). Although scruples about descending into these three evil realms and/or concerns about failure to enter Amitabha's Pure Land may motivate Buddhists to accumulate positive karma, they also have the potential to induce death anxiety.

The third source of death anxiety was the fear of physical pain. Witnessing her mother's excruciating pain and suffering on the verge of death not only made one participant cry bitter tears but also put her under the shadow of death:

The body is composed of four elements [earth, water, air, and fire]. During dying, these four elements will be decomposed. I think the whole process would be very painful. You know, every time I think of this, this gives me creeps. I'm so frightened.

Listen to another participant:

It is through a painful process that a newborn baby can come to this world. You know, coming out from a mother's uterus is miserable. Likewise, through another painful process we depart this world. As to the pangs of being born, I've experienced. As to the throes of dying, they are waiting for me.

In short, when forced to come face-to-face with the naked reality of death, some elderly Buddhists may be inadequately prepared to come to terms with it, which suggests that being a Buddhist is not necessarily free from death anxiety.

Standing in stark contrast to the participants with death anxiety was the participants who were able to be peacefully accepting of death. They envisioned and were confident that an afterlife free of suffering was awaiting them. This was exemplified in the case of Mr. Teo. He experienced an exhilarating pre-taste of the Pure Land of Amitabha Buddha, which gave him a sense of hope and optimism and helped him find meaning in his personal mortality. Thus, he was able to acknowledge and accept the inevitability of death. Joyfully, he said:

This is an emancipatory goal. I long to see the pure land that is very beautiful, very exciting. But I've to cultivate a mindful awareness of Amitabha Buddha; let Him dwell in my mind...I've learned to empty my ego, and then let Him dwell in my mind. I am confident I'll be able to attain rebirth there.

The sense of confidence in rebirth in Amitabha Buddha's Pure Land was echoed by a number of participants:

Alas, old already, old already. Nothing else I can do. I just chant the name of Amitabha Buddha again and again. Then I'll have a good death. A good death, no trouble to anybody. Then I'll be in Amitabha's Pure Land. I'm so sure.

I look to Buddhas and Bodhisattvas for help. Let me die calmly. There will certainly be some sufferings, but I hope I can deal with them calmly...I feel Amitabha Buddha will come, also other Bodhisattvas will come when I have to say Goodbye to this world. They will lead me there. No suffering.

Nobody knows how he will die. During sleep, or heart attack. Nobody knows. But whatever way I will die, I don't care, because anyway, Amitabha Buddha will come to take me to his pure land. Now I just pray to Amitabha Buddha in earnest for taking me to his pure land.

These quotes seem to suggest that the promise of a better form of existence after death imbued death with meaning, promoting positive acceptance of death and active preparation for a better life after death.

In between death anxiety and death acceptance was death ambivalence. It seemed that an increased awareness of the proximity of death aggravated some participants' ambivalence toward death. The ambivalent (approach-avoidance) attitude toward death can be understood as a form of existential paradox. Buddhism asserts that the final thought at the final moment of this life determines the status of afterlife (Jing, 2006, p. 97; Pargament, 1997, pp. 241-242). Jing (2006; cf. Van Hien, 2003, pp. 354-355) enumerated three possibilities of final thought. First, heavy karma (extremely good or extremely evil action) may generate the strongest corresponding thought (good or evil) at the moment of death that determines the status of rebirth (heaven or hell). Second, habitual karma (a bad habit or a good habit such as daily chanting of Amitabha Buddha's name) may arise at the last moment and thus powerfully influence rebirth. Third, for those without heavy karma or habitual karma, death-proximate karma (i.e., an impulsive thinking of something) may form the final thought (either good or evil) and thus affect their rebirth. One participant likened this to a decision made just before beginning a journey: "There are two alternative

destinations, either to Malaysia, or to Indonesia. Your last thought will determine your final destination”. Therefore, an increasing awareness of finitude evoked his concern that his forgetfulness might deteriorate into dementia, which would obstruct his transition to a better afterlife. He said worryingly:

I look forward to being reborn in the Pure Land. But I’m worried about the dying process. I won’t care about pain at the end of my life. In the last moments, what I’m concerned about is whether I’ll be able to keep my mind clear, undisturbed.

Several other participants had a similar feeling:

The final state of mind on the deathbed is extremely important. My family may cry aloud. This may disturb my mind so that I won’t be able to be mindful of Amitabha Buddha. Then I won’t be able to achieve rebirth in the Western Pure Land. So I often tell my family not to cry at that time. This is my concern.

Every day I recite Amitabha Buddha’s name. If only I could be reborn in his pure land! I hope I would be single-minded when I die. Single-minded focus on Amitabha Buddha. But, but I’m not sure if I’ll be able to do so. There are many barriers in this Dharma-ending age. Now I’m diligent in chanting Amitabha Buddha’s name, but hard work sometimes is in vain.

Feeling ambivalent about death, another participant who suffered from heart disease exhibited reluctance to reflect on death. Her ambivalence was not unfounded:

I am not afraid of death itself; I am not afraid of leaving this world.... But it is difficult to be reborn in a human form; it is difficult to hear Buddhist teachings; it is difficult to have good Buddhist friends. I now have such wonderful conditions for learning Buddhism. But if I were to be forced to leave this world now, I am worried that I wouldn’t be able to be reborn in a similar environment favorable to learning Buddhism. In that case, I would have to start anew, I mean, learn Buddhism from scratch.... As the Chinese saying goes, “In usual times one doesn’t burn joss sticks before the statue of the Buddha, but in times of trouble, one holds on to legs of the Buddha.”

4.2.3 Summary

Findings suggested that participants used the Buddhist belief system to filter, select, identify, and categorize perceptions and constructions of stress. In particular,

participants tended to perceive and define their stress in terms of the notions of dukkha and karma. This generally gave them a sense of meaning, facilitating their appreciation and acceptance of stress. But some karma-attributions might become sources of their stress or might leave them vulnerable to the noxious effects of stress. This suggests that Buddhist perception of stress may be a double-edged sword and that embracing Buddhist beliefs is not evidence that these beliefs bode well. Thus, it is important to ascertain the context and content of concrete Buddhist perceptions of stress.

4.3 Buddhist Approach to Coping: Shine or Shade?

This study provided an opportunity for participants to convey the dynamic crescendo-decrescendo of their religious coping scenarios. Attentively listening to these cadenced narratives might help us obtain a more accurate picture of the roles and functions of Buddhism in their coping process. By narrating, participants reported using a wide spectrum of Buddhist forms of coping. Although each participant had a “unique biographical articulation” (Ritzer, 2008, p. 362) of religious coping that was situated in his or her particular circumstances, the uniqueness and particularity did not prevent the emergence of common themes. The remainder of this chapter will address participants’ lived experience of religious coping, as characterized by nine themes: *karma-based coping, wisdom-based coping, emotion-based coping, meditation-based coping, compassion-based coping, existential coping, multiple coping with health-related stress, religious struggles, and stress-related growth.*

4.3.1 Karma-based coping

For participants, karma was not a nebulous or amorphous concept. Not only did they attribute stress to karma, believing that what they fared was conditioned by their own karma, they also resorted to karma to cope, trusting that building positive karma could reduce their suffering. As a core motif of religious coping among participants, karma-based coping served both curative and prophylactic functions.

4.3.1.1 Karma-directed corrective coping

To gain a better understanding of what the notion of karma meant to participants, let's turn to what they said:

Do you know, whenever a thought or an idea occurs, it will create karma. Love, wealth, etc, will not accompany you when you die, but karma will.

I once suffered a lot due to my bad karma. To correct my bad karma, I decided to do good....What I want to tell people is that never too late to accumulate merits.

There is a Chinese saying: "Plants melons and get melons; sow beans and get beans." This is how karma does. That's it.

It was found that participants used karma-based corrective coping in two main manners: cognitive coping and behavioral coping.

4.3.1.1.1 Cognitive coping

Belief in the law of karma (the law of cause and effect) enabled participants to make sense of stress, which facilitated their acceptance of stress and restoration of emotional balance. This was applicable to not only generally stressful life events but also stressors of greater magnitude such as contracting cancer. The latter often ruthlessly strains one's existing interpretative framework and defeats one's meaning-making attempts. It is here that the doctrine of karma can be a powerful source of meaning. Three participants thus explained:

I know it is difficult to link cancer to karma. But we deeply believe in the law of karma. Faith is the beginning of the Way. Faith in the law of karma, then I know cancer is not a monster because I know its origin and I know how to control it. Nothing else, only the law of karma [can control it].

For example, stresses or mishaps, in fact, I would say these are good things. They are due to evil karma. In fact, their occurrences lessen your negative karma. You suffer this time, so next time you won't have to suffer, because karmic retributions will come sooner or later. The sooner the better.

We should accept the karmically-conditioned circumstances and should not be against these circumstances. Do you know why the symbol of Buddhism is the lotus? Because the lotus isn't contaminated by silt though it is nourished by the silt. It arises from silt but its purity remains. It accepts its karmically conditioned circumstances and grows under these circumstances. Finally, it becomes a pure flower.

Therefore, when stressful events seem to be uncontrollable or unchangeable, the doctrine of karma is always available for rendering the inapprehensible apprehensible, the unjustifiable justifiable, and the unacceptable acceptable. Holding a karmic view of stress in this wise provided reassurance and relief for participants.

In real life, some Buddhists may interpret the law of karma as fatalism. Being in the thrall of fatalism would have detrimental effects on coping responses and outcomes in that it may spawn a pessimistic outlook on personal agency. However, it should be emphasized here that the concept of karma is not synonymous with fatalism. As a matter of fact, the operation of karma is a dynamic, creative, and ongoing process. Such a notion as "fate" or "fixed destiny" is not contained in the doctrine of karma because "everyone has the potential at each moment to alter the course of his future karma" (Van Hien, 2003, p. 352). In the following extract, the fundamental difference between the conception of karma and fatalism could not be clearer:

I deeply believe in *yinguo* [因果; karma]. Before, I didn't understand its full meaning and thought that everything was determined [laugh]. Nothing can be changed; I just *renming* [认命; accepted fate]. Later on, I listened to a story, a story told by a monk, called *liaofansixun* [了凡四训; Four

Lessons of Liaofan]. I began to understand that my previous opinion was a kind of *suminglun*[宿命论; fatalism]. Mr. Liaofan changed his destiny by doing good works. So I began to understand that our fate can be changed and can be mastered by ourselves. But to change, we should accumulate *shanye* [善业; good karma].

4.3.1.1.2 Behavioral coping

The law of karma opens up the possibility for karma-based behavioral coping inasmuch as it allows for personal agency. Consider the case of Madam Lee, aged 69. She had paid relatively little attention to spiritual pursuits although she was already a Buddhist. Conversely, she had invested much time and energy in earning money by selling prawn noodles. Unfortunately, her business failed, which had a devastating impact on her. Her sense of self-esteem was undercut. During this period of disorientation and disorder, a recurrent nightmare about her starving to death haunted her. It was interpreted by her as conveying a special message to her. She said eloquently:

I woke up with cold sweat and felt painfully hungry. I was so scared....I think maybe this dream was meant to warn me not to be greedy as a human being. So this dream triggered me to do good things as far as possible. This has relieved my fear.

Serendipitously, a monk brought Buddhism to her renewed interest. He explained to her that her poor business might be due to her wrong livelihood or stingy thoughts and behaviors in previous lives. The monk's edification awakened her and it began to dawn on her that her insidious karma had sabotaged her money-making efforts. This awakening led her down a road of change. Deciding to drop her single-minded focus on acquiring wealth, she began to find a new meaning in spiritual life. To atone for her past wrongdoings, she plunged deeply into her religious pursuits. The following was her explanation:

I admitted I had done many wrong things. I attend the rituals of *dabeichan*[大悲忏; great compassion repentance] and chant Amitabha Buddha's name to offset evil karma....It is not easy to keep the precepts. For instance, don't kill sentient beings. Can we kill mosquitoes or ants? Every sentient being loves its own life. Refraining from killing is important.

Through abiding by Buddhist commandments, repenting, chanting, and other activities, she anticipated to neutralize bad karma. When she believed that all these were making a difference to her evil karma, her negative feelings withered away and she settled down emotionally.

In order to engage in a right livelihood that could benefit other people, Madam Lee made a decision to sell vegetarian foods instead of prawn noodles. For her, the subsequent smooth business operation lent credence to the legitimacy of making a living in a righteous way and of falling no prey to galling materialism as taught by Buddhism.

In this case, Madam Lee's application of the notion of karma in her coping with her ordeal was impressive. She explained:

What does practice means? Practice means redressing and rectifying our behavior. We need to address our karmic forces and habits accumulated since the beginningless time, transforming defilements into purities and transforming consciousness into wisdom.

For participants, there was no ambiguity that karma mattered. This bears testimony to their indoctrination of the notion of karma. Associating moral conduct and responsibility with the rectifying of karma, participants aspired to perform good behavior and to refrain from doing unethical conduct. One participant humbly put it this way:

Others said I had done a lot of good deeds. But I would say not enough, not enough at all. Very few, very very few. We don't know how much bad karma we've committed, maybe like Sumeru Mountain.... Without karma,

we wouldn't have been reborn in this world. So I would do good deeds as far as possible.

He went on saying:

When stress comes, I just concentrate on doing good deeds, like volunteer work. Very helpful. Stress disappears soon. I think this is because of karma. Good deeds, good karma.

It is worth noting that Buddhists believe that one's merits can be transferred to his or her ancestors, departed relatives and friends, and other sentient beings in misery to help them alleviate suffering (Jing, 2006, p. 101). Accordingly, participants often mentioned that it was incumbent on them to perform merit-transference (*punyaparinamana*) as spiritual assistance through sutra-recitation, ritual participation, alms-giving, and other meritorious behaviors. Mr. Teo had the following story:

After my parents died, I often dreamed of them. But all were nightmares. I conducted sutra-chanting on their behalf. I also invited monks to chant for their benefits. But nightmares still lingered. Then one time, I dreamt of my father. He wanted me to build a temple in my hometown. After I woke up, I promised to do so if I have enough money. Making a promise means that you should fulfill the promise. After the temple was built, there were no more nightmares. I knew that my merits had been transferred to my parents. They benefited and no more suffered.

It seemed that symbolically donating the spiritual gains from participants' own meritorious deeds to others was believed to be not only altruistic but also beneficial to participants, reducing their own stress.

4.3.1.2 Karma-directed proactive coping

Buddhism holds "a much broader and proactive view of coping" (Chen, 2006, p. 75). This study found that karma-directed preemptive actions and prophylactic measures were in place for participants to minimize the incidence, severity, and duration of potential stressors, particularly death concerns and dependence on care. These

proactive coping strivings were composed of faith in sacred powers, creation of positive karma, and adherence to a healthy life.

4.3.1.2.1 Faith in sacred powers

Different religions have different beliefs about how to tackle death-related fears and how to transcend death. Terror management theory holds that as compared with secular beliefs, which can also perform a function of managing the potential death-related terror, religious beliefs excel in serving this function in part because “they are all encompassing” and “rely on concepts that are not easily disconfirmed”(Vail III et al., 2010, p. 84). Buddhism provided participants with an important concept to deal with the Sphinx riddle of death, namely, the concept of the Pure Land of Amitabha Buddha. For all participants, rebirth in this pure land by virtue of *jieyin* (接引; being taken by Amitabha Buddha to his pure land) represented a good death and thus a worthwhile spiritual goal:

Death is fair to everybody. Whether you are rich or poor, you’ll end up with death. Death, let it take its course. Actually, birth is the origin of death, and death is the genesis of birth. Birth is death. Death is the origin of birth. Death is a new beginning, because death will just lead you to another place, change of place. For us Buddhists, we are waiting for *jieyin* and rebirth in the West [the Pure Land of Amitabha Buddha]. There are seven precious ponds, gold sand, and beautiful lotus flowers. A very wonderful place.

In the pure land, we are bound to attain Buddhahood. That is, we’ll no longer suffer from the cycle of birth, death, and rebirth.

Zhunian [助念; assisted chanting by a group of Buddhists for a dying Buddhist] will help the dying Buddhist to meditate on Amitabha Buddha. This will facilitate the process of *jieyin*. I’m a member of a *zhunian* group. We often volunteer to chant for dying Buddhists.

The importance of faith in Amitabha Buddha is perhaps nowhere more evident than in coping with death anxiety. Profound faith in such a blissful afterlife as the Pure Land

of Amitabha Buddha fuelled a sense of continuity and meaning, thus facilitating coping with death anxiety. An overwhelming number of participants coped with their own mortality in a proactive manner on the basis of their faith in Amitabha Buddha, as indicated in the following quotations:

I get up at 6 o'clock every morning. I chant Amitabha Buddha. This is my habit. So when I die, I will not be like a duck in a thunderstorm.

The key is that we learn Buddhism well, chant Amitabha Buddha, because good deeds will bring good retributions, we will have a good death.

Actually, We Buddhists should act like Christians, chanting the name of Amitabha Buddha ten times before eating, after getting up, and before sleeping respectively. In doing so, we will not panic during dying. So the Pure Land Buddhism asks its followers to bear the reality of death in mind and be momentarily aware of it. The reason is straightforward, namely, we are half buried: half of life is here and half of life is in the Western Pure Land. There is no place in this world that is safe. The 911 event illustrates this point. So I hope for being reborn in the Western Pure Land, where there is security. There is nothing in this world worth attachment. There is no pure land in the human world. But the Western Pure Land is a pure land.

Invoking the name of Amitabha Buddha genuinely will result in the transference of a share of his merits to the invoker, which in turn ensures the invoker's rebirth in his Pure Land (Van Hien, 2003, p. 356). Participants had a deep faith in this. Chanting the holy name of Amitabha Buddha and staying mindful of Amitabha Buddha were construed by them as being conducive to future ascendancy to the Pure Land of Amitabha Buddha. In addition to daily chanting of the holy name of Amitabha Buddha, they also attended *foqi* (佛七; a seven-day retreat of intensive chanting of Amitabha Buddha's name) regularly.

As noted earlier, dependence on care for daily activities of living was one of the two most prevalent anticipatory stressors. Loss of independence seems to be able to erode a sense of personal control and mastery. Participants firmly believed that

Buddhas and Bodhisattvas do not float by themselves in a sacred empyreal realm; rather, their sacred powers are available for protecting and helping people. Invocation of and communion with Buddhas and Bodhisattvas' sacred powers represents an important coping resource that can be used to alleviate the stress associated with dependence. To quote:

I often ask Buddhas and Bodhisattvas for *jiachi* [加持; spiritual support]. Help me to reduce my suffering, especially during dying. Less pain is my big hope. No need to depend on others also is my big hope.

I often pray to the Bodhisattva of Mercy. She'll protect me, she'll bless me. I have every faith in her because she's very compassionate and powerful. So I think even I need to depend on my relatives' care, that would not be serious.

Three most frequently mentioned Buddhist figures for communion were Amitabha Buddha, the Bodhisattva of Mercy (Avalokitesvara Bodhisattva), and the Buddha of Medicine (Bhaisajyaguru Buddha). Having recourse to their sacred powers through prayerful communion conferred participants a sense of transcendent connectedness, feelings of comfort and protectiveness, and a sense of mastery and control. Prayerful communion appeared to be a sympathetic way to transcend an unsympathetic reality. When asked why she communicated with the Bodhisattva of Mercy prayerfully, Madam Ng offered a response:

I feel I have *yuan* [缘; karmically conditioned relationships] with the Bodhisattva of Mercy. Whenever I have a worry, I talk to the Bodhisattva of Mercy devoutly. I bow and then talk to her silently. Then I feel better; I feel I am listened to and cared for. I know the Bodhisattva of Mercy will show me a way. These days, I talk to her more about my future, my future physical ability, because my legs are not so good. I'm confident she'll protect me.

4.3.1.2.2 Creation of positive karma

A popular Buddhist text stated that “merit is pleasant at the time of death” (Chidester, 1990, p. 113). A better life after death can befall the individual who has done good works in this life (Jing, 2006, p. 93). With a view to being reborn in better conditions, a Buddhist must perform good works to gain merit so as to generate positive karmic consequences in the next life (Chidester, 1990, P. 160).

The law of karma was ingrained in the minds of participants, who firmly believed that positive karma would counterbalance negative karma and bear good fruit. Accordingly, garnering positive karma was prominent in their proactive coping. There were multitudinous ways for participants to glean positive karma such as chanting, listening to dharma talks, donating, giving alms, observing precepts, and helping others. Amassing positive karma would help increase their confidence and certainty about future:

I abstain from killing animals, even tiny animals like ants. An ant, like us, has its own life. All sentient beings are equal. I don't even kill an ant. I don't want to *zaoye* [造业; commit negative karma]. I want to do good and accumulate merits. These are good karma. I like to do so. Then my future will be good.

Everyone has many previous lives, birth, death, rebirth, and death in innumerable times, following the force of karma. I am already old. I had better do good deeds, accumulate merits, and create good karma. You know, only by doing so my next life can be a good one.

Rebirth in the Pure Land isn't an imagination. It's true. Many Buddhists have gone there. Of course I want to go there too, so I try to accumulate my merits. These are my qualifications for rebirth.

As the *Samyutta Nikaya* puts it, “The mortal being does good and evil deeds here. This is what he owns, this is what he takes when he goes (is reborn), that pursues him like a shadow” (as cited in Krishan, 1997, p. 66). Seesawing between uncertainty about the future and trust in the law of karma may put a Buddhist into a welter of depression, anxiety, and distress. This was what Mr. Yee (age 76) had

experienced. He was once a moneylender. Learning and accepting Buddhist teachings made him realize that his previous livelihood of moneylending was not sanctioned by Buddhism. The realization convinced him that he had committed much evil karma so that he would suffer a painful death, thereby leaving his conscience at unrest. As days rolled by, the torments of guilt and remorse pricked him, creating intense stress. To minimize the retributions of bad karma and to salve his conscience, he donated a large amount of money to a school in China. This paved the way for his recovery from stress.

4.3.1.2.3 Adherence to a simple and healthy life

Participants were confident that the Buddhist lifestyle was wholesome. This confidence seems to be based on three accounts. First, Buddhism urges people to reduce unnecessary desires and relinquish materialism. Following this teaching, participants did not fall prey to consumerism and materialism. Leading a simple and provident life, they spent wisely and thriftily; they saved money for rainy days; and they enjoyed a peaceful mind without greed. According to Buddhism, unbridled greed, hatred, or delusion induces stress, while the simplicity of life reduces stress exposure. Second, some Buddhist precepts such as abstaining from smoking and drinking may be favorable to health. Third, some Buddhist practices such as meditative and ritual practices may be salutary. Listen to a participant whose mounting stress once gave rise to a flood of negative emotions:

Meditation can make you calm and peaceful. It can make you happy. You have positive emotions. Emotions can affect health. Our ancestors knew this long long ago. For example, according to Traditional Chinese medicine, anger hurts liver, happiness hurts heart, fear hurts kidney and so on.

Research evidence has suggested that meditation may have a positive impact upon physiological mechanisms that are modulated by stress (Pace et al., 2009).

In Mahayana Buddhism, vegetarianism is valued and advocated as a way to reduce evil karma and to enhance health and well-being. Those participants who embraced vegetarianism were more likely to extol vegetarianism as beneficial to health. One participant was once a meat-lover but later became a vegetarian. For her, vegetarianism not only salved her conscience, helping her regain emotional equilibrium, but also bettered her health.

I used to eat a lot of meat. But in this way I have created a lot of bad karma. One day, I was sitting before a statue of the Buddha. Suddenly, I felt terribly uncomfortable. I said to myself, if you can't practice vegetarianism, how can you be a compassionate Buddhist? So before the statue of the Buddha, I vowed to be a vegetarian. Frankly, this is good for my body. I feel calm and comfortable. My health has improved.

In short, the notion of karma was profoundly meaningful to and influential on participants' coping. It opened up new possibilities for the growth of spiritual resources and thus motivated them in the direction of accumulating karmic merits. We may fail to understand their religious coping if we do not grasp the significance of belief in karma to participants.

4.3.2 Wisdom-based coping

Jung argued that wisdom is archetypal and that the likelihood to achieve it is perpetually available to everybody (Patton, 2006, p. 307). For Buddhists, Buddhism offers a bonanza of wisdom from which they can dig out nuggets of wisdom to deal with life problems. As one participant eulogized, "Buddha dharma is like a sword of wisdom that can cut the threads of suffering." The study suggested that savoring and utilizing a cornucopia of Buddhist wisdom in times of trouble and tribulation can be an emancipating and empowering process.

4.3.2.1 Cognitive reframing

Reframing is intended to be preservative of significance (Pargament, 1997, p. 221). In this study, participants often adopted five modalities of cognitive reframing. The first form of reframing was to reinterpret stress as a result of karma. We have seen this kind of reframing in karma-based coping. Here, let's look at the case of Mr. Teo. He generally felt euthymic and calm inasmuch as he was able to process and manage negative emotions such as anger in a constructive manner. For example, if he was wronged by somebody and anger was smoldering, he would remind himself that he should hail this as an opportunity to reduce his bad karma. A reinterpretation of the event could be like this:

Because I did a wrong to this person last life, I owe him a karmic debt, so I have to pay the debt by suffering a wrong, that is, a wrong done by him this life. I owe you, so I must repay. This is natural.

Such reframing made him feel relieved in that he had discharged a karmic debt and therefore lessened his bad karma.

The second form of reframing was in relation to the notion of impermanence. Research on religious coping has not found the notion of impermanence in other religious traditions, so this notion is unique to Buddhism (Phillips et al., 2009, p. 232). In light of the notion, all phenomena arise as a result of causes and conditions (Jing, 2006, p. 94). When the constitutive causes and conditions are defunct, these phenomena disappear. In this sense, all phenomena are of transience and impermanence. Stress is no exception. Awakening to the impermanent nature of stress and suffering can assure Buddhists that suffering or stress is by no means endless, thereby inspiring a sense of hope and optimism. Let's listen to what participants said:

All phenomena are like a dream, a fancy, a bubble, or a shadow, or like a dewdrop, a lightning. We should have such an insight. So is our stress, like

a dream or a fancy [laugh]. The five aggregates are inherently empty. You see, now due to karmically conditioned relationships, stress is there. In the near future, such relationships will be gone. Then where will be stress?

No matter how many delusional and bothersome thoughts there are in my mind, I deeply believe my original nature is pure and uncontaminated....I would imagine a stress as dark clouds. I understand the dark clouds come and go and the sky is always blue and untainted....Don't be afraid when dark clouds come. They come, let them come, finally they will go. They are like guests. They are impermanent. They eventually will disappear. But my original nature is like that sky, clear and dustless.

A third form of cognitive reframing was to regard stressful encounters as opportunities to encounter the Buddha nature. According to Buddhism, the Buddha nature is inherent in every human being, although it is covered by the dust of greed, hatred, and delusion. Participants were led to believe that stress and suffering would alert them to their own greed, hatred, and delusion, thus leading them on a morally justifiable and spiritually fulfilling path toward awakening to the Buddha nature:

When under suffering, ignorance, cravings, and attachments were fairly clear-cut....Adopting self-abnegation, I indulged myself in spiritual activities. This enabled me to see things in a positive light. What I try to say, hmm, is that suffering made me see my ignorance clearly and made me pursue my Buddha nature.

Laozi [an ancient Chinese philosopher] once said, too many colors make your eyes blind, too many sounds make your ears deaf, and too many tastes damage your tongue. When you are old, your organs deteriorate, and you are blunt in responding to the environment. But I would say this is a good thing. This will enable us to be less susceptible to external influences, and facilitates our approaching our Buddha nature. Because as far as our Buddha nature is concerned, fewer disturbances will be beneficial. For example, your sense of hearing is not good, then when somebody backbites, you are not able to hear, so you will not be hurt. Ha-ha. I mean this would make you suffer less hatred, right? less greed, right? less delusion, right? One moment of stillness in the mind is the moment of the Buddha nature.

The fourth way of reconceptualizing suffering was to see suffering and enlightenment as two sides of the same coin. From a higher vantage point, suffering is

enlightenment in the sense that suffering contains the seed of enlightenment and can be transformed into enlightenment. Here are two quotes helping us catch a glimpse of this assertion:

Suffering and enlightenment are good friends. No suffering, no enlightenment. So when I suffer, I would say to myself, “Be patient, be patient, this is an opportunity for becoming more enlightened.

Enlightenment is not apart from suffering. The Buddha is a good example. He suffered before he got fully enlightened....I try to learn from the Buddha’s wisdom.

The final form of Buddhist reframing was concerned with religiously based comparison. Several participants made downward comparison with the living conditions of three evil realms where animals, ghosts, and hell-beings are believed to live respectively. Such comparison cushioned their stress, preventing their situations from deteriorating.

Interviewer: Oh, then your insomnia, what did you do to cope with?

Respondent: This, I once chanted the Heart Sutra: “With no hindrance in the mind, no hindrance therefore no fear.” But I still tossed in my sleep. Later, I thought, now there were still a lot of people in the world who had no place to sleep. We Buddhists chanted the Earth-Store Sutra, at least, we knew we already lived a better life than those beings in the hells. As compared with beings in *sanedao* [三恶道; three evil realms], human beings are luckier and happier. If I could not bear this, how would I endure in the event of my falling into one of the three evil realms? So my psychological burden was lightened.

By contrast, one participant gained a sense of meaning and acceptance by no comparison. This was nicely conveyed in his words:

Everyone has different karmically conditioned circumstances, so don’t need to compare unrealistically with others and bring oneself unnecessary vexation. Clouds are in the sky and water is in the bottle. Clouds and water are under different circumstances. They don’t compare with each other and they just adapt to their respective circumstances. So don’t need to compare.

In a nutshell, the conscious use of Buddhist wisdom to reframe stress contributed to a lessening of stress by assigning a positive meaning to stress. The function of this wisdom-based positive reconstruction could hardly be more explicit when participants were able to put their stressful encounters into an expanded time perspective on karma. A participant thus explained:

Karmic retributions operate within the past, present and future lives. You can't look at them only within the present life. If you develop this pattern of thinking, your ability of staying calm will increase, and you'll be able to face suffering squarely.

This participant initially cast doubt on the doctrine of karma due to a perception that his good karmic efforts were rewarded with bad results. Eventually, gaining an extended temporal perspective on the law of karma enabled him to trace the suffering to his own karma, thus regaining peace of mind.

4.3.2.2 Ego-transcendence

In this study, nonattachment to the ego was found to contribute to stress reduction. A striking example comes from Mr. Lam, aged 68. When his business declined drastically and he was on the verge of bankruptcy, his self-esteem, self-confidence, and self-efficacy were greatly undermined. He was psychologically miserable and physically exhausted. To complicate his predicament, some friends soon disappeared from sight. He withdrew from social interactions and wallowed in negative emotions. His ruminations about his glorious past made it more difficult for him to face his tragic reality. Conventional coping skills soon proved to be woefully inadequate for coming to grips with this tremendous stress. He was so stressful as to be poised on the brink of disintegration.

Letting go represents the ability to disentangle from self-perpetuating cognitive habits and from the driving forces of attachment and aversion (Hick, 2009). A Buddhist monk's counseling triggered his soul-searching, making him realize that preoccupation with achieving wealth, fame, status, and power had resulted in his inflated ego and attachment to this inflated ego was the leading cause of his distress. He was disillusioned that his excessive desires and cravings had chased incessantly and insatiably after satisfaction, enslaving him to his inflated ego. This epiphany served him as a wake-up call to break away from superficial and selfish goals. Sloughing off these goals paved the way for his discovery of a spiritual meaning of life that was not defined in terms of worldly possessions but was based on ego-transcendence. The opening of new vistas of the spiritual self empowered and liberated him, enabling him to settle into new emotional equilibrium. This prepared him for reentry into society.

In Pure Land Buddhism, although it is through faith in Amitabha Buddha that believers pursue liberation, in the final analysis, this faith is bound up with a mental capability of surrendering one's ego so as to attain spiritual awakening and emancipation (Chen, 2006, p. 73). In this study, faith in and communion with Amitabha Buddha's sacred power helped participants to rectify, reduce, or suppress one's egocentric consciousness. This is illustrated in the case of Madam Ong, aged 72. As a volunteer, she was assigned to clean the hall at a temple. This was a challenge to her, who at that time just frowned and had no idea that this would actually open a window of opportunity for her ego-transcendence. What she thought then was that the cleaning work would make her lose her face and detract from her social status. Therefore, a shower of uneasiness and shame lashed her ego. The abbess of the temple saw through this, helping her to identify her ego-preoccupation as the cause of

shame. It began to dawn on her that she had placed great weight on the superficial ego so as to suffer the heavy hammer blows of shame.

This shows that I am still attached to my ego. I can't see through the ego and let it go. The abbess said to me: "If you're excessively attached to the worldly wealth and social status, if you've heavy *wozhi* [我执; ego-attachment], and if you don't let go of worldly attachments, you won't be able to reach the Pure Land of Amitabha Buddha." So I know if I want to go to the Pure Land, I ought to put the ego down.

Therefore, her motivation and morale were boosted. Not only so, she also screwed up her courage to come to grips with her ego-attachment. By mopping and scrubbing, she was able to chip away the psychological walls erected by her ego. With a radiating joy, she explained:

At that time, I chanted Amitabha Buddha's name intensively. I prayed to him. I talked to him. I renounced what I held on to, so I was able to get over the hurdle. My sense of pride disappeared....Faith in Amitabha Buddha has made me become less selfish. When I chant his name, I forget myself. I can look at myself in a new way. I enjoy inner peace.

Emanating from this interpretation was an aura of ego-transcendence. Faith in Amitabha Buddha leveraged her self-concept and enabled her to rise above egoistic tendencies, thus lessening her stress and strain.

The Buddha acknowledged the conventional existence of a relative self, but he maintained that people are inclined to inappropriately absolutize this relational self (Epstein, 2007, p. 2). The relationship between the ego (relative self) and the self (true self) is analogous to the one between the chrysalis and the butterfly. In later adulthood, using wealth, status, and other external things to define self and having egoistic attachment to these external things might blind people to or drive people away from the true self. In the above cases, we can see that stress may challenge our familiar ego-image and shatter our sense of integratedness. Ego-transcendence coping can inspire a sense of worth, wholeness, and transcendence to withstand stress.

4.3.3 Emotion-based coping

Emotion-focused coping is often correlated with negative outcomes, but this correlation is questionable inasmuch as emotion-focused coping can be avoidance- or approach-oriented (i.e., *emotional approach coping* such as emotional processing, emotional expression, finding emotional support, and positive reappraisal) (Stanton, 2011). Buddhism was found in the present study to be able to facilitate and sustain emotional approach coping in terms of generation of positive emotions and expression of negative emotions.

4.3.3.1 Generation of positive emotions

Participants turned to Buddhism for positive emotions in four main manners as follows.

4.3.3.1.1 Cultivation of four immeasurable traits

Buddhism advocates for fostering and unfolding four immeasurable traits, namely, *metta* (loving kindness), *karuna* (compassion), *mudita* (sympathetic joy), and *upekkha* (equanimity). To Madam Loh, developing these four traits featured her religious emotional life:

Practicing Buddhism has developed my *siwuliangxin* [四无量心; four immeasurable traits]. Bodhisattvas don't seek for their own peace and joy; what they want to do is help all sentient beings get away from suffering. Amazing! Amazing! So I try to learn from them. Try la.

Fostering these four positive emotions in a reasonably effective manner were instrumental in her maintaining a satisfactory level of emotional health. Madam Loh confessed that she used to be jealous. Cultivation of loving kindness and sympathetic

joy through meditation on loving-kindness enabled her to convey warmth, acceptance, and approval to others and to conquer her jealousy, envy, resentment, and pride. A study by Hutcherson, Seppala, and Gross (2008) has shown that even only a few minutes of loving-kindness meditation can enhance feelings of social connectedness and positivity toward strangers.

Some participants meditated on Avalokitesvara Bodhisattva (the Bodhisattva of Mercy) to develop compassion. One participant explained:

In Chinese Buddhism, *Guanyinpusa* [观音菩萨 ; Avalokitesvara Bodhisattva] has one thousand eyes so as to spot any suffering of any sentient being. She also has one thousand hands so as to reach out to help as many sentient beings as possible. Meditation on this image has encouraged me to be helpful, compassionate.

Pace et al. (2008) propounded that compassion meditation can dull both inflammatory and autonomic reactivity to psychosocial stressors and therefore may ameliorate stress-based emotional and physical problems. Presumably, the participants who meditated on Avalokitesvara Bodhisattva would gain these benefits as well.

4.3.3.1.2 Appreciation of Buddhist music

Positive emotions may fulfill an “undoing” function (Ong, 2010; Fredrickson, Mancuso, Branigan, & Tugade, 2000). When Madam Ng’s marriage-saving efforts fizzled out, her status quo was upset and she was absorbed in stress. Groping in the dark, she felt an intense sense of loss, helplessness, and hopelessness. It seemed that what she sorely needed then was to harness the rolling-in of these negative emotions. In this regard, Buddhist music brought beauty into her life and spawned positive emotions, especially hope, thus lowering her preoccupation with her trouble and undoing the disruptive effects of those negative emotions. The restoration of hope made her feel revitalized, as depicted by her:

I once liked listening to Hokkien songs very much. They were full of painful tones. But now I enjoy Buddhist music, songs, mantras. I not only listen, but also sing. They are peaceful, making you calm [laugh]. I've a *nianfoji* [念佛机; a radio-like device that plays a chant of the name of Amitabha Buddha continuously]. Whenever I'm home, I turn it on. My home resounds with the chanting voice, so beautiful, so engrossing. Then I feel good; I feel life is full of hope; I feel the future is full of hope.

This quote affords us a better sense of how Buddhism-related emotional coping can nourish hopefulness and morale and of how a dose of hope can be an antidote to negative emotions. For many other participants, Buddhist music was of great service to their transition from emotional cacophony to emotional harmony by muting their stress reactions.

4.3.3.1.3 Ritual participation

Several decades' field studies across the world have indicated that favorable rituals can arouse a sense of peacefulness, joyfulness, meaningfulness, reassurance, and even ecstasy in participants, and can strengthen social cohesiveness and a collective sense of meaningfulness (Canda & Furman, 2010, p. 345). In the present study, ritual participation was found to serve to generate positive emotions and release negative emotions simultaneously. Take Madam Yap (age 70) for example. Within a brief time frame, a flurry of stressors from family and work set on her. Her emotional landscape was studded with feelings of anger, unfairness, and powerlessness. In the emotionally agitated state, frequent ritual participation catalyzed her catharsis of pent-up negative emotions and fostered her positive emotions of gratitude, veneration, equanimity, and ecstasy. A profusion of these positive emotions grew diffuse among her psychological space, loosening the bonds of negative emotions.

For other participants, ritual participation helped to foster a sense of belonging and solidarity and to maintain a sense of hope and optimism in the darkness and

harshness of adversity. Gleams of hope, even though feeble, could be a beacon when they groped in the dark.

4.3.3.1.4 Labeling

Labeling refers to consciously attaching a label to a thought or emotion (e.g., ‘critical mind’ or ‘anger’) (Birnbaum, 2009, p. 98). Creswell, Way, Eisenberger, and Lieberman (2007) found that mindfulness-based labeling of negative affect is linked to improved prefrontal cortical regulation of affect. A relationship between labeling and emotional regulation was also found in the current study, although not many participants employed labeling. Mr. Yee was one of them. After retirement, he finally had more time to spend with his wife. However, this did not translate into more quality time. Instead, more frictions arose due to his wife’s hot temper and nagging. Feelings of anger, disappointment, and grievance dogged and plagued him, activating a series of physiological responses such as accelerated heartbeat, tightness of chest, and shortness of breath. Being oversensitive to these responses made him even angrier and thus a vicious cycle ensued. Later, use of labeling liberated him from the cycle.

He said facetiously:

One time, I was so angry. I knew the volcano of anger was about to erupt. Then I said to myself: “Look, this is anger. Just watch over it.” The volcano of anger was obviated. This was the first time no explosive reaction. So every time, anger has just come, I label it and look at it. Being mindful prevents me from being taken by anger.

As such, labeling transmuted Mr. Yee’s flood of anger into a trickle of anger. The case illustrates that labeling emotions can make one gain more insight into emotions and dis-identify with them, thereby converting subjective affective states into objective detached states. This, in turn, moderates the intensity of crippling emotions and prevents one from being hijacked by negative emotions.

4.3.3.2 Expression of negative emotions

Buddhism provided participants with avenues for expressing and sublimating their negative emotions, thereby ameliorating the pernicious effects of emotional turmoil. For Mr. Sum, group sharing was an important avenue. Not only was he an anxiety-prone person, Mr. Sum also was a stoical intellectualizer. He described himself as an introvert who felt ill at ease about direct emotional expressiveness. Actually, the Chinese culture encourages moderation in emotional expression. Shaped by this cultural norm, he tended to intellectualize and suppress emotions. Although intellectualization might have made him look cold, uncaring, and unloving to others, it was basically not harmful to him and even helped him to deal with emotions intra-personally. But intellectualization lost its effectiveness, when sometimes anxious feelings that lay dormant crept into his emotional field. Under these circumstances, his emotional constriction incurred tightness of his chest and fermented his psychological distress. Unable to control and defuse the terrible anxiety by himself, he needed to get his painful feelings off his chest by talking to spiritual friends. A Buddhist fellowship group consisting of his spiritual friends provided a protective and facilitative environment for giving free rein to his anxiety. The calming and comforting effects of emotional expression were hardly more evident than when he verbalized and ventilated his negatively valenced anxiety. He shared:

Sometimes, things become *chia-lat* [difficult]. I'm anxious and stressed. I can't keep these emotions to myself. Then I need to talk it out to my spiritual friends. Then they'll comfort me and discuss my concerns. Then I feel better. No more psychological exhaustion.

This extract draws our attention to the function of talking about emotional pain in de-encapsulation of painful emotions.

The more prevalent avenue for participants, however, was the catharsis of negative emotions before the statues of Buddhas and Bodhisattvas. A vast majority of participants had an altar at home. It was of enduring significance to them in that it sustained a sacred environment for them to commune with Buddhas and Bodhisattvas. The communion helped them to give vent to negative emotions, made them feel cared for, loved, and supported, and diverted them from fixating on problems. After her husband passed away, Madam Loh was coerced to make dramatic changes, realigning her life in the absence of her spouse. She willy-nilly found herself handling many affairs she was not familiar with, such as financial affairs and official letters. Even such domestic chores as preparing meals became burdensome because these chores were shared by the couple previously. To make matters worse, reduced financial resources forced her to live on a tight budget. Not only did these daily hassles make her simmer with anger, they also put her under the sway of anxiety. Whenever stress arose, Madam Loh would retreat to her altar corner. After paying obeisance to Amitabha Buddha, she would sit on a cushion cross-legged. Riveting her attention upon the statue of Amitabha Buddha, she recited his name single-mindedly, repeatedly, and earnestly. And then she talked to him about her suffering. Sometimes, she also cried. In any event, she felt herself basking in caring warmth. Such recourse to a benign sacred power during her swimming against streams of stress not only appeased her anxiety and perturbation but also fortified her courage, willpower, and forbearance.

4.3.4 Meditation-based coping

4.3.4.1 Concentration meditation

Phillips et al.'s (2009) study illustrates that meditation can be used by Buddhists as a prominent coping resource. The present study found that concentration meditation was stress-buffering, as explained in the following quote:

Meditation means that you are not attached to external phenomena and internal minds. When I sit in meditation, I relax myself, focus my attention on my breath, single-minded. This is like you letting an elephant's trunk grab a stick, in this case, it won't be able to grab anything else. Likewise, if your mind concentrates on one point, it won't be able to think of other things, including those things that can cause you stress.

Many participants engaged in Buddhist visualization, a form of concentration meditation. One participant often practiced the following visualization:

Gently close eyes and relax. Focus attention on breath and breathe gently. Hm, visualize a calm lake and in the middle of the lake, hm, there is a lotus flower, beautiful and pure. Then imagine that the Buddha is sitting cross-legged on the lotus flower and the warm light from the Buddha heart is coming at me. Hm, my heart is open to the warm loving light from the Buddha. Feel the loving energy; hm, it is flowing into my heart, and gradually, throughout my whole body.

According to this participant, this visualization exercise had desensitizing, tranquilizing, and energizing effects against stress-induced negative emotions. When facing squarely a stressor, visualization enabled him to distance himself emotionally from the distressing plight and to restore mental tranquility and physical homeostasis.

Other forms of stress-buffering visualization were also identified:

When under stress, I visualize the image of the Bodhisattva of Mercy with one thousand hands and one thousand eyes. The Bodhisattva of Mercy has a merciful heart. In order to emancipate sentient beings from sufferings, the Bodhisattva of Mercy treks and endures.

When I feel down, I sit down and visualize Amitabha Buddha. This makes me feel his infinite light. I feel warm and calm. Nothing else is comparable to this.

For me, I like visualizing Amitabha Buddha. I also picture his pure land. Wow, the ground is golden, and the lotus blossoms are very, very beautiful. But unlike other fellow Buddhists, when I visualize, I walk slowly.

A special value of visualization for stress reduction seems to be vested in its ability to exert a positive influence on human psychology and physiology, giving rise to feelings of bodily comfort and emotional control.

The empowerment of visualization was also embodied in its ability to help reclaim energy. A participant elucidated:

I am peaceful and exaltedly joyful, because bothersome thoughts and ideas have subsided. This is like turbid water gradually getting clear [laugh]. Additionally, do you know? Visualization can help us gather energy. This is like Three-Gorge Dam in China intercepting the water, you see, the water seems to stand still, but it contains great power. This will enable us to accumulate energy to break through challenges and stresses.

Mantra meditation can be counted as a form of concentration meditation in that it also requires single-minded concentration and can help people attain one-pointedness of mind. This study found that mantra meditation could be soothing and enabling. Mr. Sum was pestered with astraphobia. Whenever a thunderclap was heard, he was flooded with fear interspersed with intermittent surges of panic. His heart palpitated; his hands quivered; and his muscles tensed. If at home, he would rush to the bed where he could feel better, though still fidgety and jittery. The onset of this phobia was triggered by an accident in which a person near him was struck dead by a thunderbolt. Although he escaped the thunderbolt unscathed, shortly thereafter, he began to manifest symptoms of astraphobia and had since been smitten by the phobia. He understood that his profuse apprehension was irrational, but his mind was just obsessed with catastrophic thoughts. The obsession sparked irksome physiological reactions. To defuse his astraphobia, he persisted in mantra meditation. His efforts paid off and his astraphobia was alleviated.

While Mr. Sum's phobia sprang from thunder, Madam Soh's phobia arose when taking elevator. Her phobia originated from an accident in which she got stuck in an elevator. Since then, taking elevator had been a fear-provoking adventure, during which she would tense up, feeling butterflies in the stomach. Although she could keep the phobia at a manageable level, it was still a persistent sore annoyance to her life. A Buddhist friend advised her to chant a six-word mantra of the Bodhisattva of Mercy when taking elevator. She did so and her chanting was not fruitless. It was effective in toning down her fear and gentling her out during exposure to the feared situation.

4.3.4.2 Mindfulness meditation

This study showed that mindfulness meditation allowed participants to nurture mindful and non-judgmental awareness and to observe their own emotional roller coaster from a safe distance, thereby blunting over-reactivity and atrophying emotional suffering. A case in point was that of Mr. Tan, whose mindfulness meditation helped him overcome his alcoholism. A graphic description can be found in his account:

My brother is a monk. And he taught me mindfulness meditation....When the craving of drinking comes, it's difficult to resist. The temptation is so big. I've to remind myself that I'm a Buddhist. Drinking isn't allowed. Then I force myself to observe my craving. I also try to smile at it. This makes me feel relaxed a little bit. I close my eyes and look at it mindfully. Then I say to myself: "This is the craving. It comes, stays for a while, and it'll go." You see, moment by moment, thoughts become clear. I'm like a witness, an onlooker.

Mindfulness created a mental space for Mr. Tan to distance himself from the urge of drinking, preventing him from reacting and succumbing to it automatically. It also unleashed his slumbering powers of self-control. All these helped him to ride out the waves of addiction.

According to Marlatt (2002), meditation practice defuses addiction because it develops mindfulness of mental behavior. Marlatt (2002) documented that meditation facilitates clients with addiction to cultivate a detached awareness of any thought, so that they will not overidentify with the thought or react to it automatically and habitually. Accordingly, by monitoring and observing their urges or cravings, they will not surrender to the urges or cravings and engage in the addictive reaction impulsively (Marlatt, 2002).

4.3.5 Compassion-based coping

In this study, participants often expressed the willingness to learn from Bodhisattvas' *metta* (loving kindness towards the happiness of all sentient beings) and *karuna* (compassion for the sufferings of all sentient beings):

I've vowed to follow in the steps of *pusa* [菩薩; Bodhisattvas], so I want to help others. This vow is powerful; that means Bodhisattvas will protect me and help me when I'm helping others.

Loving kindness and compassion are antidotes to anger and hatred....Without loving kindness and compassion, we couldn't be called a Buddhist.... Nobody forces me to be compassionate; I myself want to be so.

4.3.5.1 Faith-based support

It seems that lack of a common faith could undermine friendship. Some participants were de-motivated to maintain their friendships with non-Buddhists:

It seems that my friends and I have fewer and fewer topics of shared interest. What they are concerned with is worldly affairs. I am not so interested in these.... Some older persons have nothing to do and like getting together to chitchat. They criticize their daughters-in-laws or sons-in-law. They don't know that what younger persons think is different from what older persons think. I'm not interested in these topics. When people get together, they should talk about other topics; don't talk about family matters. Otherwise, there'll be family disputes and friction.

These participants tended to think that their estrangement from non-Buddhist friends was because karmic conditions had disappeared:

Friendship is also impermanent. It is changing. It depends on *yuanfen* [缘分; karmic conditions]. When *yuanfen* is there, friendship is there; when it's not there, friendship is not there.

Herein, it seems clear that religious beliefs can shape the ways older Buddhists perceive and conceive interpersonal relationships.

The socioemotional selectivity theory developed by Carstensen (Carstensen, 1991, 2006; Carstensen et al., 2011; Carstensen, Fung, & Charles, 2003) proposes that there is a growing awareness of finitude of life and a concomitant change in time perspective among the elderly, which motivates them to be increasingly selective in social relationships and goals. They are growingly invested in social interaction perceived by them as emotionally meaningful, while trying to steer clear of knowledge-oriented social contact (e.g., social relationships aimed for information acquisition). This conscious selectivity in social interaction, according to the theory, can facilitate the regulation of affective states and optimize positive emotional experiences. Thus, it may be regarded as an adaptive attempt of older adults to cope with a subjective limited time horizon. In a similar vein, Atchley (2000, p. 124) noted that individuals often confine their interactions to trustworthy persons so as to buttress positive self-assessment in emotional and moral terms. Crewe and Chipungu (2006) pointed out that the importance of social support to elders is determined by the quality and reliability of emotional support provide by friends and relatives, instead of by the quantity of friends and relatives who can support. If these explanations are tenable and trenchant, there seems to be little doubt that when an older adult reduces or discontinues his or her social activities, he or she may actually choose to do so. In this study, these participants who became alienated from non-Buddhist friends might also

engage in religiously-based socioemotional selectivity. It seemed that sharing beliefs and values was of considerable importance to their developing, sustaining, and replenishing a meaningful support network. The following quotes make vividly clear why they preferred to interact with like-minded religious peers:

You are surrounded by so many nice fellow Buddhists and you have to be influenced by them. Then there will be a lot of shared topics.

My *tongxiu* [同修; fellow Buddhists] are very good. They are humble. Nobody is proud. We have *yuan* [缘; karmically conditioned relationships]. We have common goals and common beliefs.

We older persons have less and less friends. One by one, friends have passed away. It is difficult to make new friends, but it is relatively easy to make friends with fellow Buddhists. For example, some of my Buddhist friends are newly made ones, but they're good, they're really good. This may be due to *yuan* [缘; karmically conditioned relationships] dated back to the previous life. If two strangers who live far away from each other share *yuan*, they'll encounter each other one day after all.

Involvement in a close-knit group of like-minded fellow Buddhists seemed to result in increased faith-based support. For example, a sense of fellowship afforded by participation in a religious group went a long way toward helping Mr. Sum gain psychological relief. When he fluctuated in the tide of stress, spiritual friends' timely and appropriate support contributed to tiding him over. This sense of camaraderie reinforced his conviction that the Buddhist community was a trustworthy and dependable anchor. As a matter of fact, many of the benefits of social support may stem from a perception of the availability of social support (Bolger & Amarel, 2007; Bolger, Zuckerman, & Kessler, 2000; Taylor, 2009). A number of possible functions of social support in ameliorating the negative effects of stressful events have been propounded by researchers (Rook, 1990, p. 179). Some of these functions are: modifying support receivers' appraisal of the stressor's threat level, boosting their motivation to make coping efforts, enhancing their mood and self-esteem, and

changing their psychosomatic responses (Rook, 1990, p. 179). In this study, it appeared that the functions of faith-based support consisted more in enhancing mood and strengthening motivation.

The current study also found that participants were more willing to receive help from Buddhist organizations in that they perceived faith-based support they received as a result of their positive karma:

Help from the temple is your *shanbao* [善报; good karmic retribution]. It isn't without a cause. Maybe it is because you did good things in your previous life. So I often say that if you do good things, you won't be worried about who will come to your help when you're in trouble.

Research has indicated that social support sometimes aggravates rather than alleviate the suffering of the intended support recipients (Rook, 1990, pp. 173-174). For instance, support perceived to be devoid of sincerity, appropriateness, or congruence with recipients' needs is likely to pose a threat to their sense of self-efficacy, independence, and global well-being (Rook, August, & Sorkin, 2011, p. 125). Actual receipts of social support from others may generate a sense of guilt because of monopolizing others' time and attention, and may threaten self-esteem due to depending on others (Taylor, 2009, p. 188). These potential costs can negatively affect the ability of support to alleviate emotional distress (Taylor, 2009, p. 188). In this study, however, faith-based support might be less based on a desire for reciprocity as is often the case with secular social support; rather, it may be more dependent on the sincere intention of creating good karma and Buddhism-based egalitarianism. Hence, it may make sense to say that faith-based social support represented a more reliable and less psychologically taxing source of support to participants, and therefore they would be more likely to turn to the Buddhist community for help in times of trouble and tribulation.

4.3.5.2 Volunteerism

After reviewing the relevant research, Krause (2008) concluded that older persons tend to devote more time to volunteer work than younger persons, and are more inclined to be volunteers for church-operated programs (p. 140). Furthermore, the amount of volunteering among more religiously committed individuals is inclined to be greater than that among less religiously committed persons (Borgonovi, 2008; Forst & Healy, 1991). Thus, it should come as no surprise to find in this study that active involvement in volunteer work kept alive participants' egoless dedication to practicing compassion and serving society⁸. Mr. Yee, for example, devoted generous time and energy to volunteering for a nursing home affiliated with a Buddhist organization. Several participants assisted in preparing vegetarian foods at a temple where free vegetarian foods were available for the public. Volunteerism flourished in an atmosphere of compassion. It seemed fair to say that volunteering represented a defining feature of participants' religious life.

Although their volunteer work unfolded in different ways, three common positive functions of volunteerism for participants could be identified. First, volunteering was an important way to create good karma. Listen to what participants said about this:

Some people may wonder why I volunteer here almost every day. They may know I am doing good works, helping others, but they may not know I am also helping myself [laugh]. I also gain good karma. Then I'll have *haobao* [好报; good karmic retributions]. I believe that. At least, I'm not selfish.

I do a lot of volunteer work. I am happy to do so. You see, in old age, I am still useful. At least, I have something to do. I can accumulate good *karma*.

⁸ In 2008, the volunteerism rate among residents over age 65 in Singapore was 11.0% (MCYS, 2009, <http://app1.mcys.gov.sg/ResearchRoom/ResearchStatistics/StatisticalIndicatorsontheElderly.aspx>)

You do good things, you will suffer less. Good karma can give me a good death.

Herein, compassion was also brought into the picture. Compassion may lead to an enhanced capability of receiving social support (Cosley, McCoy, Saslow, & Epel, 2010). For some participants, compassion toward others might enhance the chances to receive social support due to the law of karma. A participant made this vividly clear by saying:

If one is compassionate, one will have good karmic relationships. With good karmic relationships, you will have much less stress. If one is not compassionate, one will not have good karmic relationships. Without good karmic relationships, you will encounter many barriers, and therefore much stress. Some sutra says, “One moment of anger will bring you eighty thousand barriers.” [laugh]

Second, compassionate behavior inspired positive emotions, particularly dharmic joy. Participants who volunteered had this feeling:

My friend, he is different from me. I learn Buddhism, but he enjoys travelling and chitchatting. I do volunteer work, about this, he said to me, ‘Don’t bother about these things [volunteer work], you should enjoy life.’ I said I’m enjoying life. Volunteer work makes me happy, so I enjoy [laugh]. I am *faxichongman* [法喜充满; full of dharmic joy].

Dwelling in positive feelings could be stress-buffering.

Interviewer: Why do you volunteer?

Respondent: I think volunteer work is something I can commit my spirit to. Without volunteer work, even if you want to learn from the Buddha, you still have more or less *zhizhuo* [执着; attachments], you still have some worries. At first, I went to a temple to do volunteer work with my friend. I saw those *laopusa* [老菩萨; elderly Buddhists]; they were happy and carefree. I wondered why they were able to let go of worries although they had families too and why I was unable to do so. Then I asked them why. They said so many volunteers got together and they could chat and laugh, forgetting about worries. They said even though you are under stress, you are worrisome, you come here and try to let go of stress, try not to think about those unhappy things, gradually you will

become detached from everything. I feel what they said make sense.

Research has found that altruistic and compassionate behaviors can bring about emotional processes that adduct stress activation, thus facilitating stress reduction (Esch & von Hirschhausen, 2009, p. 185).

Third, volunteerism was a fruitful way to cultivate ego-transcendence. Recognizing and experiencing compassion for others' suffering may weaken the strength of the self concept, or at least make one less preoccupied with the self concept (Salmon et al., 2004, p. 435). Two participants commented:

Doing volunteer work is a good form of *bushi* [布施; alms-giving]. Because we are willing to sacrifice our time and energy for others' benefits, we forget ourselves, we forget our own trouble. So for me, doing volunteer work helps me reduce my trouble. This is my personal experience; not from books.

Whether performing volunteer work, or doing other good deeds, all these help me cultivate *wuwo* [无我; egolessness]. I am getting less and less attached to my ego. Even I don't tell others I volunteer. Attachment to honor or good name is a form of ego-attachment. It seems that I've gained nothing, actually I should tell me, I've gained less stress. The stress that could bother me previously is nothing now because I have less attachment to my ego.... A strong ego is like a big magnet, attracting more stress. A weak ego is like a small magnet, attracting less stress. You know what I mean?

From a developmental point of view, older persons' ability to engage in nonegocentric concern with others' well-being is an important part of grand-generativity (Aldwin, 1990, p. 66). Generativity and ego-transcendence would probably help to reduce the exposure to stress and to resist the impact of stress by providing a wider mental horizon for accommodating stress.

Empirically, Krause (2008) pointed out that some evidence suggests a possibility of being mentally and physically healthier as well as a lower likelihood of

death among older volunteers as compared with non-volunteers (p. 140). Hong, Hasche, and Bowland (2009) revealed a correlation between volunteering and lower levels of changes in late-life depression from a longitudinal perspective. Musick, Herzog, and House (1999) found that the protective effects of volunteerism on mortality were most robust among old persons with low amounts of informal social contact. Hopefully, participants who engaged in volunteer work would enjoy such benefits.

4.3.6 Existential coping

Wong (2000) argued that “having a positive meaning and purpose in life will not only add years to one's life, but also add life to one's years” (p. 24). In other words, a sense of meaningfulness contributes to health and well-being in older persons. The present study found that feelings of meaninglessness and loneliness were two main existential stressors. It further revealed an important role of Buddhism in helping to address these existential issues.

4.3.6. 1 Coping with meaninglessness

As a workaholic, Mr. Yee was bent on raising his shoulders above others; for him, everything else paled in comparison with wealth. Ostensibly, he not only was a successful businessman who pulled himself up by his own bootstraps but also had a happy family and several close friends. After retirement, he buried himself in a merry-go-round of leisure activities and delighted belatedly in long-delayed freedom. However, all these activities soon lost their appeal. Lying beneath the gloss of happiness was an asphyxiating sense of emptiness, which was unknown to those around him. This sense of emptiness robbed him of his emotional wealth, about which

he said poignantly: “I am spiritually poor.” An equally, if not more, poignant word of his own—“Spiritually speaking, I am homeless, a vagrant”—would seem to suggest that the very sense of emptiness had driven him into spiritual exile. As the problem worsened and a palatable solution seemed more remote, he lapsed into a quandary of depression, guilt, and lethargy. The gnawing sense of meaninglessness forced him to ask himself plaintively how he might find meaning in life. He took pains to reconstruct meaning in life. This prompted his self-reflection and sparked a resurgence of interest in spiritual pursuits. Learning and practicing Buddhism became his daily routine, helping him to negotiate the existential crisis. He also resolved to walk out of his immediate life circle and reach out to help people. This shifting of life gears regenerated and reinvigorated him. When he was eventually able to derive meaning from his religious life and volunteer work, he ceased to feel void and empty.

Mr. Yee said eloquently:

I’ve started out on a new life. I’m no longer cut adrift from the meaningful path. I’ve found something worth pursuing. I have purpose in life. This motivates me. Hey, hey.

The case of Mr. Yee is not an isolated one. A similar existential crisis occurred to Madam Ong, who was strong-minded and diligent. She cared for her wheelchair-bound husband for five years. Despite caregiving was stress-saturated, it rendered meaning to her life. However, after her husband passed away unexpectedly due to a heart attack, a depressing sense of loss and emptiness pounced on her, although she received a great deal of emotional support. She found herself adrift aimlessly. In an attempt to get rid of this aftermath, she forced herself to socialize with people. The social whirl probably left no blocks of time when she might feel bored, but it had only minimal success in overcoming the existential emptiness. The sense of

meaninglessness continued sneaking into her mind and her life became troublesome if not burdensome. The pathos of her situation was strikingly expressed:

The newfound freedom from caregiving duties didn't give me a sense of liberation. On the contrary, it left me feeling empty and directionless. Everything was so boring.

This quote exposes the unconstructiveness of social activities and the dilemma of her search for meaning in life. The worsening of situations weighed her down exponentially and she felt trampled by immense stress. A search for a new meaning in life was desperately called for. Only after she took part in a religious group was she able to get in touch with her spiritual dimension. Tuning in to her inner voice awakened her to the truth that the external busyness was exploited by her only to escape from boredom. Religious involvement made her regain existential direction and internal fullness. The keynote of her life was no longer boredom and ennui.

In the above two cases, the central issue appears to stem from the existence of what Frankl (1992) called "existential vacuum": "They are haunted by the experience of their inner emptiness, a void within themselves" (p. 111). Thus, the meaningfulness of outer activities was discounted by a lack of the inner sense of meaning. However, Buddhism pulled them through the valley of the shadow of emptiness and restored a sense of meaning to their lives.

4.3.6.2 Coping with loneliness

The issue of elderly loneliness cannot be overemphasized because research evidence has suggested its association with morbidity such as depression (Cacioppo, Hawkley, & Thisted, 2010) and heightened systolic blood pressure (Hawkley, Thisted, Masi, & Cacioppo, 2010) and even with a higher risk for mortality (Luo, Hawkley, Waite, & Cacioppo, 2012). It is important to note that living alone does not necessarily mean

being lonely. Townsend (1968, as cited in McInnis-Dittrich, 2009, p. 100) differentiated between “isolates” and “desolates”: Those whose isolation results from habitual choices are isolates, whereas desolates are forced to be isolated due to an emotional or physical loss. In Singapore, some of the older persons living alone seem to be “isolates”. As Wong and Verbrugge (2009) pointed out, although choices were available for some elderly to live with others, they preferred to be a solo-dweller because living alone was their familiar lifestyle from which they could draw personal comfort (p. 209). In the current study, some participants chose to live alone because they needed a relatively disturbance-free retreat for spiritual cultivation. That solitude conduces to spiritual enhancement is nothing new. It was at least initially through a deep mystical experience occurring in solitude that Moses, Jesus, Buddha, and Muhammad achieved their respective spiritual messages (Atchley, 2009, p. 4). Thus, living alone posed no threat to the emotional well-being of these solo-dwelling participants. Rather, a deep appreciation for solitude would facilitate construction of a hospitable mental space for meditational experience and spiritual buoyancy. In this sense, solitude is not tantamount to loneliness. Making a distinction between them is valuable in deciphering these participants’ choice of solo-dwelling.

On the other hand, although solitude may contribute to spiritual growth in old age, not every elderly Buddhist can successfully turn the stressful experience of loneliness into a meaningful sense of solitude. A study of older women living alone in Singapore by Lim and Ng (2010) suggested that living alone would have a negative impact on elderly women (e.g., more depressive symptoms) when it brings about loneliness. Madam Eng, a 75-year-old childless widow, was like these women. Since her husband died, she had been living alone. Without her husband around, she found herself increasingly nostalgic and lonely. The more she recollected the happy

moments with her husband, the more she felt the pinch of loneliness. Adding to this distress was her lack of a stable social network. Thang's (2011) qualitative study of 31 solo-dwelling older men in Singapore showed that most of them scarcely got in touch with their family as well as relatives, especially after their parents, who were "the point of contact for the family", died (p. 61). Like these people, Madam Eng had not seen her siblings for several years. To overcome the oppressive sense of loneliness and emptiness, she kept herself occupied with religious activities and volunteer work. But the sense of loneliness and emptiness continued unabated. She admitted:

Indeed, in the daytime, there are many activities I can take part in, whether in the community or the temple. But in the evenings, when I am alone, nobody around, then I feel lonely [sigh].

As she grew older, Madam Eng was even more hemmed in by loneliness. One day, she encountered a spiritual friend with whom she had long lost contact. The friend convinced her that she had a transcendent guardian who was always protective and supportive of her. Being reluctant to resign to a life of loneliness and desirous of turning over a new leaf, she began to believe the existence of such a spiritual power. This belief made a difference to her life. In moments of loneliness, a perception of perpetual presence of a transcendent guardian as a source of support, solace, and strength made her feel connected, accepted, attended, and valued. This served to loosen the hold of loneliness and clothe her life with a sense of peace, meaning, and empowerment. Therefore, with the passage of time, she became less a prisoner of loneliness. Overall, we get the feeling here that a sense of connection with a transcendent power can be an antidote to the nibbling effect of loneliness.

Madam Eng was not the only participant who tasted the bitterness of loneliness. Mr. Tan, too, had been infested with loneliness. As the central family figure, he occupied the locus of familial power. He stated emphatically that ethnic

Chinese should fulfill filial piety. Nevertheless, his only son usually turned a deaf ear to his advice. This was treated by him as non-adherence to the value of filial piety, so he grew increasingly resentful. His son's subsequent working in London followed by the death of his wife left Mr. Tan living alone. Residential remoteness had decreased the availability, accessibility, and adequacy of emotional and instrumental support of his son for Mr. Tan. A strong sense of being pitilessly abandoned lurked beneath the surface of his peacefulness. This sense, triangulated with declining health and shrinking social network, imprisoned him in loneliness and depression.

The sense of loneliness increasingly encroached upon him. Mr. Tan began to wonder whether he would remain lonely in the rest of his life. Not infrequently, in the dead of night, when the waves of loneliness engulfed him, he asked himself repeatedly how he might be extricated from loneliness. Determining to revamp his life, he joined a Buddha-recitation group. Later, at his invitation, the group got together at his home every Sunday, chanting the holy name of Amitabha Buddha collectively and intensively. Such spiritual practice broke the monotony and tedium of being alone, enabling Mr. Tan to feel less victimized by his lonely situation. Furthermore, chanting Amitabha's name diligently gave rise to mystical experience of being in the Pure Land of Amitabha Buddha, as described by him:

In this pure land, there are beautiful palaces, gardens, trees made of gold, crystal, fragrant water, beautiful sounds of different birds. There are virtuous, friendly beings. They are happy and smiley.

An epiphany about the existence of spiritual alliances between Amitabha's Pure Land and himself conduced to his spiritual enhancement, lent vitality and meaning to his life, and deepened his sense of peacefulness and calmness. It also enabled him to hear his inner voice and to be in touch with himself, countering his tendency to externalize loneliness. All these attempts helped to relieve the debilitating effect of loneliness.

In short, loneliness would drag one's life down. Buddhism, as both cases have demonstrated, harbors a promising potential for healing bruises of emptiness, alienation, and loneliness by promoting transcendent connectedness and belonging and by providing an avenue for turning loneliness into solitude.

4.3.7 Multiple coping with health-related stress

Thus far, we have witnessed a wide array of Buddhism-based coping approaches that are generally singular specific coping categories matching the particular stressors. Each of these coping categories was important and functional in and of itself. On the other hand, when participants had to cope with stress of greater magnitude and intensity, particularly health-related stress, of more relevance and significance was the use of multiple religious coping categories. This seems to suggest that the more severe the perceived stress, the more coping resources that are necessitated.

Of all major stressors older persons encounter, chronic illness is probably the most prevalent one (Felton, 1990, p. 153). It seems that health-related stress including chronic disease-induced stress is a persistent problem for many elderly Singaporeans. According to the Singapore Longitudinal Ageing Study, about nine in ten elders claimed suffering at least one chronic health problem, while 43% of older adults suffered a comorbidity of three or more chronic diseases; 19% were functionally disabled for instrumental activities of daily living, while 7% had to depend on others' help with basic activities of daily living (Ng, 2011). Most participants experienced health-related stress. The following vignettes may illuminate multiple coping with health-related stress in the context of Buddhism.

4.3.7.1 Coping with physical disability

Perhaps no topic is more suitable for exploring how faith might be involved in coping than faith healing. This is borne out by Mr. Teo's experience. He used to be healthy, energetic, and sanguine, and to obtain considerable satisfaction from his job as a TCM (Traditional Chinese Medicine) practitioner. However, when he was 68 years old, one of his legs failed to stand stably due to practicing qigong improperly. The physical disability badly affected his ability to perform such activities of daily living as ambulating, toileting, and bathing. He had to be wheelchair-bound and dependent on assistance in accomplishing the above-mentioned tasks. The dwindled control over his environment damaged his self-esteem and dignity and impaled him emotionally. To him, sitting in the wheelchair was like being on tenterhooks. He was scared that he might be permanently confined to a wheelchair:

At that time, you know, I was under great stress. I lost temper easily. Anger burst out like fire. You know [pause], everything had gone smoothly with me before. Suddenly I had this problem, alas, how impermanent. I was afraid that I would be wheelchair-bound in the rest of my life and would not be able to serve the patients any longer. You know, I, I once vowed to serve and save patients. I would like to follow in the steps of the Bodhisattva of Mercy, who always delivers people from sufferings.

The persistent fear of perpetually losing independence escalated his frustration, anger, anxiety, and depression, throwing him into a maelstrom of stress, which in turn dampened the spirits of the whole family. Although he tried to suppress his negatively toned emotions and strove to live his life as normally as possible, not infrequently at night he sighed and deplored. The harder he endeavored to conceal his underlying sense of uselessness and worthlessness and to portray himself as strong and indomitable, the more he suffered from emotional chaos.

At the mercy of stress and strain, only religious ballast seemed to be able to stabilize his emotional state. In an effort to regain some degree of personal mastery

and control over his life, Mr. Teo placed complete trust in Amitabha Buddha, as evinced in the following excerpt:

I suffered from depression for a period of time. Then I said to myself: “This is your karma; you have to accept. You are a Buddhist, so you should have deep faith in the unthinkable merits resulting from chanting the holy name of Amitabha Buddha.” So I just chanted the name of Amitabha Buddha most sincerely. I tried to keep my stream of consciousness pure and clean. I was always mindful of Amitabha Buddha....There seemed no distinction between chanting and no chanting. Every moment of chanting was a moment of clarity and illumination. In this way, I tamed my anxiety and anger. In addition, I chanted the Heart Sutra.... I visualized that five aggregates [i.e., form, sensation, perception, mental formation, and consciousness] are empty. I tried to experience no-self. Ah, wonderful, you know, my leg did get better little by little, and the qi-channel was smooth again, I was able to walk again. Amitabha Buddha.

It appeared that karma-attribution, steadfast faith in the healing power of Amitabha Buddha, and attempts to reduce ego-attachment combined to alleviate his stress and to rejuvenate him. Herein, it is important to underscore that religious interpretations should allow room for other interpretations and religious solutions should leave space for other solutions (Pargament, 1997, p. 328).

Interviewer: Did you receive treatment from some Western Medicine practitioner, like physiotherapy, or did you receive TCM massage therapy?

Mr. Teo: No. I am a TCM practitioner. I knew these therapies would not be helpful to this kind of problem. But I did apply acupuncture to myself.

Interviewer: Oh, that means, the combination of acupuncture and chanting Amitabha Buddha?

Mr. Teo: Yeah. Chanting tamed mind, and acupuncture modulated “qi”. It seems that mind and qi are two things, but actually they are one and the same.

Interviewer: So these two methods were applied together?

Mr. Teo: Yeah. Two methods. But chanting is the primary factor. A clam mind is powerful. That is it. So my leg was getting better, thanks to Amitabha.

Interviewer: Fully recovered?

Mr. Teo: 80 percent. But the important point is that I can walk again, work again to treat patients.

Interviewer: Now you recall this story, about this story, what are your current thoughts?

Mr. Teo: Well, well, mind is greatly influential and powerful. If one possesses confidence, perseverance, and kindness and cultivates one's inherent Buddha nature, if one's mind abides nowhere, one can solve one's physical problems. You should know [cough], if the mind-ground is empty, the sun of wisdom will appear. When the wild mind stills, it becomes the Bodhi-mind.

This case illustrates that in conjunction with medical intervention, Buddhism can play an important role in healing by facilitating stoic acceptance of karmic retribution, enhancing ego-transcendence, and promoting faith in healing power. A point worth noting is that the karmic acceptance is not an excuse for avoiding seeking medical attention. As Mr. Teo explained, two reasons account for the occurrence of sickness:

According to Buddhism, illness results from karmic factors in the past lives or from primary and secondary causes in the present life. So when you are ill, you need to see a doctor [pause], you also need to confess and repent in a Buddhist manner, you should profoundly believe in cause and effect. When you are ill, don't blame heaven or others.

It may not be superfluous to reiterate that although religious solutions are often beneficial to stress sufferers, if the use of religious resources concurrently causes the exclusion of nonreligious resources, they may bring about great trouble, especially when circumstances are controllable in certain sense (Pargament, 1997, p. 328).

4.3.7.2 Coping with chronic illness

Spirituality can be a coping resource for the self-management of chronic illness among older persons (Harvey, 2009; Harvey & Cook, 2010). Madam Wong, aged 74, suffered from a comorbidity of diabetes and rheumatoid arthritis. This comorbidity pestered her, freezing her in body-taxing and mind-bending stress. The psychological responses she initiated were anger, frustration, anxiety, and sadness. These negative emotions exacerbated her physical discomforts, particularly pain. Common in rheumatoid arthritis, pain may be one of the main symptom-based pathways to suffering, whose uniqueness as compared with other symptoms of rheumatoid arthritis lies in its being emotionally triggering (Garrido, Hash-Converse, Leventhal, & Leventhal, 2011, p. 495).

Pain is primarily a psychological event; the intensity of feeling it and the degree of incapacitation it may cause are largely dependent upon how to interpret it (Taylor, 2009, p. 245). Troublesome and distressing as the physical adversity was, Madam Wong's use of the doctrine of karma to account for it was effective in appeasing her initial psychological turmoil. When she ceased to see the disabling physical problems as unwelcome interruptions of her daily life rhythm, she could tolerate the physical discomforts more efficaciously. Furthermore, Madam Wong engaged in meditative visualization exercise, which conjured up a beautiful and serene scene featuring the healing water, lotus flowers, and the Buddha of Medicine. Meditating on the scene and chanting the mantra of the Buddha of Medicine would gradually sublimate her to a deeply relaxed state. She explained:

I get into the beautiful place and put unhappiness out of my mind [laugh]....I can feel the warmth radiating from the Buddha of Medicine.

Meditation dulled her concern about pain and raised the threshold for pain sensitivity. The elevated tolerance of pain gave her adequate relief from pain, thereby fostering feelings of being in control of her life and improving her quality of life.

The comorbidity not only deprived her of many positive things but also demanded her active self-care, which was of particular importance to the management of her diseases. Dietary behaviors, physical exercise, medication adherence, and healthy lifestyle activities were all important for her disease-related self-management. It was here that Buddhism entered her coping drama again. This time, Buddhism acted as a promoter of her self-care. Practicing Buddhist precepts (*sila*) and endurance to accumulate merits and learning from Buddhist role models such as Master Xuanzang synergized to increase her self-control ability. This, in turn, facilitated her adherence to the self-management regimen such as exercising rigorous dietary control and maintaining good health habits such as regular exercise.

What was explicit in this topography of coping was a synthesis of multiple Buddhist coping strategies such as karma-attribution, meditation, endurance, and role modeling that helped Madam Wong strive, survive, and revive amidst stress.

4.3.7.3 Coping with cancer

Perhaps in no case is illness-induced stress more palpable than in the case of the cancer patient. At the age of 66, Madam Lui received a diagnosis of breast cancer. This trauma turbulently threw her into an abyss of mess and misery and relentlessly shattered her sense of reality and integration. In the wake of her initial shock and denial, she alternated between anger outbursts and uncontrollable weeping spells; she fluctuated between hopes and fears; she became withdrawn at home and reluctant to deal with friends. Being homebound, losing interest in food, and sleeping intermittently through the night all contributed to her becoming argumentative with and critical of her family members, especially her husband. The juggernaut of stress

locked her in piercing despondency and buzzing confusion. She asked herself repeatedly: “Why me?”

At this stage, of overriding importance for Madam Lui was to confront and accept the adversity despite its anathematic nature:

Many questions: Why me? Why now? Why do I suffer from disease? My mind was messy and frantic. I also recalled my adolescence, my adulthood, and my happy days....When I was able to accept that this was due to my bad karmic actions in the past lives, I began to feel OK. Although it was difficult to accept this cause, finally I could accept so, because it seemed that no other reasons could account for. I had been carefully taking care of my body and paying attention to food. And I exercise. Why me? There must be something wrong with me.

In this regard, karma-attribution helped Madam Lui acknowledge and assimilate her trial and tribulation. It also gave her a sense of empowerment and mastery. Also of prime importance to her reduction of stress magnitude was positive reframing. After she could reinterpret her stressful situation as an opportunity for spiritual growth, she was far better able to paint a more realistic picture of her situation:

Before, I was like what the Chinese saying describes “being a monk for one day, one tolls a bell exactly for one day” [做一天和尚,敲一天钟] [laugh]. But after being diagnosed with cancer, I said to myself I oughtn’t act like the one-day monk. I should be more diligent in learning Buddhism. I should make more efforts to practice Buddhism. Without cancer, I might have still lived like the one-day monk.

The making of karma-attribution and the positive Buddhist reframing had far-reaching implications for realigning her life. She regained emotional equilibrium and a sense of control over life, which sustained her during her teetering and tottering on the edge of crisis. More important, attribution and reframing inspired her thirst for rectifying her karma. Even seeking medical care and complying with the medical regimen were treated by her as effective ways to create positive karma and thus to counteract her existing negative karma. Madam Lui found in Pure Land Buddhism

validation for her spiritual pursuits. A pronounced and profound sense of transcendent connectedness with Amitabha Buddha released her latent spiritual energy and fueled her wish of attaining rebirth in Amitabha's Pure Land. This was prominently helpful in absorbing the power of her death anxiety.

Also of particular value to Madam Lui's alleviation of death anxiety was her regular participation in the rituals of *fangsheng* (放生; liberating animals). "No killing promotes healing," as she remarked. She recalled that during her first-ever attendance at the ceremony of liberating animals, she felt relieved, joyful, and peaceful for the first time after the diagnosis. This kind of ritual participation appreciably assuaged her emotional distress by instilling in her a sense of hope and personal control over her stressful situation.

Madam Lui was later treated with mastectomy. The unpredictability of the cancer trajectory and the concern over its recurrence insidiously disturbed her. In an open and honest manner, she acknowledged: "These anxious feelings sometimes are mild and sometimes are quite severe." It was here that religiously based support entered the picture. Her temple offered a supportive environment for her to ventilate and vent her feelings; the Buddhist monks of the temple offered her a wealth of information and advice on the Buddhist ways of coping; and spiritual friends walked her through the harrowing process. In particular, the pilgrimage to two sacred sites, viz., Jiuhua Mountain (believed to be Ksitigarbha Bodhisattva's seat of awakening) and Putuo Mountain (believed to be Avalokitesvara Bodhisattva's seat of awakening) in China with her spiritual friends helped her get a better idea of Bodhisattvas' transcendent powers and stoked the fire of her faith in these powers. Every time, no sooner did she meditate on Avalokitesvara Bodhisattva than she began to feel her presence. There seemed little doubt that perceived spiritual support ameliorated her

perception of the potentially life-threatening nature of cancer and reinforced her self-efficacy. It also cheered up her spirits that had been long weighed down by the load of stress:

I felt a weight lifted off my shoulders. This was like, like that I put down a big stone I had carried for a long time. You can imagine how happy I was, how relaxed I felt. Without Buddhism, I'm not sure if I could, I could have coped with this illness. I should say the power of Buddhism is just amazing, just unthinkable.

Coping with such a nightmarish adversity, Madam Lui came to realize that her life was wealthy with spiritual resources whereby she could survive and thrive although other resources were diminishing. She was also convinced that any stress would not cut across all domains of her life, renting her asunder psychologically. Coping also made her gain a greater appreciation of the twilight of her life.

In conjunction with medical interventions, the utilization of Buddhist beliefs and practices enabled Madam Lui to recover from a state of crisis and to embark on the more appropriate course of action. Piecing together a picture of her coping with cancer, we can see that combined religious coping strategies extended helping hands to pull Madam Lui out of the quagmire of stress. Despite the severe physical malady, she manifested realism, positivity, and resilience and fashioned a religiously meaningful life.

4.3.7.4 Coping with caregiving stress

Females are more likely to act as caregivers than are males (Taylor & Master, 2011, p. 103; Helgeson, 2010, p. 65). Research has documented a number of stressors faced by elderly caregivers and the negative effects of caregiving stress on them. For example, chronic caregiving stress may damage endothelial function in older caregivers (Mausbach et al., 2010) and inhibit neurogenesis (Khalsa, 2010). Schulz and Beach's

(1999) study suggested that experiencing caregiving strain increases the risk for mortality in aged spousal caregivers.

In Singapore, according to Mehta (2006), female family caregivers tended to experience more stress than male counterparts; family caregivers of persons with dementia or Parkinson's disease were more likely to experience stress than those rendering care to patients with stroke or depression. Madam Soh was such a caregiver. Caring for her husband with Alzheimer's disease (AD) day in and day out was patience-taxing, energy-draining, and sometimes frustrating. As time wore on, caregiving demands grew heavier with the progressive deterioration of her husband's AD. In proportion to the physical decline and mental deterioration of her spouse were increases in her mental anguish and caregiver burden. Eventually, AD deprived her husband of the cognitive ability to recognize his loved ones and thrust him into a state of quarrelsomeness, unresponsiveness, and uncooperativeness. This constituted a huge loss to Madam Soh and increased her caregiving burden exponentially, depressing her mood drastically. As Mohamed, Rosenheck, Lyketsos, and Schneider (2010) have found, the key correlates of AD-related caregiver burden are the severity of care recipients' psychiatric and behavioral disorders and the impairment of care recipients' quality of life. Although Madam Soh tried her utmost to meet her husband's needs, sometimes she was so stress-ridden that she vented her pent-up frustration on her husband in the form of verbal aggression. Nevertheless, in the wake of every outburst of frustration was her added remorse and guilt. Chronic caregiving stress accumulated, overburdening her coping resources and lowering her physical and psychological well-being. However, she conveniently overlooked her own physical discomforts such as headaches and fatigue.

To square up to the harsher reality, Madam Soh had to replenish her coping arsenal. Buddhism was found to weave meaning, hope, power, compassion, and support, *inter alia*, into her coping resources. First, Buddhism preeminently kindled and sustained her sense of hopefulness and empowerment. Madam Soh had no doubt that transcendent power protected and supported her, from which she was able to derive solace, strength, and hope. A study of 266 family caregivers of persons with dementia (PWD) in Singapore (Tew et al., 2010) found that a large proportion of them (85.7%) preferred home care to institutional care for PWD. Although sharing the same preference, Madam Soh was worried that if she died before her husband, he would not be taken good care of. Embittered about this possibility, she turned to meditation for distracting her from this inordinate sense of uncertainty. Meditation led her mind into the mystical realm where she was able to detach herself from daily toil and worry, at least temporarily.

Second, the religious group can be one of the most promising sources of support available to religiously committed older persons. Having minimal chances for respite from her heavy caregiving duties, she had to wrestle with the raging stress arising from constant caregiving by dint of her limited human and financial resources. To her happiness, several young Buddhist volunteers learned of her difficulties and provided her with instrumental support, giving her a long-awaited relief. She felt less overloaded and more empowered.

Third, two factors assumed greater prominence in heightening her self-control. For one thing, practicing Buddhist compassion and loving kindness were advantageous to her maintaining self-control. For another, Buddhism provided her with courage and wisdom to jettison worldly attachments and to sever the link to a web of secular interests. Self-control was instrumental in containing her

impulsiveness, thus conducing to her rising to the challenges of caregiving and fulfilling caregiving responsibilities.

Fourth, Buddhism gave her a sense of meaning. As McLennon, Habermann, and Rice (2010) indicated, spouse caregivers who can find meaning in caregiving may have their caregiver burden lessened and enjoy better mental health. What became clear was that she could derive a positive meaning from her caregiving ordeal by viewing it as an opportunity to discharge her karmic debts and to accumulate positive karma. This reframing helped her to look on the ordeal favorably despite occasional bouts of frustration, thereby mitigating her emotional pain.

As compared with noncaregivers, dementia caregivers suffer higher stress levels, manifest more depressive and anxious symptoms, and have lower subjective well-being and poorer physical health (Sorensen & Conwell, 2011). A case like this illustrates that the well-being of caregivers may be threatened by excessive burdens and intermittent frustrations. Caregiving, however, is both sweet and bitter. Buddhist coping can allay adverse effects of caregiving burdens and prevent heavy caregiving duties from wreaking havoc on caregivers' lives by providing caregivers with meaning, hope, support, and control.

To sum up, participants sometimes employed one predominant religious coping strategy; also is it likely that they fused multiple religious coping approaches simultaneously, particularly when encountering health-related stress. Presumably, health-related problems blatantly debunk human limitations and brutally strain one's coping resources, so their solutions call for multiple religious coping strategies orchestrated in a coordinated, integrated fashion. As these cases suggest, religious beliefs may really underlie some cultural groups' beliefs and ideas about promotion of

health, prevention of disease, causality and meaning of disease, locus of control, and modes of health restoration (Koenig, Smiley, & Gonzales, 1988, p. 155).

4.3.8 Religious struggles

Far from a blind triumphant celebration of Buddhism-based coping, this study threw light on suffering and struggle it had inflicted. There emerged two kinds of Buddhism-related struggle. One was that religiously induced anxiety, depression, shame, guilt, remorse, despair, discrimination, alienation, and conflict elicited stress. The other was that Buddhism was involved in the negative coping process, although stress originated from a non-religious source.

4.3.8.1 Religious doubt

An off-time death may be more distressful than an on-time one because beliefs concerning the kindness or fairness of our world are more likely to be shattered in the former than in the latter (Park, 2005). This is graphically illustrated in the case of a 74-year-old woman, Madam Soh, whose son's violent off-time death due to suicide eight years ago charted a path toward her excruciating agony. When she was telling this story during the interview, she turned emotional: With her lips pursed together, she fought to hold back tears. Stunned and stupefied by the abrupt and shocking blow, she ruminated about the tragedy and wept uncontrollably during many sleepless and tossing nights. She said that part of her was dead too. Distressingly preoccupied with thoughts of her deceased son, she felt that she heard his voice repeatedly. Ruminations about the tragic loss persisted for years. The complicated grief ruthlessly ruined her worldview and outlook on life. The world that was once orderly, coherent, benevolent, and meaningful to her had collapsed in front of her eyes; life had been stripped of all

beautiful disguise and had laid bare its ugliness. With the disruption of her worldview, no aspect of her life was left untouched by this calamity. Religiously, the event had crumbled her neat picture of Buddhism and muddled her understanding of Buddhism. Although she conceded that the Buddhist notions of karma and impermanence might account for the tragedy, she thought that she should not deserve such a severe retribution given her long-term emotional and spiritual investment in Buddhism. Thus, she began to feel desperately doubtful about the reliability and value of the Buddhist way. Buddhist words that used to ring true to her were now open to her skepticism. While the doubt soared, her Buddhist faith that was once an important source of her strength and solace plummeted down to the ice point. Although she still claimed herself as a Buddhist, Buddhism had become marginal in her life.

To abate her grief, it might be necessary for her to accept and cope with the catastrophic loss by making sense of the negative event and its implications. Not until several years later was she, with one Buddhist nun's help, willing to and able to cast the stressful life event in a Buddhist light, acknowledging and accepting the validity of karma-explanations. It became evident that the growing belief that she would meet her son again in her afterlife had gradually melted her ice of doubt, which, in turn, facilitated the elimination of her grief and fanned her spiritual spark into flame.

Although Madam Soh's religious struggle was atypical, doubtful thoughts about Buddhism were not unusual. Several other participants verbalized a milder sense of doubt they experienced previously. Unlike Madam Soh, they did not have to take a convoluted path out of their religious doubt.

4.3.8.2 Religious transferring

Mr. Yee's departure from his Buddhist organization was triggered by an upsetting experience. He said that he was keenly aware that a couple of monks of the organization had not matched their words with their deeds and tried to gloss over their hypocrisy, but he exhibited reluctance to provide a further explanation to this. This awareness resulted in his disenchantment that beneath their religious garb was an axe to grind. This was so discrepant with his rosy picture of the Buddhist monastic order (*sangha*) that he could not downplay or disregard this discrepancy, nor was he able to swallow up his doubt. Not only were individual monks suspected by him, the whole Buddhist monastic order met with his skepticism. The volley of distrust and disillusion largely, if not entirely, plunged him into the whirlpool of disappointment and dispiritedness. Astonishment, bewilderment, sadness, and anger laid siege to him. Research has shown that if there is no fit between a person and his or her religious system, there often are strain and discontent (Pargament, 1997, p. 336).

Under these circumstances, Mr. Yee distanced himself from those who he believed were only paying lip service to what they professed to believe in. Eventually, no longer was it viable for him to remain there. The process of exit from this organization was rife with feelings of smoldering anger, bitterness, hurt, and resentment. Even so, Mr. Yee did not deviate from the course of Buddhism; rather, with a fragmented sense of trust, he switched to another Buddhist organization that would seem to mesh with his religious quests. This religious transferring provided him with "a new path to an old destination of significance" (Pargament, 1997, p. 217). Additionally, only when the entire matter was under his rational scrutiny could he truly realize that he had irrationally cast a wide net of doubt on the integrity of the whole Buddhist monastic order.

4.3.8.3 Dilemma about vegetarianism

In Mahayana Buddhism, vegetarianism is valued and advocated as a way to develop a compassionate mind. Madam Yap had several elderly friends who later became vegetarian Buddhists and therefore began to frown disapprovingly at her eating meat. Some of them communicated aversion through looks and gestures although they appeared to remain verbally friendly. One day, she overheard their disparaging remarks of her. Brooding over her becoming a laughingstock, she felt ostracized and belittled. Being unable to tolerate their disparagement, she became morose and decided that she might as well practice vegetarianism. But her vegetarian practice only lasted a short stretch of time. The taste buds were soon to prove unable to resist excitable stimuli from meat, making her relapse to meat consumption. However, feelings of guilt and compunction that stemmed from her vow of practicing vegetarianism were preying on her conscience so strongly that she had to hark back to vegetarianism. She tried to avoid exposure to the temptation of meat, though half-heartedly. Before long, she reverted to meat consumption again. Remorsefully, she wished that she had not backslid and would promise to herself that this relapse would be the last time. To salve her conscience and regain emotional equilibrium, she had to take up vegetarianism again. Hence, she was trapped in a vicious cycle of vegetarianism and carnivorousness and her emotional pendulum swung between relief and guilt. But her predominant emotional themes were embarrassment, shame, and guilt. Twinges of conscience could be detected in her description of how she oscillated between the aspiration for vegetarianism and the appetite for meat, particularly when she said embarrassedly:

Singapore is a food heaven. There are so many mouth-watering foods [laugh]. Although I've pledged to practice vegetarianism, I've failed to do so persistently. I feel ashamed and guilty because breaking a vow means

that you've told a lie. That is to say, you've broken one of the five basic Buddhist precepts.

The quote above indicates that Buddhist counseling about vegetarianism would put her in a better position to pin down exactly what vegetarianism means and entails from a Buddhist point of view.

4.3.8.4 Religious scrupulosity

Madam Eng was amiable-looking and decently dressed. For her, Buddhism was flawlessly convincing. Hallowing the temple hall as a sacred place, she felt anxiety when she had to be there because qualms of sacrilege would creep into her mind. Obsessed with the intrusive thoughts of profanation, she began to engage in compensative practices that were to culminate in becoming compulsive redemptive behaviors. Before entering the hall, the obsessional fear of violating the purity would force her to wash her hands repeatedly until she felt relief. After exiting the hall, she would count Buddhist wooden beads relentlessly. The distressing amount of anxiety associated with the obsessional fear and excessive ritualistic hand-washing and bead-counting ravaged her. To alleviate the problem, she chose to enter the temple hall only on the 1st day and the 15th day of every lunar month. But the problem of obsessiveness and compulsiveness remained.

It seems that she manifested the symptoms of *religious scrupulosity*, which is a subtype of obsessive-compulsive disorder (Huppert & Siev, 2010; for religious guilt, see Exline, Yali, & Sanderson, 2000). It seems that cognitive-behavioral therapy and collaboration with Buddhist clergy can be used to treat her religious scrupulosity (Huppert & Siev, 2010).

4.3.8.5 Religious conflict

“Every family has a scripture that is difficult to recite.” (A parallel English proverb is: “Every family has a skeleton in the cupboard.”) This Chinese saying was picturesquely uttered by Madam Wong when she was talking about her challenging scripture on a conflicted relationship with her daughter-in-law, who was a Christian. Most of the conflicts between them were religiously related. Her daughter-in-law remained adamant about not allowing her Buddha statue to be relocated in the new flat where they lived together. This triggered a negative backlash and created the thorny tension between them. A sense of family loyalty paired with a fear of stigmatization in revealing family disgraces disinclined her for outside help to resolve their stressful conflicts. In order to preserve a semblance of family harmony, she exercised self-restraint and tried to conceal her grievance. “Do not wash dirty linen in public,” she explained. However, this did not pave the way for smoothing out the friction; instead, they continued to harbor resentment toward each other. Rapprochement would seem difficult, if not impossible. The long-term relational tension entrapped Madam Wong in stress and suffering, which compromised her physical and emotional well-being. Loneliness and erratic mood swings stalked her; headache spells hassled her. The emotional disconnection from her family rendered her even more preoccupied with religious activities.

A traditional Chinese family is patriarchal, androcentric, and hierarchical. Therefore, women should listen to men; the young should respect the old; father has the final say; and one should try to bring honor to his or her family. Although such a family system might be inflexible and dysfunctional, it was music to Mr. Sum’s ears. As a straitlaced father, he attempted to inculcate his two sons with a sense of Chinese cultural identity. Instructing, sermonizing, scolding, and physical punishment constituted his parenting repertoire. While he endeavored to preserve traditional ways,

his adult children preferred modern ones. The ideological differences such as familism versus individualism elicited some conflicts between them. Nevertheless, with the passage of time, he was able to come to terms with his sons' noncompliance to traditional family norms and rules. Really difficult for him to accept was his sons' religious beliefs. Though he taught them Buddhism formerly, neither of them followed in his steps; instead, they both later believed in Jesus Christ. As a matter of fact, Mr. Sum opined that there are similarities between Christianity and Buddhism such as both encouraging people to do good works. Nonetheless, as a devout Buddhist, he wished his children to honor him with a Buddhist-style funeral and Buddhist memorial ceremonies after his death. So he simmered with anger and sadness in this regard. This interreligious strain created a wall of estrangement between the father and the sons. A ramification of the stressful father-son relationships was the disturbance of family homeostasis.

In Singapore, anecdotal evidence has shown that within some families, conflict arises because of religious differences (Ko, Mehta, & Ko, 2006). If we take into account the situation that elderly Singaporeans constitute the bulk of Buddhist or Taoist devotees, while the majority of Christians are younger Singaporeans (Tong, 2007), we could reasonably speculate that there might be more cases where Buddhist or Taoist parents are in conflict with Christian adult children. If that is the case, interventions should be in place to avoid, alleviate, or eliminate intergenerational religious conflict. Assuming argumentativeness, defensiveness, or hostility would be of great disservice to healthy family dynamics. To disrupt the seemingly perpetuated cycle of intra-familial religious conflict and to restore family equilibrium, a litany of accusatory, judgmental, and emotionally charged comments should be terminated;

effective interactional patterns characterized by understanding and tolerance should be developed to help realign the family system.

4.3.8.6 Dysfunctional coping with marital stress

The law of karma may facilitate acceptance of a karmically conditioned relationship. However, acceptance alone is not enough. A further step is to take action to ameliorate such a stressful relationship, which complies with the law of karma. Abstention from or hesitation in doing so would prolong the stressful situation at best and exacerbate the stressful situation at worst. The following two stories about marital stress bring home this opinion.

As compared to couples with same religious backgrounds, religiously heterogeneous couples have less marital satisfaction, greater conjugal conflict, and higher divorce rates (Mahoney, Pargament, Tarakeshwar, & Swank, 2001). The first story, which is related to a religiously heterogeneous couple, is nothing other than a story full of spousal conflict. Madam Yin, aged 67, had practiced Buddhism for 7 years while her husband was a Christian. This appeared to have planted a seed of disharmony in the couple system. Unfortunately, the seed was growing steadily so that the conjugal system became conflict-riddled, symptomized by frequent exchanges of verbal abuse and bickering. This placed their wobbly marriage on the rocks, taking a heavy toll on her emotional well-being. Unresolved spousal hostility reached a climax when they were both agreeable to a divorce. Nevertheless, the proposed dissolution of the tempestuous marriage was aborted because their daughter threatened them with suicide. Thereafter, they had to continue their nominal marital relation and remained disengaged from each other not only emotionally but also physically. Living in different rooms, they acted like strangers to each other. The

freezing cold relationship was stifling to Madam Yin, whose embeddedness in Buddhist activities seemed to give her a relief. She acknowledged that learning Buddhism helped her to accept this karmically-conditioned relationship. On the other hand, she failed to take the initiative, as Buddhism would encourage and endorse, in dealing with such a distressful relationship. Thus, the irreconcilable marital strain and stress continued pestering her. Not only did it provoke her depressive symptoms, it also generated a number of negative psychosomatic outcomes.

The other story is about Madam Yap, whose husband was a construction contractor. Their conjugal system was poorly nurtured and maintained, and therefore disequibrated and functionally ineffective. Episodes of heated altercations, satirical remarks, and verbal abuse constituted the bulk of their daily interactional dramas. Her husband later had an extramarital affair, which broke her heart terribly. Feelings of betrayal, jealousy, hatred, and anger coupled with thoughts of divorce and vengeance swept Madam Yap into a maelstrom of stress. At this stage, a barrage of her verbal attack usually met with a face of stone; conjugal communication was kept at a minimum. They lived with each other in an emotionally distant fashion. Her hope of tinkering with this pain-peppered relationship wore thin. In her words, “It is hard to restore a broken mirror.” She seemed to espouse *avoidance coping* (Roth & Cohen, 1986) to address her relationship issue. This is best captured in the following quote:

I believe in karma. I just let karma decide what would happen. I don't care what he [her husband] would do to me [pause]. This is a bad karmically-conditioned relationship. I just let it be. *Suiyuan* [随缘; let a karmically-conditioned relationship take its course] la... I don't care. What can I do? [sigh] I have to move on with my life. I would rather help with cooking vegetarian food at the *fotang* [佛堂; Buddhist temple]; I don't have time to deal with him.

The current older cohort may still have negative attitudes toward counseling so that they do not want to resort to professional help for solving relationship problems

(McInnis-Dittrich, 2009, p. 319). The marital problems as depicted by these two participants seem to indicate professional intervention such as marriage counseling. For example, the cycle of blaming, accusing, labeling, defending, and mind-reading should be broken. The couples may need to learn how to employ open, direct, reciprocal, and symmetrical communication to convey feelings, thoughts, and needs. They may need to learn how to invest in nurturing their marriage and improve their skills of conflict resolution, anger management, communication, and problem solving. Counseling could help the couples to talk openly in a supportive and calm atmosphere, identify difficulties in their relationship, and build effective and constructive patterns of interaction and communication. Regrettably, they had never considered or sought professional help.

4.3.8.7 Improper meditation

Researchers have devoted a plethora of attention to the health and well-being benefits of meditation practices, whereas their costs have received slender attention. This disproportionate focus on positive aspects, however, may run the risk of oversimplifying dynamic and complicated daily meditation and eclipsing its negative aspects. Meditation sometimes, although by no means always, leads one to somewhere off the beaten track or uncharted terrains that are risky and sometimes catastrophic. The fifty forms of meditation-induced pitfalls listed in *the Surangama Sutra* bear testimony to the point.

Spiritual crisis caused by meditation is a fact rather than a fiction, at least for Mr. Lam. One day when he was meditating at home, he suddenly heard a malevolent voice of what he believed to be an evil spirit. And this occurred repeatedly. He was unable to dissuade the evil spirit from haunting him. The perceived demonic

possession and oppression frightened and plagued him and incapacitated his normal thinking, interfering with his social and daily functioning. Grappling with the stress during the stormy period depleted his emotional and spiritual energy, placing him in a dystopian situation. His stress reached its zenith and he thought that he was about to go crazy. Since then he had stayed far away from meditation.

Another participant's case was not so dramatic, but when stress made inroads into his life, his life was also thrown into chaos, albeit to a lesser degree. His problem was that during meditation, unwanted evil thoughts poured in his mind automatically. This had upset his mental equilibrium and equanimity. The problem continued unmitigated until realization of the inappropriateness of his way of meditation dawned on him with the help of his meditation teacher.

Additionally, experiences of some participants suggested that when meditative postures were rigidly maintained, this might sometimes unwittingly result in some unfavorable physical consequences such as muscle tension, digestive distress, and back pain. All these bodily complications had to be gauged and addressed. If left unresolved, they might deteriorate.

Although positive meditative experiences such as clear-mindedness and serenity can provide a protective cocoon for elderly Buddhists, attachment to or craving for these experiences also could produce the stress of worrying about losing it. It appeared that two participants had become addicted to meditation.

To sum up, even though older persons can be “the most powerful reminder of the resiliency of the individual to grow and flourish throughout the life span” (McInnis-Dittrich, 2009, p. 25), and even if they often demonstrate what Frankl (1967) called “the defiant power of the human spirit” (p. 99), they do sometimes flounder in quagmires of “religious-specific life stressors” (Pargament, 2011, p. 274) as

evidenced in the aforementioned case scenarios. These cases suggest that religious struggles can be “stumbling blocks” or “stepping stones” in the course of religious coping. When religious struggles become unresolved, they may lead to personal decline; on the contrary, those who can pull through these struggles may harvest personal growth, so the crux of the matter seems to have more to do with whether individuals are able to work through religious struggles than with these struggles per se (Pargament, 2007, p. 169). (The stress-related growth will be discussed in next section.) Hence, a more balanced view of Buddhist coping is appropriate. Krause (2008) rightly pointed out, “Studying the downside of religion is not an option. Instead, researchers are bound by scientific integrity to bring it to the foreground of the work they do” (p. 186). We should avert two opposite tendencies, namely, the blind minimization of negative functions of Buddhism in coping as opposed to the uncritical magnification of these negative functions.

4.3.9 Stress-related growth

In Buddhism and many other religions, it is primarily in times of suffering that one will achieve spiritual growth; suffering cultivates human character, coping skills, and basic life experience whereby one can handle potential struggles more effectively (Exline & Rose, 2005, p. 309). This suggests a close relationship between stress and growth. Correspondingly, this study showed that a clear majority of participants benefited from religious coping and achieved stress-related growth in terms of greater hardiness, compassion, hope and optimism, ego-transcendence, and integration.

4.3.9.1 Hardiness

One sweet fruit that Buddhist coping could bear was hardiness. Findings indicated that coping notably increased resilience, forbearance, and fortitude. Participants testified:

Surviving stress made me even stronger. This is like a spring. Press it lightly, it rebounds lightly. Press it hard, it rebounds hard. So I thank stress for helping me grow. I had never thought I could be so strong, so tough, and so hardy.

At that time, I had to be a caregiver and a worker at the same time. This overburdened me and exhausted me. This elicited much stress.... My *shifu* [师父; Buddhist mentor] said Buddhism asks us to practice *renru* [忍辱; endurance]. So I bear hardship without complaint. Being without complaint doesn't mean I'm weak, but means I'm hardy so that I can pull myself together again.

The point is that you endure when under stress. The more you can endure, the more you can grow tougher. This is an important discipline. Because of learning Buddhism, we have to overcome many barriers. Endurance is important here.

These testimonies attest that participants associated hardiness with hardship. Hardiness, in turn, as participants believed, would buoy them up whenever their lives took a downward spiral, enabling them to stand firm in the midst of adversity and hardship. Therefore, it should come as no surprise that with a noticeable boost in hardiness, participants had greater resolution, enterprise, and confidence to withstand and conquer stress.

4.3.9.2 Compassion

A prominent positive gain from Buddhist coping was stronger compassion for persons in need and in distress. More specifically, most of the participants expressed that they were better able to identify and be compassionate with others' painful emotions and to treat others with tolerance, tenderness, and empathy.

Everybody suffers. I suffer too. Because of suffering, I've become more compassionate. I want to help people lessen their suffering. Because I suffer, I understand what other people may feel when they suffer.

People say women are more compassionate than men. I don't think so. The key is learning Buddhism. For me, mindfulness meditation makes me less judgmental of others. It makes me more compassionate with my family, friends, and strangers.

I'm old enough. I've experienced many ups and downs of life. I've also seen many ups and downs of others' lives. So frankly, I've gained a deep understanding of suffering and interdependence. That may be the reason why I can show compassion toward others.

The case of Madam Lui as reported earlier also highlights compassion as one of the stress-related benefits. The mounting stress due to cancer made her spiral out of control into the lowest ebb of her life. Her sense of realism was cataclysmically smashed. Also shattered was her sense of hopefulness. Of note during this period was her recourse to Buddhist resources to drag herself out from the black hole of stressfulness and to hold together psychologically. She disclosed that after the onset of stress, she became keenly aware of dukkha (suffering) and therefore was able to be adequately attentive to and compassionate with others' suffering. About this, she explicitly vocalized:

I scolded people, criticized them, if they made me unhappy. I always felt that nobody could understand me; nobody knew how worried I was. Since I became a Buddhist, I've gradually corrected myself; I've gradually understood that we should treat others sincerely. Others don't treat you sincerely; that's their matter. As long as we're genuine, that's good....Cancer has also made me grow. I'm now better adjusted to suffering. I'm more compassionate. I'm more willing to help. I'm better able to empathize with others' suffering. I might not have experienced such growth if without this cancer.

DeLongis and O'Brien (1990) viewed empathic coping as a form of relationship-focused coping employed to perceive precisely the emotive aspect of others' experience when they encounter a stressful situation and to express one's emotive understanding to them sensitively (p. 230). Madam Lui's growing

compassion reduced her projection of her feelings onto others and increased her perceptiveness of others' emotions. This, in turn, enhanced her social functioning.

4.3.9.3 Hope and optimism

Stress may depress and distress people, but it may also inspire and instigate hope and optimism. This study found that more often than not participants became more optimistic and hopeful after they coped with stress effectively. Consider the case of Madam Yap. She was once flooded with profound feelings of sadness, anhedonia, and worthlessness. Her distress was not groundless. Looking back over her life, she realized that she had lived a life of miserable regret (e.g., failed marriage and son's imprisonment) and that it was too late for her to redress and rectify her life. Therefore, she began to doubt the value of her life. In the ensuing years, a web of depression and despair enmeshed her and she was even excruciated by suicidal thoughts:

At that time, I often heard a voice saying to me: "Kill yourself, then you'll be free from all sufferings." I had to struggle with this voice. And I was unable to fall asleep. How painful, you know.

After being diagnosed with major depression, she received pharmaceutical and psychotherapy treatments, to no avail. To her, these interventions merely sugarcoated her bitter and grim reality. Feeling like living in a dungeon, she thought that she was well-nigh at the end of her rope. Dramatically, at this turning point, she encountered a counselor who had been practicing Buddhism for numerous years. The counselor alerted her that in the Buddhist view, suicide does not exterminate one's karma; on the contrary, it itself constitutes a kind of severe evil karma because suicide is a felony of killing. The counselor asked her to chant the name of Amitabha Buddha and the mantra of the Bodhisattva of Mercy as well as visualize the image of Amitabha Buddha and the beautiful scenery of his pure land. She took the advice to heart. The

counselor also invited a monk to perform a ritual of *sajing* (洒淨; water purification) at her home. Since then, the voice used to haunt her had disappeared for good. Increasingly convinced by Buddhist teachings, she gradually gravitated toward Buddhism. Her faith in Amitabha Buddha grew stronger and she looked forward to entering the Pure Land of Amitabha Buddha upon death. Discovery of such a new horizon of hope and a new meaning in life got her life back on track and set the stage for her transformation. With the help of the counselor, she reviewed her life from a different vantage point, feeling that she had paid her karmic debts by living a miserable life. This life review dissipated the remaining dark clouds of her depression, and harmonized her emotional discord. Being able to flee the purgatory of depression exhilarated and energized her. She described beamingly:

I had been eating poorly and sleeping poorly. I was emotionally devastated. Now, the suffering has gone away, so that I can carry on with my life. I'm in good spirits now. I feel energetic. I've the courage to stand face to face with despair and depression, to my great relief. I would say Amitabha Buddha is the best psychologist [laugh]. Because of having faith in Him, I've become optimistic. My life has a hope and a purpose [pause]. Without such faith, I think I might have already killed myself.

This coping episode highlights the importance of hope and optimism in tough times. It suggests that Buddhism can serve as an antidote to depression and suicide by fostering and bolstering an abiding sense of hope, meaning, and purpose.

The six focus group participants were visibly happy to talk about hope and optimism afforded by Buddhism. A participant put it succinctly: "Hope is the most important thing for an older person. Practicing Buddhism plants the karmic seeds of optimism and hope." Other participants expressed parallel sentiments. One participant echoed: "At least I have something to depend on, so I'm always upbeat." Another participant commented: "I've found something to keep me going." A third responded: "Sadness pierces my heart. But I have a clear goal." It seemed that Buddhism infused

optimism into their outlooks on life and furnished them with rays of hope. Hope and optimism would help them to move in a more constructive direction and to flourish in the fresh waves of challenges and difficulties associated with aging.

4.3.9.4 Ego-transcendence

Tearing ego opens the way to transcending ego (Canda & Furman, 2010, p. 248). Madam Eng grew to dislike her aging body inasmuch as it became increasingly ugly in her eyes. Being acutely aware that a beautiful and energetic body was declining, she could not help deploring her decreasing physical attractiveness. Concomitantly, this stirred up stress in her heart to the extent that she felt it necessary to seek help from a spiritual advisor. The advisor recommended her to meditate on the impurities of the body as a foul skin bag to loosen attachment to it. He also helped her to trace the genesis of her distress to her narcissistic attachment to physical beauty. Understanding that there was no point lamenting over what had lost and investing energy in extrinsic beauty, she mustered the necessary courage to dismantle her old ego and to develop a fresh perspective on herself:

I'm honest with myself. For the first time, I said wrinkles, decayed teeth, grey hair, etc., etc., all these don't matter....Because nowadays society values youthfulness, everybody is afraid of aging. Sometimes, you see what people wear, they want to make themselves look younger. Then they have their hair dyed. Look younger. But Buddhism teaches us not to *zhuoxiang* [着相; get attached to phenomenal appearances], so that we can become more detached. Then there'll be no stress arising from thinking that I'm an older person, an unattractive older person.... Besides, be grateful. A grateful heart can soften stress. Every day after I get up, the first thing I do is to thank Amitabha Buddha, thank Buddhas and Bodhisattvas in ten realms for their blessing, thank all sentient beings for their help, thank parents for their kindness, thank the country for its help, thank monks and nuns for their teaching. Be grateful.

It appeared that Buddhism helped to liberate Madam Eng from the tyranny of narcissism. The taste of the freedom from the illusions of narcissism diminished her

aversion to her body phenomenally. Although sometimes she still slipped back to narcissism, the weight of the narcissism-induced stress was greatly lifted. Emotional pain that once domineered over her held no sway and gave way to feelings of acceptance and calmness.

The following case refers to Madam Ng. When she had to take up a cleaning job to earn a living, she was afraid that acquaintances, friends, and relatives might look down on her. Therefore, she was embittered by a considerable amount of worry. Later, through self-reflection, she realized that it was ego-attachment that made her feel ill at ease. Thus, she tried to address her ego-attachment:

This was a trying experience to me....My Buddhist mentor once gave me a calligraphic work with ten Chinese characters. These ten Chinese characters are: 看破 [*kanpo*; see through the phenomenal world] 放下 [*fangxia*; let go] 自在 [*zizai*; emancipate oneself] 随缘 [*suiyuan*; accept karmically-conditioned circumstances] 念佛 [*nianfo*; chant the name of Amitabha Buddha]. I put it up on the wall. Every day, I looked at it. It reminded me to *kanpo*, *fangxia*, and *zizai*. Every day, before going to work, I chanted “Amitabha Buddha, Amitabha Buddha” many times. This reduced my attachment to my face. As compared with Amitabha Buddha, everybody is “small”. Why did I take this “small” as “big”?

Madam Ng also treated this cleaning job as a form of religious discipline that would dilute her ego-preoccupation. Therefore, the job was vested with spiritual significance; making a living was transformed into making a meaning. In the wake of meaning-making was her crossing the threshold of the ego. In this case, we can see how disentanglement from the wheel of the ego provides a springboard to ego-transcendence.

The protagonist of the final case about ego-transcendence was Mr. Sum. Like many other participants, Mr. Sum regarded Bodhisattvas as role models because they are compassionate and selflessly devoted to the deliverance of sentient beings from suffering. As a Bodhisattva vowed:

For all those ailing in the world,
Until their every sickness has been healed,
May I myself become for them
The doctor, nurse, the medicine itself. (Shantideva, 2006, p. 80)

Mr. Sum had sworn to abide by the Bodhisattva-precepts for lay Buddhists, so it was logical for him to learn from Buddhas and Bodhisattvas, trying to have vicarious feelings of others' suffering and lend a helping hand to the less fortunate. With zeal, genuineness, and confidence, he was determined to embark on propagating Buddhist teachings, hoping to contribute to bettering world in this way, only to find out that his missionary work met with disinterestedness, aloofness, resistance, and even sarcasm. He grew frustrated and demoralized, and his zest and gusto waned. He then withdrew his volitional commitment and emotional energy from what he called "*fashi*" (法施; *dharmadana*; giving people Buddhist teachings to benefit them).

To his chagrin, feeling that in no case had he lived up to the Bodhisattva-precepts eroded Mr. Sum's sense of competence and confidence. This ultimately catapulted him into depression and anxiety. To make the matter worse, he could not help asking himself repetitively:

Why can't I just be calm given that I've been practicing Buddhism so long?
Why are other Buddhists so tranquil even if they've not vowed to observe
the Bodhisattva-precepts for lay Buddhists?

This kind of upward comparison let him down; his stress escalated and his depression deteriorated. Harboring great skepticism over whether he could continue emulating Bodhisattvas, he ran the gauntlet of self-deprecation and external pressures from his religious peers.

A monk edified him: "You should learn to swim skillfully before you can come to others' rescue." The monk's edification made him realize that to serve the

world he should transform and transcend himself first, extricating himself from the bondage of greed, anger, and ignorance:

Actually I was greedy because I just wanted to teach as more people as possible. And I was angry when people didn't listen to my teaching. Now I feel I was ignorant at that time because I had a mind of *woman* [我慢; egoistic pride]. I thought I had known a lot about Buddhism.

In addition, he came to know with hindsight that he had simplistically endorsed an ideal at variance with the complex reality. These newly obtained insights enabled him to make a great stride on his spiritual path. Becoming more realistic and less egoistic, he was eventually able to transcend himself and recovered from stress. With his stress tapering off, his enthusiasm for *fashi* was being rekindled. He resolved to continue disseminating Buddhist teachings, but this time, he only intended to focus on a small study group. That turned out to be a successful attempt.

4.3.9.5 Integration

For many if not most elderly persons, death does not seem to be a distant thing; they have to cope with spousal loss in addition to coming to terms with their own demise. To Mr. Tan, death of his beloved wife due to cancer was a catastrophic event and wrenching loss. Yearning for his deceased wife, he suffered from insomnia; he lost interest in once-enjoyable activities and became reclusive. Often sitting alone in the unlit room, he sank into self-pity and forlornness. Guilt and remorse stemming from thinking that he had not provided a good life for his wife and that he could have done more to prolong his wife's life haunted and twinged him. He became easily tearful and regarded himself as a good-for-nothing. Most disturbingly, his alcoholism relapsed. Although drowning sorrows in alcoholic drink palliated his emotional agony

temporarily, indulgence in alcohol, in tandem with loss of appetite and less restful sleep, eventually emaciated and enervated him.

Many Buddhists believe that merits are transferrable, so the family of the departed can perform meritorious deeds to increase positive karma of the departed and thus assist him or her to have a better rebirth. Holding a ritual of *chaodu* (超度; expiation of sins) for his wife intensely convinced Mr. Tan that her wife was in the Pure Land of Amitabha Buddha. This belief relieved his grief, though the memory of his wife remained intrusive and recurrent nightmares about his wife still often awoke him. According to Stroebe (2011), preserving *continuing bonds* with the departed person could be a coping strategy for the bereaved individual to adjust (p. 154). *Chaodu* and other merit-transference behaviors such as alms-giving helped Mr. Tan to maintain continuing bonds with his wife. This helped him negotiate the bereavement process. In the wake of spousal bereavement, key existential factors (including religious involvement and spirituality) are important predictors of the well-being of the elderly (Fry, 2001). For Mr. Tan, Buddhist coping healed and reinvigorated him. Eventually, his stress-provoked drinking problem was resolved and his topsy-turvy life was set right.

Because of this checkered coping experience, a great leap forward was made in Mr. Tan's spiritual growth, not the least of which was a deeper understanding of the Buddhist theory of middle way (neither hedonism nor asceticism). Adoption of the middle-way approach helped him to find a point of balance between suffering and happiness, instead of polarizing suffering as all negative and happiness as all positive. Mr. Tan had the following insight after introspective and retrospective scrutiny of his coping trajectory:

I used to hold a dichotomous view: Suffering was suffering; happiness was happiness. I always felt suffering was a bad, bad thing. Now I feel that in

suffering there is happiness and in happiness there is suffering. This is what I've learnt from stress. Happiness and suffering are like twins. As a father, he would treat twins, or brothers, or sisters equally, right? So I treat happiness and suffering impartially.

This dense insight enabled Mr. Tan to impute meaning to suffering and stress, to develop a more balanced and panoramic outlook on life, and to reconcile himself with the *faits accomplis* of life (i.e., what had happened in life).

When an older person becomes more capable of appreciating not only rosy pleasure but also thorny pain in life, he or she may be more likely to achieve a sense of peacefulness and integratedness. In this regard, Atchley (2009), in referring to Erikson's work, articulated:

Integrity is being able to stand back from the mosaic of one's multitude of characteristics and life experiences, both positive and negative, and see this mosaic as an interconnected whole...If we can't do this, then negative personal qualities and experiences can drag us into despair. ...Integrity is not denial; it is acceptance and compassion for the being that is. (p. 33)

Being able to integrate the sweetness and bitterness of life also helped many other participants to develop resilience and tenacity, to shy away from the dualism of suffering versus happiness, and to counter a tendency of going extreme (either hedonism or asceticism) in a sea of change, thus flourishing in the fresh waves of challenge without being submerged in the torrents of life.

To recapitulate, stressful experience may form a fertile soil for growth. As this study indicated, coping with stress had left indelible positive marks on participants' spiritual landscapes, signaling that stress had led to personal growth and transformation, which, in turn, broadened the range of coping resources.

4.3.10 Summary

This section deals with six Buddhist coping categories (karma-based coping, wisdom-based coping, emotion-based coping, meditation-based coping, compassion-based coping, existential coping) and multiple coping with health-related stress as well as religious struggles and stress-related growth. It is worthy of emphasis that Buddhism can play a salutary role in coping, but it can also be dysfunctional in some coping situations and it sometimes becomes a source of stress. This is consistent with Pargament's (1997, 2007) contention that religious coping can be beneficial or detrimental. Stress may pose a daunting threat to well-being, but coping with stress may lead to stress-related growth such as greater hardiness, compassion, hope and optimism, ego-transcendence, and integration.

4.4 Concluding Remarks

These concluding remarks serve as an overview of findings with regard to the lived experiences of stress and coping among participants. People with deeper religious commitment and involvement engage in greater religious coping (Pargament, 1997, p. 143). Insofar as religion constitutes a larger component of the personal orienting system and becomes more integrated into it, the role of religion in coping is greater (Pargament, 1997, p. 147). As a participant uttered, "Buddhism plays the leading role in my coping with difficulties." With a proviso that participants were more religiously committed Buddhists, relevant findings are summarized as follows:

- 1) Participants' evening of life was tied to a clear commitment to Buddhism.
- 2) There was a reciprocal relationship between participants' religious identity and aging.

- 3) Buddhism colored and informed participants' worldviews, outlooks on life, and perceptions of aging, and shaped and influenced their thoughts, emotions, and behaviors eminently.
- 4) Participants tended to define stress in terms of dukkha and to attribute stress to karma.
- 5) There were six main Buddhist coping categories: karma-based coping, wisdom-based coping, emotion-based coping, meditation-based coping, compassion-based coping, and existential coping.
- 6) Buddhism-based coping could be helpful or baleful. Positive coping (e.g., positive reframing, proactive coping, transformational coping, and spiritual support) provided participants with positive emotions and a sense of meaning, control, and transcendence. Negative coping (e.g., inappropriate appraisal, passive coping, and spiritual doubt) was related to depression, anxiety, and meaninglessness, and was often accompanied by spiritual struggles.
- 7) The weight of the evidence from this study seemed to suggest that Buddhism is more helpful and functional than harmful and dysfunctional in coping.
- 8) Religious coping with stress was a dynamic process that might involve religious struggle.
- 9) There was stress-related growth including compassion, hardiness, optimism, ego-transcendence, and integration.

CHAPTER 5

DISCUSSION

“Through a spiritual lens, problems take on a different character and distinctive solutions appear: answers to seemingly unanswerable questions, support when other sources of support are unavailable, and new sources of value and significance when old dreams are no longer viable.”

—Pargament (2007, p. 12)

CHAPTER 5

DISCUSSION

In IPA, the process of analysis is an iterative one allowing for moving back and forth within a variety of ways of examining the data (Smith, Flowers, & Larkin, 2009, P. 28). The previous chapter has constructed a data-driven theme-by-theme analytic structure on the basis of the transcribed texts. This structure would lay the groundwork for the hermeneutic circle to spiral up from the parts to the whole (Palmquist, 2000). The spiraling-up would help paint a sufficiently coherent, consistent, and holistic picture of the phenomenon. Here again, “the participant's meaning-making is first-order, while the researcher's sense-making is second-order” (Smith, Flowers, & Larkin, 2009, p. 36). In other words, my engagement with the data in a more conceptually sophisticated way was consistently informed and constructively inspired by participants' meaning-making.

The purpose of this study is to explore how elderly Chinese Buddhists in Singapore perceive their life stress, and what the roles and functions of Buddhism in their coping process are. This chapter seeks to develop a conceptualization of Buddhism-as-a-meaning-system (BMS) and a BMS-based model of coping. It also aims to discuss the phenomenon of BMS-based coping in relation to the existing literature on coping in general and religious coping in particular. The bulk of this chapter is devoted to discussing the meaning-giving roles as well as remedial, preventive, integrative, and transcendent functions of Buddhism in coping. The remainder of the chapter deals with religious struggle from a meaning perspective. The chapter concludes with a discussion of the strengths and limitations of the study.

5.1 What Roles?

Kushner (1989) noted that primarily as “a way of seeing”, religion can transform the way we view the facts about our world (p. 27). Findings demonstrated that Buddhism had shaped participants’ outlooks on life, worldviews, and value systems, which, in turn, informed and colored their perceptions of stress and coping responses. Cutting across participants’ accounts were a spectrum of themes that, as we have seen, were elaborately derived from Buddhism. Taken together, these findings indicated the central role of Buddhism in the stress and coping process among participants. But a further question can be raised: What are the more specific roles of Buddhism in the stress and coping process?

5.1.1 Buddhism-as-a-meaning-system (BMS): a conceptualization

As shall be seen below, conceptualization of Buddhism as a meaning system follows the trend of treating religion as a meaning system as described and discussed previously in Chapter 2. However, its focus on Buddhism and its basis on the data generated from this study make the conceptualization unique in the following ways.

5.1.1.1 Assumptions

This study concurred with IPA in viewing humans as sense-making beings (Smith, Flowers, & Larkin, 2009, p. 3). Additionally, following Frankl’s (1986, 1992, 1997) theory, this study assumed that 1) *the will to meaning* represents the primary motivation of human existence; 2) in any circumstances, human life holds meaning, even in the last moments of this mortal life; and 3) each and every human being is free

to find meaning in life. Also relevant to this study was Jung's (1971) developmental theory, which argues that the first half of life should be externally focused on one's expansion and development in the outer world, while the second half should be internally focused on addressing one's existential and spiritual issues. Highlighting the importance of a meaning specific and appropriate to old age, Jung (1971) noted:

A human being would certainly not grow to be seventy or eighty years old if this longevity had no meaning for the species. The afternoon of human life must also have a significance of its own and cannot be merely a pitiful appendage to life's morning. (p. 17)

The importance of the meaning issue to older persons is also underscored by other scholars. For instance, Erikson (1963) asserted that the elderly have to come to grips with the developmental challenge of ego integrity versus despair, striving to confirm meaningfulness of their lives. Wong (1989) argued that a promising way to transcend aging-related loss, decline, and despair is the discovering or creating of meaning by virtue of inner as well as spiritual resources (p. 516). Further, Wong (2000) proposed that "successful aging is 80% attitude, and 20% everything else" (p. 26) and argued that "having a positive meaning and purpose in life will not only add years to one's life, but also add life to one's years" (p. 24).

5.1.1.2 General claims

As discussed previously in Chapter 2, religion as a meaning system tends to possess the characteristics of comprehensiveness, transcendence, existentialism, convincingness, accessibility, unequivocalness, holism, dynamics, ultimacy, and orientation to the sacred. Without exception, Buddhism as a meaning system (BMS) also bears with it these characteristics, which make it possible in the first place for Buddhism to serve as a viable source of meaning in the midst of suffering and stress. Arguably, in Buddhism, the transformation from an unenlightened state of

consciousness (*samsara*) to an enlightened one (*nirvana*) is nothing less than a fundamental shift in personal meta-meaning system. The findings and analyses thereof in this study point to the possibility that in the coping context, Buddhism can be conceptualized in terms of meaning system. Therefore, the current thesis develops a conceptualization of BMS. It seems clear that the key to understanding what goes on in Buddhism-related coping among elderly Chinese is to understand BMS in that BMS is an overriding model they constructed of the world and life. BMS can provide an integrative conceptual framework for understanding the roles and functions of Buddhism in stress and coping.

The present inquiry adopted IPA. A high-quality IPA study, according to Smith, Flowers, and Larkin (2009), “should be possible to parse the account both for shared themes, and for the distinctive voices and variations on those themes” (p. 38). Interpretation of Buddhism may vary across individual elderly Chinese Buddhists and different interpretations may lead them to different pathways of coping. On the other hand, on the basis of *intersubjectivity* (a phenomenological concept referring to “the shared, overlapping and relational nature of our engagement in the world” [Smith, Flowers, & Larkin, 2009, p. 17]) and *social constructionism* (to wit, individuals within the same socio-cultural context, through dialectical and ongoing interactions, inter-subjectively construct perceived social realities [Berger & Luckmann, 1966]), we can identify their shared patterns of construction of Buddhism. Now, we are ready to propose several “more general claims” (Smith, Flowers, & Larkin, 2009, p. 3) about BMS as follows:

- 1) BMS is an individual phenomenon in the sense that BMS is the dynamic product of the long-term indoctrination and internalization of Buddhism.

- 2) BMS also is a collective phenomenon in the sense that there is an inter-subjective dimension of BMS (the term “BMS” is used in this sense throughout this thesis).
- 3) Elderly Chinese Buddhists are motivated to develop, sustain, and replenish BMS.
- 4) Elderly Chinese Buddhists organize, orchestrate, and integrate their lives according to BMS.
- 5) Elderly Chinese Buddhists resort to BMS to perceive stress and cope with stress.
- 6) BMS is not static and fixed; rather, it can grow, stagnate, or retrogress.

5.1.1.3 Main functional components

This thesis proposes that BMS is composed of three basic functional components: the existential meaning component, the cognitive meaning component, and the relational meaning component. These components are not mutually exclusive or competitive; rather, they are reciprocally influential and mutually supportive.

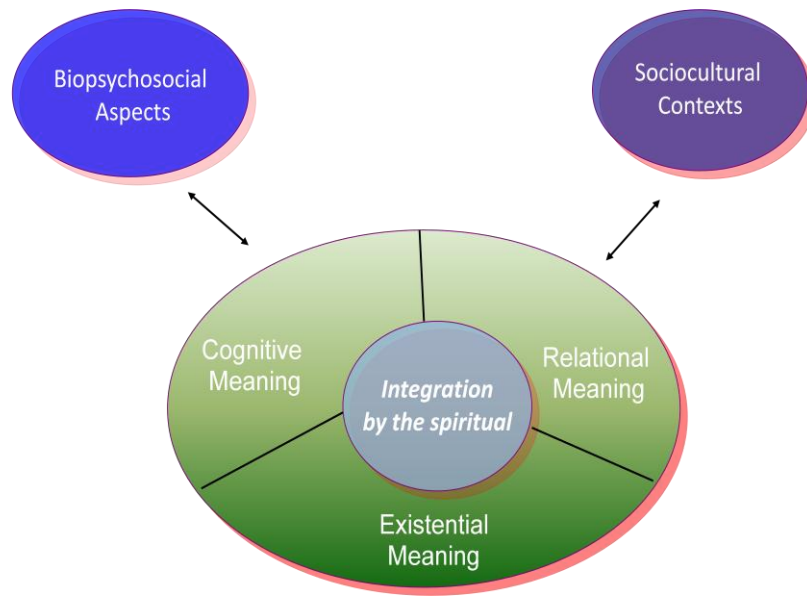


Figure 1: Buddhism-as-a-meaning-system (BMS) framework

5.1.1.3.1 The existential meaning component

Frankl argued polemically that human existence is intentional to transcend and direct itself toward meaning (Fuller, 2008, p. 242). He further contended, “The ultimate meaning of reality yields not to rational thought, then, but to existential commitment” (Fuller, 2008, p. 246). According to Canda and Furman (2010), existentialism has revealed the inadequacy of rational ways of knowing (p. 188). As for BMS, it does not make a flourish of trumpets for hedonistic pleasure and materialistic wealth; rather, it sounds a clarion call to believers to seek existential meaning and spiritual growth. The transformation of dukkha (suffering) into nirvana (freedom) seems to be the most important existential motif of BMS. Another important existential theme is that the tenet of karma promotes moral worth and responsibility.

From a developmental point of view, although finding a sense of meaning may be of importance to persons of all ages, some evidence suggests that its importance may increase with age (Krause, 2009b, p. 103). Issues of meaning and spirituality may loom large if we “think of old age as a kind of ‘natural monastery’ in which earlier roles, attachments, and pleasures are stripped away” (Moody, 1995, p. 96). The existential meaning component can help elderly Chinese Buddhists address such developmental issues as *tragic triad* (i.e., suffering, guilt, and death) (Frankl, 1967), *integrity* (Erikson, 1963), *gerotranscendence* (Tornstam, 2005), and *meaning* (Jung, 1971). For example, Jung argued that people’s efforts to expand their life culminate in midlife, after which there is freedom for them to trace the trajectory of their life and they meanwhile embark on seeking the real existential motivation to their life as well as their true and unique self (Guttmann, 2008, p. 34). Thus, Jung would encourage an older adult to turn a serious gaze at the inner self and to devote more time to the contemplative dimension of life so as to deepen the understanding of the self

(Coleman & O'Hanlon, 2004, p. 16). In this regard, BMS can help elderly Chinese Buddhists locate and appreciate the *raison d'être* of life. It can open up new opportunities for them to develop and enhance themselves and to lead an authentic life. It can inspire them to pursue spiritual goals and values that are more persuasive, stable, and existentially meaningful. It can encourage them to create, mobilize, and marshal spiritual resources. It can pull them through the valley of the shadow of emptiness.

Stressors associated with bio-psycho-social and existential-spiritual challenges and problems in the aging process test human potentialities and resiliencies. BMS can facilitate elderly Chinese Buddhists' coping with perceived stress by helping them search for meaning, tapping into human potentialities, and rise above human constraints. In particular, it would foster and promote ego-transcendence and death-transcendence. To disengage from samsara (the endless cycle of birth, death, and rebirth), human beings should abandon ego-attachment. BMS holds that every human being has a Buddha-nature and that more connectedness to one's Buddha-nature and less attachment to the empirical ego will help one existentially transcend human restrictions and constraints. In addition, BMS involves an optimistic view of the future. Particularly, the promise of a better form of existence after death can facilitate positive death-transcendence. This may go a long way toward anchoring elderly Chinese Buddhists in existential meaningfulness and transcendent awareness.

Not only can it nurture, fuel, and sustain a sense of meaning, purpose, and hope, BMS also can prevent existential meaning from being smothered, impoverished, or eclipsed. This study has shown that a sense of meaning and purpose in life cast an optimistic glow on aging, enabling participants to view late life as a stage of boon instead of bane and of growth instead of retrogression. A sense of meaningfulness was also beneficial to their addressing exigencies, paradoxes, and inevitabilities in the

aging process. Without having BMS, their aging might fall into confusion, conflict, and disorder.

5.1.1.3.2 The cognitive meaning component

BMS can perform the function of shaping and informing older Chinese Buddhist's beliefs about the universe, life, and aging as well as perceptions of stress. It was found that Buddhist notions such as *samsara* (cycle of deaths and rebirths), suffering (*dukkha*), egolessness (*anatman*), causality (*karma*), impermanence (*annica*), non-attachment (*apratishitacittam*), and dependent arising (*paticcasamuppada*) exerted great influences on participants' perception of and coping with stress. BMS would ensure that stress and suffering are ultimately meaningful, comprehensible, and manageable. It can promote the acknowledgement and normalization of stress and provide clarity and insight for coping with stress. In particular, as this study has shown, participants typically placed great value on the doctrine of karma, attributing their sufferings to the law of karma. Therefore, sufferings became explicable, tolerable, and controllable.

BMS can provide elderly Chinese Buddhists with a sense of perceived control. Spilka, Hood, Hunsberger, & Gorsuch (2003, p. 485) used Rothbaum, Weisz, and Snyder (1982)'s conceptual framework of three modes of secondary control (i.e., "interpretive control", "predictive control", and "vicarious control") (p. 464) to explain how religion can help people cope. In addition to these three ways of control, there is a more important way of control for aged Chinese Buddhists. I coin a term "karmic locus of control" to name this control mechanism. Karmic locus of control or karmic control allows for personal agency, urging Buddhists to counteract negative karma by cultivating positive karma. According to Phillips et al. (2009, p. 235), the

notion of karma resonates with the idea of internal locus of control. A prominent feature is that the law of karma carries moral weight. Though it stakes out a spiritually emancipatory claim, moral restraint and responsibility precedes spiritual emancipation. When such a moralistic cognition is accepted and internalized, it is likely to dictate and transform actions. Therefore, Buddhism can be a powerful and sustainable source of control particularly when stressful events seem to be uncontrollable or unchangeable. Beliefs in control may generate greater perceived controllability of situations (Park, 2010). Perceived control can be a great resource for coping with life stressors (Skinner & Zimmer-Gembeck, 2011, p. 35). Not only does a sense of control moderate the subjective experience of stress, it also affects biochemical reactions to stress (e.g., lower levels of catecholamine) (Taylor, 2009, p. 155).

5.1.1.3.3 The relational meaning component

Religious life does not amount to a cloistered or sequestered life, so Buddhists should not seclude themselves from the world. This is well exemplified in the movement of socially engaged Buddhism (King, 2009). Likewise, as this study illustrated, the daily enactment of religious life cannot afford to divorce itself from social systems inasmuch as the personal system is embedded in larger socio-cultural contexts. To drive a great wedge between BMS and the socio-cultural context would be to stunt the development of BMS.

BMS is not a self-contained system; its relational meaning component makes it an open system. This is possible because the relational meaning component performs the function of facilitating older Chinese Buddhists' transactions with social systems by providing expanded and systemic perspectives on individuals, families, society, and the universe. Such Buddhist notions as interdependence, dependent

origination, compassion, loving kindness, and collective karma all make a close conceptual resonance with social work's person-in-environment perspective as well as IPA's person-in-context perspective (Smith, Flowers, & Larkin, 2009, p. 17). Buddhist coping is contextualized in socio-cultural and politico-economic forces and meanings. Therefore, when there is a relatively balanced and harmonic relationship between person and environment, this facilitates religiously based social support and compassion-based coping. At least, this helps to develop, sustain, and replenish a meaningful support network consisting of like-minded religious peers.

From a Mahayana Buddhist perspective, collective interests take precedence over individual interests. Thus, making individual contributions to collective interests is expected; fulfilling individual responsibilities for collective interests is sanctioned; and sacrificing individual interests in favor of collective interests is encouraged. This unselfishness-based relational meaning is best embodied in Bodhisattvas' altruistic spirit and compassionate behavior. Buddhists who follow in Bodhisattvas' steps would derive meaning from such others-oriented relationality.

5.1.1.4 Integration by the spiritual

The aforementioned tripartite existential-cognitive-relational meaning components are not hierarchical, nor are they sequential. Rather, they are complementary, symbiotic, and synergistic yet distinguishable from one another; they synchronize inextricably and pivot on the spiritual intimately. For Jung, the spiritual "represents the 'pre-existent meaning' lying hidden in life's chaos" (as cited in Fuller, 2008, p. 94). According to the National Interfaith Coalition on Aging, the spiritual cannot be relegated to merely one of various dimensions of life, inasmuch as it penetrates and accords meaning to all dimensions of life (Ellor, 2004, p. 24). Ellor (2004) argued that

the spiritual “holds the individual together, providing an integrative force in the lives of people” (p. 24). According to Canda and Furman (2010), spirituality “connects us with conceptions and experiences of profound, transcendent, sacred, or ultimate qualities” (p. 59). Infusing all of the aspects of life, spirituality “helps to weave them together into a sense of integrity (i.e., integratedness), connectedness, and wholeness” (Canda & Furman, 2010, p. 88).

Along the above-mentioned lines, the BMS conceptualization propounds that in an ideal sense, the spiritual synthesizes and integrates the triadic components of existential meaning, cognitive meaning, and relational meaning within BMS (see Figure 1). Figure 1 demonstrates that what is of utmost importance about the role of the spiritual in the BMS framework is its integrating thrust. Integration is a functional expression and operation of the spiritual. It is an ongoing, dynamic process that ensures the dynamic equilibrium of BMS by promoting the balanced developments of the three meaning components and by orchestrating morphogenesis and morphostasis in the BMS framework. Furthermore, the spiritual integrates bio-psycho-social aspects so that these diverse, diffuse, and discrete domains of life can be combined and unified into a broader and more meaningful totality. It would be wrong to view the spiritual as a process that floats by itself in the spiritual realm and is detached from personal life; rather it is a reified process that is embedded in and deals with concrete phenomena of life. In other words, the phenomena of integration are experiential occurrences that have a great bearing on elderly Chinese Buddhists in the world of flux. The spiritual penetrates and concatenates intrapersonal, interpersonal, and transpersonal dimensions, precluding their alienation from one another. It defines BMS as a multidimensional and dynamic system that cuts across micro (family), mezzo (group and community), and macro (society) levels. Metaphorically, the three

meaning components and bio-psycho-social dimensions are interwoven into a coherent tapestry by the spiritual. Once we have recognized the integrative role of the spiritual, we shall be in a better position to understand the courses and consequences of BMS in the stress and coping process.

To summarize, the conceptualization of Buddhism as a meaning system (BMS) comprising the existential, cognitive, and relational meaning components can shed light on how Buddhism infuses meaning into the process of stress and coping in late life. A caveat is: BMS, *ipso facto*, is an interpretative system. It is worth noting that this study concurred with Frankl in arguing that “a one-sided and overconfident rationalism...is...too narrow in scope to account for human existence in its totality” (as cited in Fuller, 2008, p. 239). Therefore, it did not inhabit a single field of meaning; rather it examined meaning from an existential-cognitive-relational perspective. This more comprehensive treatment promises to give a finer-grained analysis of how BMS can be functional and viable or dysfunctional and detrimental in defusing or detracting from stress. In contrast, Pargament (1997, 2007), Folkman (1997, 2008), and Park (2005a, 2005b) seem to frequently turn in the sole direction of a cognitive approach to meaning.

5.1.2 A BMS-based model of coping

Lazarus and Folkman (1984) regarded human beings as “meaning-oriented, meaning-building creatures” who are persistent in evaluating what is happening in a constructionist rather than a positivist manner (pp. 276-277). This argument highlights the importance of meaning for coping with stress. There is an increasing recognition of the importance of meaning to religious coping (see, e.g., Park, 2005a, 2005b; Folkman, 1997, 2008). Park (2005b), for example, proposed a model of religious

meaning-making coping. Although their meaning-related concepts carry an existential flavor, Folkman (1997, 2008, 2010) and Park (2005a, 2005b, 2011) have not been adequately attentive to existential meaning. This study calls into question the biased emphasis on cognitive meaning that has entrenched itself in the literature and calls for explicit attention to existential meaning and relational meaning as well.

According to the foregoing BMS conceptualization, the meaning-giving roles of Buddhism in stress and coping are multiple, consisting of the existential meaning provider, the cognitive meaning provider, and the relational meaning provider. This leads us into further thinking about the functions of Buddhism in stress and coping. The present thesis proposes a BMS-based model of coping with a view to elucidating the potential functional mechanisms of BMS in stress and coping. Figure 2 is designed to depict the process of BMS-based coping. Arrows thereof are not used to imply causal relationships; rather, they indicate linkages and directions.

As Pargament (1997) put it, times of crisis and coping presumably constitute the best laboratory where we can examine and understand the clearest forms of religion (p. 5). BMS comes to the fore and comes into play in times of stress and strain and participates in every stage from stress perception to coping intervention (to religious struggle, if any) to outcomes. It provides conative motives, moral compasses, cognitive schemas, behavioral guidelines, emotional channels, relational interdependencies, and existential reasons, thereby enabling the coping process to proceed meaningfully and purposefully. It lends coherence, order, and logic to ups and downs of Buddhist coping, thus enabling and empowering aging Buddhists to enact meaningful and fulfilling responsiveness to stress. BMS is of particular significance to stress and coping in that it forms the strong basis for comprehending and handling stress across a broad sweep of life.

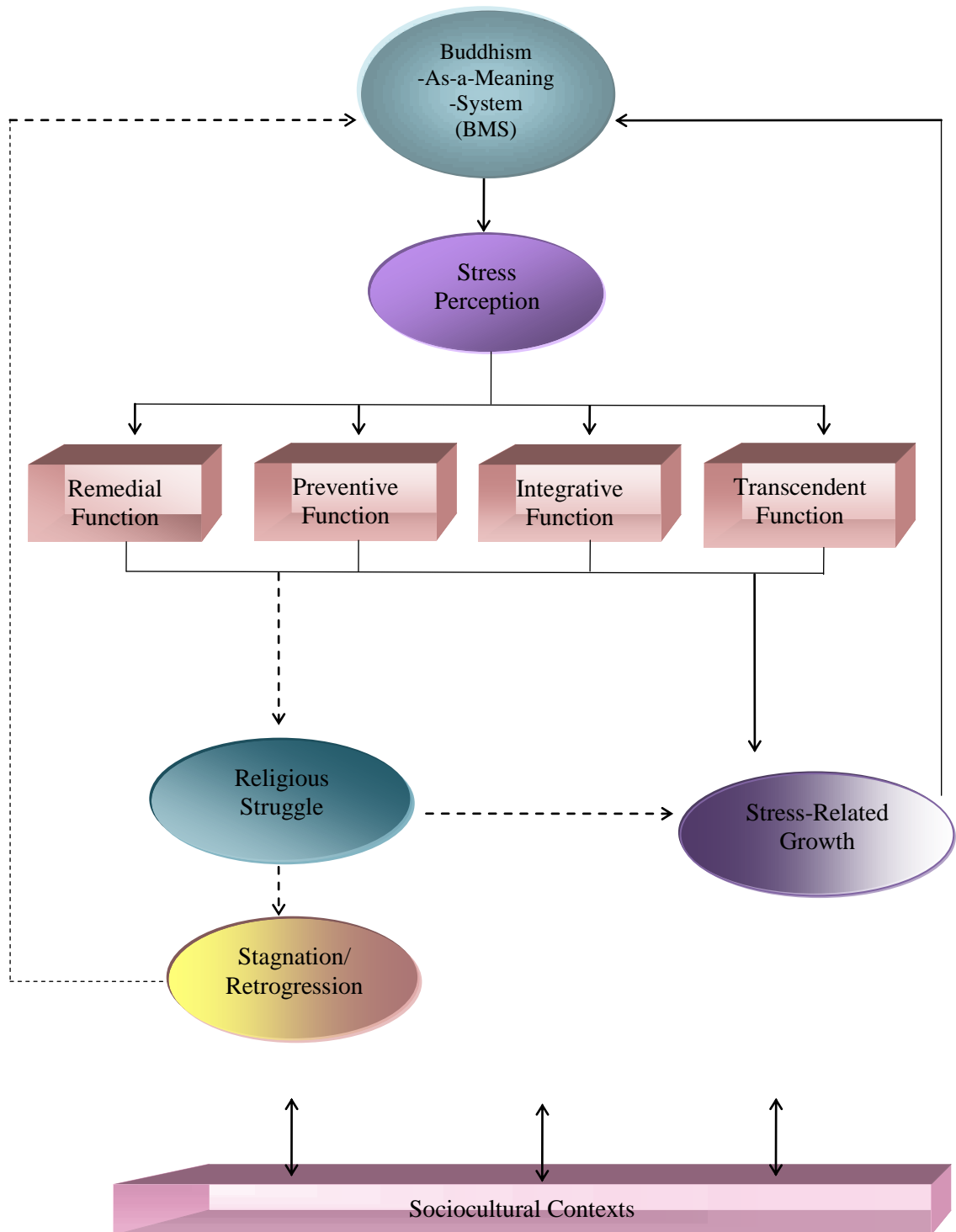


Figure 2: Conceptual model for understanding Buddhism-based coping among elderly Chinese Buddhists in Singapore

BMS is consistent, competent, comprehensible, viable, and reliable for serving remedial, preventive, integrative, and transcendent functions in the Buddhist coping process. These functions are not independent of one another, nor do they compete and conflict with one another. Rather, they are mutually supportive, facilitative, and enhancing. Ideally, they will operate compatibly with one another and synergize to optimize the roles of BMS. (These functions will be discussed in detail later in this chapter.) Realistically, there is variability in the performance of these functions according to personal negotiation and appropriation of Buddhism. Of more practical significance to participants were karma-motivated remedial and preventive functions. As one of the central Buddhist concepts, the law of karma exercised a profound influence on participants. In the present study, karma-based coping, as the most pervasive form of Buddhist coping, was of fundamental importance not only in itself but also because it underpinned and could assimilate other forms of Buddhist coping. As a matter of fact, it is difficult, if not impossible, to draw a hard and fast line between karma-based coping and other Buddhist coping approaches identified in this inquiry. Hardly a form of Buddhist coping could be divorced from karma-based coping, because all other Buddhist coping strategies could be reinterpreted as operating under the law of karma. Hence, it makes sense to say that this strongly held belief is always prone to form the basis of coping among participants. Without this belief, they would have been easily enslaved by tension, stress, and suffering. This cherished belief constituted a source of comfort, control, mastery, and meaning, and offered an expanded possibility for coping when participants confronted the onslaught of stress.

It should be constantly made clear that that this model defies a linear interpretation. The BMS-based coping process is thought of as a dynamic, nonlinear,

and evolving one. In the process, perception of and coping with stress may be recurrent; religious struggle is likely to occur as a result of the confusion or disruption of the functions and may end up with negative outcomes (e.g., stagnation or retrogression) or positive outcomes (e.g., stress-related growth including hardiness, compassion, optimism, ego-transcendence, and integration). Stress-related growth is a form of positive meaning emanated from BMS, while religious struggle discredits and disrupts BMS. It would take courage and wisdom to initiate and orchestrate coping efforts to resolve religious struggle. Overall, the coping process is interspersed with points and nodes of *chronos* (stress-related growth) and *kairos* (religious struggle). Only when we see these points in light of BMS are we able to string these points together along a meaningful line and to appreciate their value.

Although BMS is logically prior to coping, it is not impervious to the backlash from coping praxis. Clearly, BMS has profound and pervasive impacts on coping responses and consequences, but it is just as likely that the latter can feed back into the deployment, employment, and development of BMS, elevating or eroding the perceived availability, reliability, and effectiveness of BMS. To participants, coping strengthened their belief that BMS promised to be a more accessible, available, and appropriate coping option when they were confronted with a multitude of acute or chronic stressors accompanying aging. Therefore, it was advisable to situate stress and coping within the framework of BMS. From a long-term perspective, BMS and coping are inextricably interwoven in ongoing spiritual development. The relationship between them should be more appropriately thought of as dialectically reciprocal and intricately bidirectional. It can be argued that this model offers valuable insights into the interplay of BMS and coping as a dynamic and recursive meaning-searching, meaning-making, and meaning-affirming process within the socio-cultural context.

Given that older adults have to face decline, decrement, and death, it is not unreasonable to assume that they need an integrated meaning system to shield or cushion themselves from the attack of stress that is often emotionally taxing and existentially vacuumizing and to make sense of difficulties, challenges, and losses as well as paradoxes, confusions, and uncertainties. Without such a meaning system, they might be vulnerable to mounting stress; they might “have the means to live, but no meaning for which to live” (Frankl, as cited in Kimble & Ellor, 2000, p. 15); and they might lose sight of a bigger picture of life. In this sense, coping is a matter of fathoming the meaning of stress and of regaining a sense of control, order, and meaning. Thus, the introduction of the notion of meaning into a conceptual framework of Buddhist coping can draw us closer to the nitty-gritty of elderly Buddhists’ coping behavior. Not only would BMS help elderly Buddhists to negotiate harsh realities and to come to terms with existential issues, it would also be instrumental in maximizing and optimizing their personal development. Not only would BMS provide elderly Buddhists with a sense of mastery, identity, community, and well-being, it would also confer hope, purpose, meaning, and wholeness on them.

This micro-level theorizing is unavoidably an abstract, analytic attempt. Three caveats are worth noting. First, this modeling work is based, in a large measure, on the relative homogeneity of participants. Common Buddhist beliefs and practices presumably shaped and established their similar religious orientations. To the extent that Buddhism was the central part of the “orienting system” (i.e., “a general way of viewing and dealing with the world”) (Pargament, 1997, p. 99), participants relied on BMS to cope with perceived stress. Second, such theorizing is grounded in the actual coping categories derived from this study. It is idiographic, whose primary concern is “with documenting the existence of actual patterns of life, not with measuring

actuarial incidence” (Smith, Flowers & Larkin, 2009, p. 172). Third, this model promises to have predictive utility but it is not intended to be normative or prescriptive. Therefore, when elderly Chinese Buddhists live in a complex web of relations and realities, this model holds much promise for providing them with a clearer picture of Buddhism-driven coping. On the other hand, we should be careful not to be strangled in the coils of this theorizing and pare down rich, complex, and dynamic realities to fit such a parsimonious and ideal conceptual model. Herein, Weber’s concept of *ideal type* is germane: “At its most basic level, an *ideal type* is a concept constructed by a social scientist, on the basis of his or her interests and theoretical orientation, to capture the essential features of some social phenomenon” (Ritzer, 2008, p. 120; italics in original). It would be of benefit to research and practice if we treat this model as an ideal type that could act as a heuristic device.

5.2 What Functions?

This study adopted a functional approach to examining Buddhist coping. Results suggest that BMS can perform remedial, preventive, integrative, and transcendent functions in the coping process among elderly Chinese Buddhists. A good portion of this section will be devoted to a discussion of these four functions. But before doing so, we need to discuss two functions (normalization and attribution) of BMS in stress perception.

5.2.1 Functions of BMS in stress perception

BMS appears to be the most important factor in informing participants' conceptualization and perception of stress. This suggests that when under stress, BMS can give elderly Chinese Buddhists an integrative existential-cognitive-relational meaning space for their interpretative maneuver, enabling them to make sense of stress. In this sense-making, BMS can fulfill two functions—normalization and attribution.

5.2.1.1 Normalization function

In Christianity, perception of a stressful life event as part of spiritual discipline may help believers normalize stress (Pargament, 1997). In contrast, belief in the doctrine of dukkha (suffering) seems to open the way for the normalization function of BMS. As a cornerstone doctrine of Buddhism, the tenet of dukkha is connotatively rich, thus defying simplistic interpretations. In the context of this study, the notion of dukkha contains at least four dimensions, namely, a realistic view of human existence, a

relativistic approach to happiness, a futuristic hope of ending suffering, and an opportunity for spiritual growth. These four dimensions helped participants to normalize and legitimize stress as a form of suffering inherent in life, which, in turn, facilitated their acceptance and appreciation of stress and thus flattened their stress.

Acceptance of suffering and stress as inevitable, transient, and episodic can foster endurance, vitality, and resilience. And this realistic acceptance should not be mistaken for passive surrender to stress. The former is achieved by interpreting stress in terms of the four dimensions of the concept of dukkha, which can turn out to be a buffer against stress, while in the latter there is a fatalistic undertone that may exacerbate stress. It is likely that exposure to Buddhism predisposes some Buddhists to staying pessimistically conscious of dukkha and to holding a fatalistic view of dukkha. Only after their pessimistic and fatalistic image of life is superseded by a realistic and optimistic one would they be able to construct a more holistic, non-distorted picture of reality. Belief in the notion of dukkha may inculcate a sense of realism and hopefulness in believers as illustrated in participants. In fairness, participants were inclined to perceive stress in more realistic and positive than pessimistic and fatalistic terms. They tended to view stress in old age as something that was normal and natural and could prod them to seek spiritual liberation. The normalization function exemplifies what BMS can do for elderly Chinese Buddhists when they need a consistent and comprehensive frame of reference for making sense of stress.

5.2.1.2 Attribution function

Stress does not come ex nihilo. Pinpointing its cause(s) is instrumental in making sense of stress and in generating feelings of control as suggested by this study. It

appears that content of belief informs and influences attribution-making. For example, Christians tend to attribute stress to God (e.g., God's punishment, God's plan) (Pargament, 1997, 2007). In contrast, for participants, karma-attribution constituted the main strand of their interpretation of stress in that the schema of karma had been engraved in the minds of participants and would be activated when stress arose. Logically, they perceived that karma had set the stage for not only current stressors but also prospective stressors. This could not be clearer when some participants traced their death anxiety to negative karma and tried to build up positive karma to earn a good death. Plausibly, death accepts no excuse and escape; karma-attribution is uniquely capable of making death acceptable, controllable, and meaningful.

“If men define situations as real, they are real in their consequences” (Thomas & Thomas, as cited in Ritzer, 2008, p. 369). Conceptualizing stress as arising from karma helped participants to rationalize and navigate the bitter sea of life. Two points are worth discussing here. First, for participants, it was advisable and adaptive to resort to the law of karma for a sense of empowerment and control inasmuch as this law allowed them to filter, appraise, and control stressful experience in a morally anchored manner. According to the law of karma, the vestiges any karma has left behind count and will bear fruit. As many karma-related case scenarios described in the preceding chapter evidence, karma-attribution was a viable, reliable, consistent, and comprehensive organizing framework for comprehending stress across a broad sweep of life. Thus, karma-attribution has great potential for assuring elderly Chinese Buddhists of a clear and coherent answer to the why of stress and suffering. The modus operandi of karma also gives a promise that the world and the life are ultimately meaningful, justifiable, and controllable. In this sense, when elderly Chinese Buddhists are thrown into a shadowy valley of life and when life seems to be

riddled with inconsistencies and ironies as well as perplexity and confusion, the attribution function of BMS would help them to acknowledge, accept, and assimilate stress, thereby maintaining or regaining a sense of meaning and mastery.

Second, karma-attribution can be used to account for a rippling effect of stress within a larger context. Buddhism holds that “all things and all beings are dynamically interconnected and mutually dependent” (Nakasone, 1994, p. 243). This context goes beyond the human realm to encompass the other five realms of existence (i.e., the realm of heavenly beings, the realm of *asura* or titans, the realm of animals, the realm of hungry ghosts, and the hell realm). This cosmology seems to be woven into participants’ life experience, making them sometimes link their stress to perceived distal causes such as the work of a ghost. When attempting to gain an insight into the stress perception of elderly Chinese Buddhists, we should be well aware that they believe in six realms of existence and interdependent karma.

If stress is conceptualized as a crisis of meaning, then stress perception can be regarded as one of the initial attempts to regain meaning. It is here that the relevance of the concepts of dukkha and karma can best be seen inasmuch as both work to impart meaning to stress. The Lazarus and Folkman (1984) model of cognitive appraisal of stress also “focused on meaning or significance” (p. 31). Nevertheless, it is important to note that there is a significant difference: BMS acts as an integrative existential-cognitive-relational meaning filter through which potential stressors are appraised and perceived, while in Lazarus and Folkman’s model, cognitive meaning alone tends to occupy the central position.

5.2.1.3 Buddhist perception of stress: hope or hype?

Buddhism underlines right understanding as one of the eight noble paths. Participants were inclined to rely upon stress-in-dukkha and karma-attribution to rationalize stress and stabilize mood. This would cultivate and facilitate perception of stress as a positive challenge that carries growth potential. Findings suggest that insofar as Buddhist perceptions of stress are congruent with contextual circumstances, they tend to be functional and adaptive, broadening the range of coping options. For example, some participants perceived illness as an opportunity for discharging karmic debts and lessening the burden of bad karma; others interpreted it as an opportunity for spiritual growth so as to increase good karma. Such perceptions were positive and functional, rendering illness less threatening. The greater likelihood of physical illness among older persons might make such perceptions welcome and hospitable.

Nevertheless, this cannot be held true for all of the participants. To the extent that they did not understand the notion of dukkha or karma properly or did not integrate it with the contextual circumstances, they might harbor unconstructive, maladaptive perceptions. Some participants, for example, traced stress to the karmic work of ghosts whom they had offended. This interpretation might exacerbate their stress if they were overwhelmed and at a loss what to do. As noted earlier, the concept of karma allows for personal agency, but Yamey and Greenwood (2004) reported that some Buddhists believe that there is no escape from the results of their past actions. Such a belief was also endorsed by Mr. Phua. It helped him solve the mystery of why he suffered from poverty, but concurrently provoked his self-blame. He recognized the futility of dwelling in the shadow of the past, but lamentation over slim chances of improving his financial situation depressed him. He became dependent on smoking and drinking to relieve his suffering, which seemed to have worsened his financial and health conditions. According to Phillips et al. (2009), more active forms of coping

can ensue in the wake of self-blame, when self-blame assumes an internal locus of control as well as an acceptance of responsibility (p. 238). Presumably, Mr. Phua's fatalistic understanding of karma facilitated his acceptance of responsibility, but disarmed him of courage, sobriety, and initiative to cope with his chronic stress of financial strain and other life stressors. The case offered above highlights the importance of appropriate Buddhist doctrinal interpretations in that such dysfunctional outcomes rested with the misperceptions of Buddhist doctrinal contents and not with the Buddhist doctrines themselves. It suggests the necessity to ascertain how elderly Buddhists understand and internalize Buddhist beliefs. It also demonstrates that some religious beliefs are likely to "increase rather than decrease appraisals of threat and harm" (Pargament, 1997, p. 172) and some beliefs are able to restrain or prevent coping efforts (Lazarus & Folkman, 1984, p. 160).

5.2.2 Four functions of BMS in coping with stress

Wong, Reker, and Peacock (2006) have teased out seven functions of meaning-related coping, namely, cognitive function, instrumental function, communicative function, affective function, motivational function, spiritual function, and existential function. As regards religious coping, Pargament, Koenig and Perez (2000) identified its five key functions: discovering meaning; obtaining control; obtaining comfort by virtue of closeness to God; achieving closeness with others; and transforming life.

As noted earlier, BMS offers armamentaria of existential meaning, cognitive meaning, and relational meaning for perception of and coping with stress. This becomes clearer if we look at the functional operation of BMS in coping. Four functions of BMS in coping can be identified. They are: 1) remedial function, 2) preventive function, 3) integrative function, and 4) transcendent function. These

functions would serve to buttress the veracity and viability of BMS-based coping, helping elderly Chinese Buddhists to attenuate or eliminate psychosocial distress and to retain or regain psychosocial equilibrium.

5.2.2.1 Remedial function

It is important to note that while Buddhism recognizes the phenomenal influence of socio-cultural and karmic forces on individuals, it does not downplay the individual's ability to counteract, negotiate, and influence these forces. In particular, the law of karma allows—and encourages—personal agency to direct the karmic course in a favorable direction. In other words, individuals always have leeway to correct and make up for their karmic wrongdoings. In a sense, to remedy problems under the law of karma is to make a stitch in time that will save nine. Such a stitching function was pervasive in the present study. It was mainly embodied in karmic coping, meditational coping, emotional coping, wisdom coping, and compassionate coping. This remedial function served to assess problems, mobilize coping resources, and sustain coping dynamics, thereby buffering or eliminating stress. It has two main manifestations: remedial reframing and karmic locus of control.

5.2.2.1.1 Remedial reframing

In times of stress, presence or absence of sense-making had a dramatic effect on participants' ability to cope. As Frankl (2006) put it, "In some way, suffering ceases to be suffering at the moment it finds a meaning, such as the meaning of a sacrifice" (p. 165). An important method of sense-making employed by participants was BMS-based positive reframing. It was highly instrumental in generating positive reconstruction of stress to remedy stressful situations cognitively and to achieve

control over stressful experiences. For example, in the case of Madam Lui, she was finally able to assimilate the reality of cancer into her Buddhist meaning framework by reframing what the cancer meant to her. This went a long way toward her negotiating stress-saturated twists and turns.

Findings suggest that stress experience can be meaningfully reframed at least in five ways. First, the notion of karma provides an interpretive schema for explaining why a Buddhist is intertwined with stress. When stressful situations are reformulated as the corollaries and ramifications of one's own karma, it comes as no surprise that the Buddhist has a sense of meaningfulness over stress and coping. Second, by objectifying (as in meditation) stressful experience, a Buddhist is able to distance himself or herself from it and accept it as it is with equanimity; in this way, the objectified experience will lose its power and become neutral or positive. This process is analogous to a process which Safran and Segal (1990) called *decentering*—"step outside of one's immediate experience, thereby changing the very nature of that experience" (p. 117). Third, interpreting stressful experience as impermanent can soften its perceived temporal tenacity and tension. In addition, the conception of impermanence provides a lens through which stress experience is viewed as a conditioned and constructed phenomenon without substance and subject to change. To defuse the active ingredients of stress, Buddhists are encouraged to engage in Buddhist practices to dissolve its conditions of existence. Fourth, reinterpreting stressful encounters as opportunities for personal growth (e.g., enlightenment) can help to convert harsh realities into congenial challenges. Fifth and finally, the belief that a Buddha nature is intrinsic to every human being enables a Buddhist to reinterpret stress as a foil to the purity of his or her Buddha nature. Thus, stress becomes compatible with the Buddha nature. In a nutshell, these ways of reframing

provide lenses through which Buddhists can view the world and the self in a positive and meaningful manner, despite the significant changes in internal and external worlds. We have seen that positive reframing helped participants to appreciate and accept reality with existential courage and equanimity as well as to positively adjust to losses, challenges, vagaries, and vicissitudes. It was often the case that when stress took on a positive meaning, it ceased to be unbearable and uncontrollable and became less detrimental and distressful. This may be due to what Rothbaum, Weisz, and Snyder (1982) termed “interpretive control” (p. 464).

5.2.2.1.2 Karmic locus of control

It may indeed be true that the remedial function of BMS operates in support of a sense of control, power, and meaning among Buddhists under the barrage of stress. Taylor (2009) defined *psychological control* as “the belief that one can determine one’s own behavior, influence one’s environment, and bring about desired outcomes” (p. 177). The concept of karma, by emphasizing that performing merit-making behaviors will yield favorable effects, provided participants with such a belief. This assured them of the interpretability and controllability of stressful circumstances and helped them come to terms with and assume control over stress.

Lying behind both interpretive control and psychological control is karmic locus of control, which enriches and enhances remedial function. Karmic locus of control bears with it moral weight, enabling participants to derive a sense of control from personal moral conduct and responsibility. Although Buddhism holds that stress arises from the convergence of causes and conditions and its impermanent nature will ensure its disappearance, Buddhists still need to create favorable conditions to expedite its dissolution rather than sitting idle. When negative karma was believed to

be amenable to change and transformation, it was hardly surprising that participants were willing to engage in volunteer work, do moral conduct, adhere to a medical regimen, observe Buddhist precepts, chant mantras and Amitabha Buddha's name, recite sutras, participate in Buddhist rituals and ceremonies such as those for repentance and liberation of animals, and perform other behaviors that were believed to be able to counterbalance negative karma. In doing so, they had a sense of mastery over interaction with the environment and a sense of confidence and hope in changing their own fate.

5.2.2.1.3 Problem-focused and emotion-focused coping: friends or foes?

As mentioned earlier, Lazarus and Folkman (1984) identified two broad coping categories: emotion-focused coping and problem-focused coping. In general, problem-focused coping exhibits more effectiveness in response to controllable situations, while emotion-focused coping manifests more effectiveness in response to uncontrollable situations (Aldwin, 2007, p. 184). To refine this cognitive model of dual-category coping, Folkman (1997, 2008, 2010) has revised it. Noticeably, she (1997) added a third category, namely meaning-focused coping, to the original dual-category model, recognizing the importance of meaning for coping. The strategies of meaning-focused coping include: 1) positive reappraisal of the situation in light of one's internalized values and beliefs whereby to discover meaning; 2) goal revision as well as devaluing of goal-directed problem-focused coping whereby to foster meaning on the basis of a sense of purpose and control; and 3) activation of spiritual beliefs and experiences whereby to discover existential meaning (Folkman, 1997, p. 1216). Folkman (1997) added that the above-mentioned processes can perform emotion-focused as well as problem-focused functions (p. 1216). On the basis of Folkman's

(1997, 2008, 2010) revised framework, among participants' remedial coping strategies, some are problem-focused, others are emotion-focused, and still others are meaning-focused. However, the findings of this study suggest that this revised model suffers from two shortcomings.

First, according to Folkman (1997, 2008, 2010), the engendering of positive emotions is the main function of meaning-focused coping, while the main function of emotion-focused coping is the managing of negative emotions. This may oversimplify and narrow the function of meaning-focused coping because meaning is more of a multidimensional concept (e.g., Reker and Wong [1988] held personal meaning as a cognitive-motivational-emotional concept). This also may lead one to wonder whether it is more logical to conceptualize the creation of positive emotions as one of the functions of emotion-focused coping instead of relegating it to meaning-focused coping.

Second and more important, the three-category model simply juxtaposes meaning-focused coping with problem-focused and emotion-focused coping and fails to go further to integrate all these categories. Therefore, what has been seen is a quantitative increase in category but not a qualitative leap in its conceptualization. This may relegate meaning per se to a position of being merely one category parallel to the other two categories rather than an underlying and overarching master theme that permeates, integrates, and transcends the two categories. As this study showed, both problem-focused and emotion-focused coping can be analyzed as a form of meaning-based coping in that both share the underlying common factor, viz., meaning, which cuts across categorical boundaries and integrates these two seemingly discrete categories. Coping, in this sense, appears to be a matter of fathoming the meaning of stress and of regaining a sense of control, order, and meaning. Neither problem-

focused coping nor emotion-focused coping can be understood apart from the coping process that is recursively in need of sense-making. These two categories actually assign meaning, at least cognitive meaning, to stressors and are influenced by meaning. As a matter of fact, Park (2011) stated that problem-focused coping may be used to reduce discrepancy between situational and global meaning (p. 230). Even Folkman (1997) herself noted:

The four types of coping that were associated with positive psychological states have a common theme: searching for and finding positive meaning. Positive reappraisal, problem-focused coping, spiritual beliefs and practices, and infusing ordinary events with positive meaning all involve the activation of beliefs, values, or goals that help define the positive significance of events. (p. 1215)

This notwithstanding, Folkman (1997, 2008) and Park (2011) tend to parallel the three coping categories.

This thesis proposes that meaning is the common overarching and underlying factor that not only involves and integrates but also transcends emotion-focused and problem-focused coping. In other words, the common ground of meaning provides the base for exploring their complementary and synergistic relationships. Accordingly, they can be mutually enhancing, enabling, and empowering rather than reciprocally counteracting, constraining, and contradicting. Thus, both should coexist in harmony as friends without one superseding or prevailing over the other. To dichotomize them would be to pit them against each other, thus impoverishing their meaning and doing injustice to participants' meaning-based coping. Unreflective and uncritical acceptance of this dichotomy might unwittingly stigmatize those who are unable to meet the standards as prescribed and preferred in this dichotomy (i.e., the standards of problem-focused coping) due to scarce resources and personal limitations, thus putting them at a disadvantage and disempowering them.

5.2.2.2 Preventive function

In the current study, karma-based coping, meditational coping, compassionate coping, positive emotions, and wisdom coping all exemplify a preventive function of BMS. Central to this function is the utility of BMS to mitigate a sense of unpredictability and uncertainty by helping participants extend reach into the areas of future life. To participants, perhaps nothing was more fruitful and meaningful than endeavor to nip a problem in the bud or to prepare for potential stressors. At least on two grounds, BMS ensures that proactive coping with potential stressors is both possible and desirable. For one thing, some potential stressors are predictable. At least four basic forms of suffering inherent in human life—birth, aging, illness, and death—will prospectively place people into stress-producing situations. For another, BMS sets the stage for Buddhists to enact proactively to resist the encroachments of potential stressors upon them. This is done by fostering their awareness of holding their own actions accountable for their stress and by nurturing their sense of agency for coping. The accumulation of positive karma and the subjugation of negative karma continue to be of great relevance here; the crystallized belief in the law of karma provides an impetus for exercising personal agency.

5.2.2.2.1 Four ways of forestalling potential stressors

Four ways of forestalling the arising of stressors are germane in most of the cases. First, by offering elderly Chinese Buddhists a code of conduct (e.g., five Buddhist commandments) and a longer-range perspective, BMS may intensify their degree of self-restraint and discourage them from engaging in risky, mindless, or unethical behaviors (e.g., sexual misconduct, heavy drinking and smoking) that may end up eliciting stress. As participants often said, a loosening of moral discipline would bring

with it negative karma. Second, meditation could sensitize elderly Chinese Buddhists to stress. In other words, they can be more acutely aware of stress at the earliest opportunity, so that they are able to deal with stress as early as possible. This may deter stress from accruing and escalating beyond control. Third, with enriched spiritual resources and coping capabilities at disposal, elderly Chinese Buddhists can afford to desist from being intertwined in once-stressful situations and to resist future stressors via proactive coping. Stress may promote older persons' adaptivity by virtue of stress-related growth (Aldwin & Yancura, 2011, p. 263). The fruits born of stress-related growth such as resilience, hardiness, tenacity, and optimism can enrich coping resources as found in this study. Finally, social control from the Buddhist community (e.g., religious peer pressure, monastic persuasion or criticism) may both exert constraint on individual stress-prone behaviors and promote religiously patterned adaptive modes of conduct, thereby reducing the incidence of stressful events.

5.2.2.2.2 Karmic locus of control

It is reasonable to conjecture that the maintenance of a sense of control undergirds the preventive function. As we have seen, with clear goals in mind, participants initiated and tweaked BMS-based proactive coping, charting the terrains of future life. The future thus became touchable and hospitable. This is a profoundly creative way of control, according power and agency to them for their intervention with their fate by assessing, defining, and regulating the deployment and course of proactive coping. Therefore, they literally felt that they had a measure of control over their fate, as one participant articulated: "My fate is in my hand. I am not a puppet subject to manipulation." Similarly, another participant succinctly said: "I feel like I'm a captain of my life ship." This perception of life as controllable is similar to what Rothbaum,

Weisz, and Snyder (1982) termed “predictive control” (p. 464). Buddhist predictive control may in fact be better seen as a form of karmic locus of control, inasmuch as further analysis suggests that the underlying logic of this preventive function is the law of karma. A fulfilling sense of karmic control can foster an authentic sense of security and serenity and vitalize morale and energy.

To illuminate the function of karmic locus of control in preventive coping, we can examine it in light of the concept of *spiritual capital*. Spiritual capital can refer to the spiritual resources that are regarded by a spiritual group as the sine qua non for spiritual liberation (Guest, 2007, p. 181). In the Buddhist context, positive and negative karma can be explained in terms of spiritual capital: Positive karma increases spiritual capital, while negative karma decreases spiritual capital. Thus, spiritual capital is a reified result of karma. In the current study, BMS-based coping helped them build a stock of spiritual resources and assets such as hope, optimism, meaning, control, wisdom, perseverance, and resilience. Spiritual capital accrued is a hoard of spiritual resources that is useful and valuable for coping with harsh realities of life and for facilitating stress reduction. Of remarkable relevance is that participants hypostatized a relationship between moral responses (e.g., altruistic behavior, loving kindness, and compassion) and positive results. Hence, they attempted to increase their karmic balance, which was of enduring significance to their coping. Krause (2008, p. 137) gave three reasons for explaining the inclination of older persons to do volunteer work through religious organizations. First, current older cohort are more religiously involved than present young cohort. Second, all the main world religions emphasize giving help to others. Lastly, religious organizations often have an array of formal helping programs. In addition to the above reasons, this study seemed to suggest a more important reason, namely, acquiring and garnering positive karma to

accrue spiritual capital. Although Buddhism exhorts people to act what is good and abstain from what is evil, the workings of karma, as Ghose (2007) indicated, are inaccessible to rational examination (p. 286). Yet within the participants' idea of karma is contained a motivation for enriching positive spiritual resources, which presides over their practical consciousness.

One major source of spiritual capital that may elude our attention is positive emotions. A review by Ong, Mroczek, and Riffin (2011) indicates that positive emotions can function to reduce the intensity and duration of reactivity to stress that promote vulnerability to disease, and can serve to speed adaptive recovery from what negative emotions have inflicted on the individual. The *broaden-and-build* theory of positive emotions (Fredrickson, 1998, 2001, 2003; Fredrickson & Branigan, 2003; Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Johnson et al., 2011; see also <http://www.unc.edu/peplab>) argues that positive emotions, as an essential human strength, can serve two functions. For one thing, they broaden the range of potential cognitive and behavioral options (e.g., attention scope); for another, one can build his or her physical, psychological, intellectual, and social resources (e.g., social support, cardiovascular health, problem-solving skills, resilience, optimism, and mindfulness) that become valuable over time by virtue of thinking and behaving according to broadened cognitive flexibility. By helping generate positive emotions, BMS might also serve broadening and building functions. This would enrich its preventive function in coping.

The most dependable way of nurturing positive emotions may be the discovery of positive meaning (Fredrickson, 2001; Folkman, 1997, 2008). BMS can help elderly Chinese Buddhists find positive meaning. For example, in this study, it inbred in participants the seeds of hope and optimism. A more sanguine view of the future

served as a source of meaning and motivation for them. Although the emotional valence of some experiences was negative, BMS had the potential to offer a rose-colored picture of the situation, to galvanize their motivation to change for the better, and to enhance their self-efficacy.

A potential drawback often associated with proactive coping is that a potential stressor into which one may have put many efforts and resources may not come into being so that one's efforts have gone down the drain (Aspinwall & Taylor, 1997). This downside, however, would not buck the trend of participants' preventive coping, inasmuch as running through their minds was the doctrine of karma that each and every effortful action will produce retribution of the same nature. Believing that the doer of good works reaps good and the doer of evil works receives evil, they were confident in their ability to make a difference to their course of destiny by building up good karma. This, in turn, enhanced their motivation for cultivating and accumulating spiritual capital.

5.2.2.3 Integrative function

Pargament (1997) defined effective coping in terms of “the degree to which the various elements of the coping process are well integrated and flow smoothly” (p. 125). To him, no single religious belief, practice, or experience holds the key to the effectiveness of religion in coping (Pargament, 2011, p. 282), so attention should be devoted to “problems of integration among the dimensions of coping” (Pargament, 1997, p. 338). Empirical evidence has suggested that greater spiritual integration is linked to better physical and emotional well-being (Pargament, Desai, & McConnell, 2006, p. 130). On the other hand, a cluster of studies have shown that those who separate spirituality from other life spheres are more susceptible to psychological

problems (Raiya, Pargament, & Magyar-Russell, 2010, p. 397). It might be predicted that the higher a person's level of spiritual integration is, the more successfully he or she may come to grips with spiritual struggles (Pargament, Desai, & McConnell, 2006, p. 131). The findings of this study indicate that BMS can serve an integrative function in coping, helping elderly Chinese Buddhists develop a coherent, balanced, and integrated picture of stress and achieve the full flowering of coping.

5.2.2.3.1 Integration of Buddhist belief, practice, and experience

In the coping process, BMS can function to sustain an integrative nexus of Buddhist belief, practice, and experience by emphasizing the synergy of *xin* (信; faith), *jie* (解; understanding), *xing* (行; practice), and *zheng* (证; experience). In this sense, effective coping in the Buddhist view can be construed as attaining, maintaining, or regaining an effective integration of Buddhist belief, practice, and experience.

Buddhist beliefs need to be supported by pertinent practices. For example, death anxiety may arise and becomes manifest if the belief in rebirth in the Pure Land of Amitabha Buddha is not accompanied by corresponding religious practices. Paying lip service to ego-transcendence without swinging into action (e.g., volunteer work, compassion toward others) would be futile. Discrepancy between the belief in the benefits of vegetarianism and the practice of carnivorousness may produce stress due to guilty feelings as illustrated by the case of Madam Yap as reported in the preceding chapter. Integrative function involves helping to integrate happy and miserable aspects of life. One participant's emotional trajectory cyclically went along with the rhythm of Buddhist festivals (e.g., the first day and the fifteenth day of every lunar month, the birthdays of Buddhas and Bodhisattvas, etc.). On these days, he was euphoric and excited, but on other days he cascaded into a dysthymic state and an

indefinable emptiness. This is reflective of a fragmentary treatment of Buddhist beliefs and experiences. Later on, he participated in *foqi* (佛七; a seven-day retreat of intensive single-minded chanting of Amitabha Buddha's name) regularly. Through the integration of beliefs, practices, and mystical experiences, he attained a more balanced perspective on life and regained emotional equilibrium.

Besides the belief-practice-experience integration, there should be integration within each domain. For example, the Four Noble Truths that epitomize and embody the Buddha's fundamental teachings are: Life is fraught with suffering; the cause of suffering is ignorance and its ensuing attachments and cravings; suffering can be terminated; and there is the Eightfold Path whereby to eliminate suffering. These four so-called truths should be taken as a whole. Otherwise, believers may be trapped within a one-sided world, thus losing sight of the full range of realities. Consider the case of Mr. Chua. Belief in *dukkha* (suffering) seemed to give him pessimistic sunglasses that skewed his worldview and outlook on life. Thus, everything took a grey tinge to him and he often felt depressed and listless. It appears that Mr. Chua had no idea that the notion of *dukkha* does not deny the existence of happiness and that suffering can be relieved and even eliminated through Buddhist practice.

In terms of practice, the Eightfold Path involves practicing moral discipline, mental equilibrium, and transcendent wisdom, which interpenetrate and constitute an integrated and symbiotic whole that defies any simplistic and indiscriminate compartmentalization. Biasing toward one single facet of the tripartite entity of meditation, morality, and wisdom and paying little attention to the other two facets tend to direct believers in a disintegrative and disturbing direction. Similarly, pursuing wisdom without integrating with compassion or practicing compassion without involving wisdom is more likely to have disagreeable outcomes.

5.2.2.3.2 Person-environment integration

It is not without reason to believe that coping is in large part to remedy and tweak dysfunctional transactions with environmental systems. In this regard, BMS functions to facilitate person-environment integration by emphasizing symbiotic interdependence between person and environment. For example, attending to participants' stated experiences closely and faithfully, I fathomed out that several participants preferred to live alone inasmuch as they needed a relatively quiet environment for meditating, chanting, and other spiritually oriented practices. This perceived harmonious fit represents person-environment integration.

Flexible copers are good at attuning their coping strategies to the demands of a situation so that they tend to cope better with stressful situations than inflexible copers (Cheng & Cheung, 2005). The relational meaning component of BMS suggests that the choice and execution of particular religious coping strategies should be in tune with specific environmental systems. Misalignment between them would elicit stress or compromise coping effectiveness. Participants adhered to their core BMS principles; concurrently they tried to flexibly adapt to changing circumstances. In the preceding chapter, the case of Mr. Sum's propagating Buddhist teachings highlights the importance of the agreement between one's ideal and real life world. This case example suggests that when changing external circumstances may be unrealistic, religious coping has to do with the task of making sense of stress in a realistic, responsive, and resilient manner.

Mismatch between Buddhists and their religious environment can induce stress, while congruence between them would empower and elevate elderly Chinese Buddhists' spirits. This is exemplified by the case of Mr. Yee's religious transferring

and some cases about faith-based support. These cases also suggest that for elderly Chinese Buddhists, it may be advisable and adaptive to select their social relations given the diminishing resources and declining physical strength and energy.

It is likely that personal stress sparks a chain reaction in other domains of life, affecting the affective state of a family system. Sometimes, personal stress may bring the family together and strengthen family bond if family members work together to combat stress. But at other times, it may disturb and disorder the family system if personal stress causes intrafamilial conflict. When family disharmony occurs, it may push elderly Chinese Buddhists in a disturbing direction of excessive preoccupation with religious activities, or rather, religious activism. Three participants endeavored to disengage themselves from family-based stress by embedding themselves in Buddhist pursuits. This was to generate a sense of alienation from their family and a growing sense of being out-of-place. Albeit they enjoyed stress-free periods of time at the temple, when they were home, the dysfunctional family system rekindled stress, so they yearned for going to temple. Clearly, the temple served as a safe haven where they could find solace and tranquility, at least tentatively.

5.2.2.3.3 Integration of religious and nonreligious coping

When using religious coping, people often integrate nonreligious coping with it (Pargament, 1997, p. 309). While it is tempting to draw a conclusion from the results gleaned in this study that religious coping is more effective and functional than nonreligious coping, the results prove not strong enough to justify such a conclusion. It was difficult to determine what proportion of coping was attributable to religious versus nonreligious sources. Nonetheless, viewed through the lens of meaning, nonreligious coping was penetrated by religious coping; in particular, the notion of

karma was frequently used by them to account for so-called nonreligious coping. In particular, karmic locus of control underlay a tendency in which coping efforts combined medical and religious elements. In the case of Mr. Teo's faith healing as described in the preceding chapter, we have seen that sole recourse to medical intervention would have nowhere near the same effect as did the synergy of medical and religious interventions. Interestingly, Mr. Teo regarded these two interventions as combined efforts to create positive karma. In his view, medical intervention was for a religious purpose and thus was nothing less than a form of religious coping. The same is true of the case of Madam Lui as recounted in the previous chapter. After being diagnosed with cancer, she sought medical treatment in earnest and complied with her medical regimen to the letter, which she viewed as part of her good-karma-making efforts. Thus, it appears justifiable to say that BMS allows for assimilating non-religious coping into religious coping. In this sense, it would seem to be practically superfluous (although theoretically necessary) to help elderly Chinese Buddhists distinguish between religious and nonreligious coping.

In sum, BMS can provide elderly Chinese Buddhists with a spiritual blueprint in accordance with which they are able to dynamically interweave the warp and woof of coping into a meaningful and coherent tapestry.

5.2.2.4 Transcendent function

The will to meaning is plausibly able to drive older persons to transcend the status quo of losses, declines, and limitations associated with aging in a meaningful manner.

Frankl (1967) stated,

Man transcends his environment toward the world; but more than this, he also transcends his being toward an *ought*. When he does this, he rises above the level of the somatic and psychic and enters the realm of the genuinely human.

This realm is constituted by a new dimension, the noetic, the dimension of the spirit. (p. 136)

Elsewhere, Frankl (1966) asserted that human existence is authentic only if “it is lived in terms of self-transcendence” (p. 104). To deny self-transcendence is to depersonalize the human being (Frankl, 1978, p. 53). In a similar vein, Jung’s (1989) *individuation*, Erikson’s (1963) *ego integrity*, Tornstam’s (2005) *gerotranscendence*, and Wilber’s (1998) *transpersonalism* all argued persuasively that ego-transcendence is of significance to human growth, particularly in later adulthood. In this study, BMS functioned to catalyze and sustain a growth-seeking and transcendence-oriented process as participants coped with stress. Of particular relevance to the transcendent function of BMS is that BMS promotes ego-transcendence and fosters a sense of transcendent control.

5.2.2.4.1 Ego-attachment or ego-transcendence?

Jung’s distinction between ego and self may help us better digest the concept of ego-transcendence. According to Jung, “‘ego’ is the center of the field of consciousness and the complex entity to which all conscious contents are related, whereas ‘self’ is the total personality which, though always present, cannot fully be known” (Abe, 1992, p. 132). Both Jung and Buddhism agree that “the self is not the ego but is rooted in the totality of the universe and yet somehow expressed in its particularity as ‘suchness’” (Thomas, 1992, p. 224). Indeed, in the Buddhist view, there is no permanent essence within one’s ego. Thus, Buddhism propagates the doctrine of *anatman* (egolessness) and advocates relinquishment of ego-attachment. In this sense, practicing Buddhism is cultivating an ego-transcending mind. Even faith in Amitabha Buddha is also bound up with a mental capability of surrendering one’s ego so as to attain spiritual awakening and emancipation (Chen, 2006, p. 73).

Given the concept of ego is ingrained in our psyche, the notion of ego-transcendence is nothing less than ego-iconoclasm and entails a radical shift in thinking about ourselves. For unprepared minds, the bread and butter of any ego-transcendence thinking might be indigestible morsels. However, for Buddhists, the ostensibly rigid and indestructible ego-concept must be melted into the air of an egolessness reconstruction in order to attain enlightenment.

Four cases about ego-transcendence presented in the previous chapter (i.e., cases of Mr. Sum, Madam Ng, Madam Eng, and Mr. Lam) suggest that ego-transcendence coping can decrease preoccupation with secular matters, increase engagement in spiritual quests, and whet enthusiasm to pursue one's spiritual self. From a Buddhist point of view, egocentric and narcissistic obsession with wealth, status, and other external things would encapsulate older people within the false self (ego) and insulate them from the promising light of the true self. The crowning idea here is that only through transcending the ego (the false self) can they tune in to their true self and gain the hoped-for greater freedom. This process is like a chrysalis transforming into a butterfly. Also evident in these cases is that trans-egoistic awareness and experience can ameliorate the adverse effects of late-life stress and enhance the adaptive capacities of religious coping. This may be because developing a trans-egoistic consciousness through BMS is conducive to diluting egocentrism, leading to a sense of emancipation and empowerment. In other words, the ego-transcending self is holistic, expansive, and profound enough to embrace and accommodate difficulties, vagaries, constraints, ambiguities, and ironies encountered in old age. Ego-transcendence can represent a higher state of being. Atchley (2009) regarded a spiritual journey as a process of learning about how to bring to our consciousness "being" (p. 7). In a sense, Buddhist coping puts a greater weight on

being than doing. Transcendent coping can be framed as being-oriented coping in that it involves a shift in focus from an egocentric to a trans-egoistic concern with coping. Egocentrism may contribute to older persons' obsession with doing-based coping, getting them stuck on a Sisyphean treadmill of *doing* quixotically. This, in turn, may give them a moratorium on learning how to cultivate *being*, thus forfeiting the opportunity to approach the underlying meaning framework and thrusting the spiritual dimension into limbo. If older persons who are chronically sick, physically disabled, or painfully dying can mobilize and maximize their will to meaning, their being still can grow and thrive spiritually.

In this sense, a major difference between BMS-based transcendent coping and other conventional coping methods consists in disparate perspectives on the ego. The former is mainly reliant on a trans-egoistic cognition, whereas the latter is largely based on an egoistic cognition. Egoistic coping, from a Buddhist standpoint, might have a tendency to render people alienated from the true self. Even attachment to meditation-induced peace and calm is a form of egoistic coping that itself could elicit stress, because this attachment may bring about a fear of losing the positive experience as shown by two participants in this study. In short, it is a shift in vision from an egoistic to a trans-egoistic perspective that accounts for the gist and thrust of BMS-based coping.

Pargament's (1997, 2007) concept of religious transformational coping refers to transforming pathways to significance and destinations of significance. Capturing a wider range of realities and truths of transformational coping, this concept provides a viable framework for accounting for transformational coping in the Judeo-Christian tradition. On the other hand, from a Buddhist perspective, the focus of this concept is on the ego. Getting trapped within the ego shell is likely to make egoistic persons fall

prey to narcissism and nihilism, losing sight of truer and higher realities. Being caught between the Scylla of narcissism and the Charybdis of nihilism would confine people in the cycle of samsara (the cycle of birth, death, and rebirth). Thus, Pargament's concept of transformational coping may be of limited value in the situation where ego-transformation is pursued by means of transcending the ego. This ego-transformation would bring emancipatory effects rather than destructive aftermaths as argued and affirmed by Buddhism. This presumably would cast a shadow of incredulity upon the applicability of Pargament's concept to the Buddhists who pursue a trans-egoistic goal and try to break through the ego shell. Hence, we should be cautious of prematurely jumping on it as soon as we realize that it is a bandwagon.

5.2.2.4.2 Transcendent control

“Through the spiritual lens, people can see their lives in a broad, transcendent perspective” (Pargament, 2007, p. 12). In Mahayana Buddhism, Buddhas and Bodhisattvas are eulogized for their transcendent powers and compassionate hearts to help sentient beings. In particular, Pure Land Buddhism has to do with numerous transcendent realms out of the reach of either human knowledge or human wisdom; this is the reason why faith is important in Pure Land Buddhism (Van Hien, 2003, p. 241). To seek transcendent control, Buddhists should have unfailing faith in the availability, accessibility, and appropriateness of transcendent powers. Participants' strong faith in this regard made the seeking of transcendent control a defining feature of their coping.

As people move into their later years, it is very likely that challenges, difficulties, and losses are poised to cascade down on them. Such factors as illness and death make clear the most basic conflict of the human condition: “the tension

between infinite ambitions, dreams, and desires on the one hand, and vulnerable, limited, decaying physical existence on the other” (Cole, 1992, p. 239). This conflict may bring with it a plethora of stress, which may impoverish or jeopardize meaning in late life. As Turesky and Schultz (2010) pointed out, many developmentally-related issues confronting the elderly are of existential nature, which are bound up with an increasing sense of mortality and a deteriorating of the physical body (p. 162). For participants, transcendent control was of particular value and significance when dealing with death issues, health problems, and loneliness. Herein, faith in transcendent powers embedded participants in a more benign aura. Presumably, a sense of transcendent control promotes empowerment, hopefulness, and security in Buddhists. For example, the perception of a credible and viable connection to a sacred guardian exorcised loneliness from Madam Eng’s life. This sense of transcendent control might help her to fulfill her human potential to transcend personal confinements and environmental constraints. During their coping with dependence-related stress, having recourse to transcendent powers through prayerful communion conferred participants a sense of transcendent connectedness, feelings of comfort and protectiveness, and a sense of mastery and control. Perhaps no other way of coping was better suited to such circumstances than resorting to transcendent control.

It is likely that the preference of many elderly Chinese Buddhists for seeking transcendent help and control is construed as avoidance coping. As a matter of fact, recourse to transcendent control is a far cry from avoidance, at least for participants. In their views, invoking transcendent control was approach coping, which was functional in the sense that it was in line with personal, situational, and contextual circumstances. In this sense, transcendent control may turn out to militate in favor of reducing stress, while passive withdrawal may aggravate the stressful situation. A

distinction between them can be made, which is important in not only theoretical but also practical terms. Determining the extent to which transcendent coping is congruent with particular circumstances and ascertaining what meaning the person assigns to it are key to understanding it. Hence, we should attach importance to ascertaining what motivation lies behind the coping behavior (Aldwin, 2007, p. 342).

At first glance, it appears that participants were greatly tilted in the direction of giving up control to transcendent power when seeking transcendent control, which is akin to what Pargament, Ano, and Wachholtz (2005) termed “active religious surrender” (p. 483). A closer examination reveals that intimately involved in this coping dynamics was actually a conjunction of karmic control and transcendent control. This conjunction is similar to what Pargament, Ano, and Wachholtz (2005) termed “collaborative religious coping” (p. 483). Herein, karmic control was not reckoned by participants as irrelevant or trivial when invoking transcendent power sincerely. For instance, Madam Lui’s coping with cancer and Mr. Teo’s faith healing involved seeking both medical care (for them, this was karmic coping) and transcendent power.

5.2.3 BMS in coping with stress: rose and thorn

While religion tends to be associated with better health and well-being, we should be vigilant against what Pargament (1997) termed “indiscriminate proreligiousness (p. 345) because being neglectful of the seamy side of religion “leaves the individual ill-equipped to cope with events that call for religious change” (p. 345). Negative aspects of religious coping are hardly newly found things. As Ramakrishna put it long time ago, “Religion is like a cow: It gives milk, but it also kicks” (as cited in Thomas, 1997, p. 98). Existing evidence demonstrates that religious influences on coping with stress

can be both positive and negative (Park, 2005b, p. 310). For instance, the church provides meaningful roles such as volunteers for many older persons, who may then feel integrated with society; on the other hand, negative interaction with fellow church members, if any, poses a threat to this valuable opportunity of being socially integrated, thus raising a sense of uncertainty and anxiety (Krause, 2008).

The coherence, malleability, elegance, and sophistication of BMS ensure that participants derive reasonably adequate meaning from it. But sometimes, they might use it in a fragmented, utilitarian, and palliative manner. The present study was far from a celebration of Buddhist coping. It has yielded, among other things, evidence about religious struggle as presented in the preceding chapter, which was reflective of a dysfunctional operation of BMS. This finding about Buddhism-related struggle would have important practical implications given that elderly Chinese Buddhists who experience religious struggle might retrogress or stagnate spiritually, thus forfeiting stress-related growth or facing a diminution of the spiritual resources.

Research into religious coping would have gravely been balked had it been keen on positive religious coping only and been blind to negative one. As described in the literature review, Pargament and his colleagues (Pargament et al., 1998; Pargament, Koenig, Tarakeshwar, & Hahn, 2004; Pargament, Feuille, & Burdzy, 2011) took pains to distinguish between positive and negative religious coping and to debunk the seamy side of religious coping. This more balanced perspective on religious coping gives an unparalleled insight into the nature and range of religious coping and provides a less distorted and more impartial picture of religious coping, although a number of issues (e.g., what is defined by researchers as negative coping may not be defined by participants as so) implicit in this perspective merit further exploration. As far as Buddhism is concerned, the complexity of its roles and

functions in stress and coping during aging also entails a more balanced gaze on the double sides of Buddhist coping. If we still pay slender attention to negative Buddhist coping, we might come to ignore that under some circumstances Buddhism can be a source of stress or may be counterproductive in coping as found in the current study. On the other hand, a black and white absolutization of positive religious coping as all positive and negative religious coping as all negative would do injustice to negative religious coping. As Pargament, Feuille, and Burdzy (2011) pointed out, it is likely that negative religious coping is associated with growth and well-being in the longer run (p. 55). The case of Madam Soh's grappling with religious doubt and the case of Madam Lui's tackling cancer illustrate so. Accordingly, we should treat negative religious coping as a dynamic process and appreciate its potential to turn positive. It might be reasonable to use the Buddhist doctrine of middle way to moderate the polarization of positive versus negative religious coping, because "a middle position or a balanced position...avoids the notion of duality, an 'either-or' position, or a rigid attachment to any attribute, beliefs, or phenomena" (Lee, Ng, Leung, & Chan, 2009, p. 24).

5.2.3.1 Religious struggle = negative religious coping?

Pargament and his collaborators tend to equal negative religious coping to religious struggle. For instance, in their 2011 article, Pargament, Feuille, and Burdzy wrote:

Conversely, a "negative" religious coping method might be linked not only to immediate signs of psychological distress, but also to longer term growth and well-being. For this reason, the term "religious struggle" has been used interchangeably with negative religious coping because the notion of struggle embodies the possibility of growth and transformation through the process of coping. (p. 55)

From a growth perspective, there are elements of truth to this equalization. Yet, insightful as it is, the interchangeableness may have been overdrawn, which may represent a potentially limiting feature of Pargament's theorizing. There are three reasons for saying so. First, this equating may inadvertently make people associate religious struggles with negative outcomes. In fact, the outcomes of religious struggles can be positive or negative, while negative religious coping tends to end up with negative outcomes. There seems to be an intriguing possibility that the initial dysfunction may turn out to be functional in the end. A sense of meaninglessness, for example, may herald a need to re-examine the personal value system. Second, a religious struggle may contain positive religious coping, so if religious struggle is congruent with negative religious coping, then sometimes this would cause a contradiction when a religious struggle does contain positive religious coping. Third, the process of religious struggle tends to be longer than that of negative religious coping, although both are a dynamic and processual phenomenon. When the latter leaves off, the former may still be going on. On the basis of the reasons above, acceptance of this equalization should be weighed with caution.

It is made increasingly possible to make a distinction between religious struggle and negative religious coping although they may be overlapping to a great extent. This issue is still far from being settled in this study. Further research needs to be done to sort it out. At this point in time, one may be left to wonder whether participants' constructions of religious struggles offer a more positive picture. It was found that most of the participants regarded religious struggle as important and necessary for growth to take place, so they assigned positive value to it and often linked it to stress-related growth. Accordingly, this study paid more attention to

religious struggle than negative religious coping and held that religious struggle was inclusive of positive and negative religious coping.

5.2.3.2 Religious struggle: deconstruction and reconstruction of meaning

Not only can meaning be a point of departure for an elderly Buddhist as a spiritual seeker, it can also be his or her point of arrival. A meaning approach to religious struggle is likely to help us better analyze, gauge, and understand the twists and turns of religious coping. When religious struggle put pressure on BMS and got participants enmeshed in bewildering stress, crucial to this dysfunction may be the evaporation, impoverishment, or derailment of meaning. The disruption of meaning deprived participants of a reliable and readily available BMS. What they valued, believed, and pursued was tottering; the world that used to be logical, benevolent, and meaningful became chaotic, malevolent, and meaningless. This is relatively easy to be seen in the cases where life was viewed as nothing other than a medley of ambiguities, paradoxes, and uncertainties, with the result that the participants' BMS was disequibrated. BMS that used to sustain coping had languished, at least pro tempore, so that their religious coping went astray and, instead of mollifying stress, aggravated it. They were thus banished by stress into the wilderness of bewilderment and hopelessness. And they badly needed to search for a new meaning in life to re-orchestrate most, if not all, of the spheres of life. Those who were unable to make sense of stressful twists and turns were more likely to be shrouded in a sense of meaninglessness and to be alienated from the meaningful spiritual pathway. With a painful awareness of or a painstaking rumination of it, they might be overpowered with a rush of anxiety, pessimism, and depression. Furthermore, meaning deconstruction disrobed BMS of its transcendent garb that bears distinctive liberating meaning, rendering some participants vulnerable

to the infiltration of egocentrism, which transfixed them and stunted their personal growth.

It is not without reason that adopting a meaning-system orientation may enable elderly Buddhists to better comprehend and address existential issues such as emptiness, loneliness, and death anxiety and to better cleave the waves in the turbulent sea of life. Before any virtual resolution of religious struggle can occur, meaning reconstruction is needed, which holds the promise of making sense of religious struggle. Madam Soh's case as presented in the previous chapter highlights the importance of reconstructing meaning during religious struggle that violently chokes and silences meaning. Chances of achieving meaning reconstruction on the basis of BMS are always available in that BMS provides a steady wellspring of new meanings. Consistent with this view, it is not unreasonable to expect that when elderly Chinese Buddhists are steeped in stress, BMS would retain, solidify, or renew their confidence about meaning reconstruction with adequate power and persistence. Indeed, many obstacles may get in the way of learning and practicing Buddhism. When BMS helps elderly Chinese Buddhists reinterpret religious struggles as crucibles for growing spiritually and opportunities for transcending various structural constraints and personal limitations, the meanings of religious struggles would be therefore affirmed and validated. For example, it dawned on participants that religious struggle held meaning and value in that it provoked their thoughts about suffering and precipitated their appreciation for suffering. Therefore, participants tended to anchor their hope of being emancipated from suffering on their accumulation of positive karma. When new meanings are generated and accepted, religious struggle would become a matter of employing new meanings to cope. Therefore, the hostile may become the hospitable; stress-related growth is more likely to take place. With the

preceding discussion in place, it stands to reason that religious struggle is likely to have devastating and disorganizing effects on BMS, but BMS can catalyze and galvanize the sufferer into reconstructing meaning in the midst of confusion and obfuscation. A spiritual emergency abounds with both risk and opportunity: on one hand, the individual may feel disintegrated; on the other hand, the individual's deconstruction can open the window of opportunity for reconstructing a new life with more fulfillments (Canda & Furman, 2010, p. 248). It makes sense to say that religious struggles stem from meaning deconstruction, and that meaning reconstruction creates new visions and vistas of reality, with harsh realities often being converted into congenial challenges. However, a sense of intolerable emptiness and meaninglessness might defeat all attempts at meaning reconstruction. Only when this issue of the loss of meaning has been resolved can the aberration be corrected and rapprochement be achieved. In a word, meaning is of great significance to the understanding of religious struggle.

5.3 Strengths and Limitations of the Study

5.3.1 Strengths

The strengths of this study consist of methodological strengths, empirical contributions, and theoretical contributions.

5.3.1.1 Strengths of using IPA

5.3.1.1.1 An egalitarian researcher-participant relationship

I regarded each participant as an equal collaborator and an experiential expert on Buddhism. This egalitarianism turned out to facilitate participants to unfold their stories openly and candidly, improving the quality of the empirical data. The egalitarian and collaborative researcher-participant relationship also enhanced my empathic and phenomenological understanding of participants' subjective meanings.

5.3.1.1.2 Light theoretical baggage

Our theoretical sunglasses may color what we perceive and understand. Thus, researchers should be aware of their own theoretical perspectives and conceptual frameworks as well as personal and professional values and beliefs; they should prevent theoretical baggage from becoming theoretical bondage. In accordance with IPA, I tried to be aware of my fore-structures throughout the research process. In particular, I took care not to get attached to and constrained by my preconceptions and pre-understandings during my digging out nuggets of meaning from participants' bonanzas of lived experience.

5.3.1.1.3 Contextual sensitivity

Heidegger is of the view that the person is all the time “a worldly person-in-context” (Smith, Flowers, & Larkin, 2009, p. 17). Hence, no meaning-making would be complete without taking social embeddedness into account when attempting to comprehend participants' particular lived experiences. In this study, my sensitivity to the socio-cultural milieu and the politico-economic context was instrumental in my attaining the best possible understanding of Buddhist coping as experienced and perceived by participants.

5.3.1.1.4 A deeper understanding

The use of the hermeneutic circle arguably helped to identify the key features of the entire data set and to capture the essence of the phenomenon under investigation. Drawing on the reciprocally enabling and facilitating relationship between part and whole deepened and broadened my interpretative engagement with the phenomenon. This delving deeper was instrumental in gaining a finer-grained understanding of participants' experiential meanings and striking an analytic balance between common themes and individual variations. In addition, the use of the hermeneutic circle ensured that this study was not circumscribed by my own horizon. Thus, it minimized the threats to credibility by reducing the inappropriate influence of what was of importance and interest to me and better reflecting participants' thoughts and feelings.

5.3.1.2 Potential contributions

This locally grounded study has, for the first time, to the best of my knowledge, uncovered a treasure-trove of qualitative data on stress and coping in elderly Chinese Buddhists in Singapore. It provides valuable insights into the lived experiences of Buddhist coping in late life and holds the promise for expanding theoretical and practical horizons of Buddhist coping. Bearing its limitations in mind (the limitations will be discussed later), I will now discuss the potential contributions this study may yield empirically and theoretically.

5.3.1.2.1 Empirical contributions

IPA seeks to understand “how particular experiential phenomena (an event, process or relationship) have been understood from the perspective of particular people, in a particular context” (Smith, Flowers, & Larkin, 2009, p. 29). The present study widens

the horizon of existing research on Buddhism-based coping among elderly Chinese. It offers qualitative information that covers a wide range of stressors and religious coping strategies in a non-Western context. It highlights the complexity, nuances, and dynamics of the Buddhist coping process. It sheds light on the limitations of linear and rational oversimplification and one-sidedness reflected in cross-sectional quantitative research studies. In this sense, it would make valuable contributions to the growth of knowledge about religious coping.

As noted previously, Phillips and his colleagues' (2009) qualitative study of 24 American Buddhists identified six themes of Buddhist coping, namely, right understanding (e.g., impermanence, karma, not-self, inter-being), concentration meditation, mindfulness, spiritual struggles, morality (e.g., five Buddhist precepts), and support from sangha (a group of fellow Buddhists). The current study lent support to all of these findings. In addition, it teased out new themes that were unique to older adults and the Chinese cultural context. Some of them are highlighted as follows:

- 1) Spiritual old age. Old age is not necessarily a period of doom and gloom; it can just as likely bring with it boom and boon. For participants, old age was a ripe time to pursue spiritual interests and goals. Spiritual goals oriented their energies and efforts in a constructive, purposeful, and meaningful direction.
- 2) Dependence-related stress. The matrix of socio-cultural and politico-economic factors in Singapore might constitute part of collective karma contributing to this type of stress.
- 3) Ambivalence toward death. The finding that a significant proportion of the participants had future-oriented death anxiety or ambivalence toward death is noticeable in that it contrasts with evidence (e.g., Cohen et al., 2005; Hui &

Coleman, 2012; Koenig, 1988) that suggests lower death anxiety in religiously committed persons.

- 4) Karma-based preventive coping. The doctrine of karma had a strong purchase on participants' thoughts, which was testified by its frequent reiteration in participants' accounts. Participants tended to use it to address death concerns and dependence fears.
- 5) Ego-transcendence coping. Buddhist coping was found to put a greater weight on ego-transcendence, which ameliorated the adverse effects of late-life stress and enhanced the adaptive capacities of Buddhist coping. In old age, ego-transcendence coping could decrease preoccupation with secular matters, increase engagement in spiritual quests, and whet enthusiasm to pursue one's spiritual self.
- 6) Religious struggles. Phillips et al. (2009) discovered two forms of intrapsychic spiritual struggles, namely, "bad Buddhist" (i.e., discontent with oneself due to the perception of not applying Buddhism properly during coping) and "its not easy being Buddhist" (i.e., difficulty in meeting the demands of Buddhism-based coping, such as staying mindful) (p. 237). The current study yielded the evidence of Buddhism-related struggles such as religious doubt, ambivalence about vegetarianism, dysfunctional application of the notion of karma, and improper meditation. It is worth noting that researchers have devoted much attention to the health and well-being benefits of meditation, whereas their costs have received scant attention. This disproportion would oversimplify meditation and eclipse its negative aspects. Meditation sometimes leads one to somewhere off the beaten track that is risky and sometimes catastrophic.

5.3.1.2.2 Theoretical contributions

The field of religious coping, if without theoretical expansion and improvement, would only boast beautiful empirical regalia but forfeit strong theoretical underpinnings. No single theory adequately accounts for Buddhist coping. All theories are tools rather than ends and each has both limitations and strengths (Moberg, 1990). Each theory, like a blind man who felt only one part of an elephant, serves to illuminate some aspects of a phenomenon yet obscure others. As Frankl (1986) argued polemically:

...as long as absolute truth is not accessible to us (and it will never be), relative truths have to function as mutual correctives. Approaching the one truth from various sides, sometimes even in opposite directions, we cannot attain it, but we may at least encircle it. (p. xiii)

There is reason to believe that the study could make three theoretical contributions. First, it has broached ideas that are likely to inform future theoretical and practical explorations. In particular, this thesis develops the conceptualization of Buddhism-as-a-meaning-system (BMS), a viable organizing framework for understanding Buddhist coping. The BMS conceptualization might provide “a higher level organizing device for the analysis” (Smith, Flowers, & Larkin, 2009, p. 97) of religious coping in general and religious struggle in particular. Meaning is a concept worthy of being taken seriously in that no sphere of lived experience seems to be immune from the penetration of meaning. An integrative existential-cognitive-relational meaning system is supposed to own more interpretative power to the experience of religious coping. Also developed in this thesis is a BMS-based model of coping. Buddhism is argued to be able to serve as a meaning system that inspires and defines perception of and coping with stress. Although no model can run the whole gamut of Buddhist coping, this model would provide a finer-grained analysis of and a more balanced perspective on Buddhist coping by revealing that underlying and overarching Buddhist coping is the dynamics of BMS.

Second, the study points to the possibility of a useful dialogue with Folkman and Park's (1997) meaning-focused coping, which is entrenched in cognitive meaning. The study exposes the inadequacy of the narrow framing of cognitive meaning in analyzing the roles and functions of Buddhism in coping. Conceptualization and theorizing of Buddhist coping should not lean heavily on cognitively generated meaning. Rather, incorporation of existential meaning into the meaning system would provide an expansive conceptual landscape for theoretical exploration and development and establish an enhanced understanding of Buddhist coping. Moreover, the concept of meaning is supposed to provide a linkage between problem-focused and emotion-focused coping. This thesis argues that there seems to be need and possibility to integrate problem-focused coping with emotion-focused coping within a wider context of meaning. Herein, collaboration should supersede confrontation; conceptual cross-fertilization should supersede conceptual mutual-exclusiveness. In addition to providing insights into the unique experience of older Buddhists, these theoretical ideas and insights can conceptually link macro (structure) and micro (agency) levels of analysis.

Third, the study arguably can complement and enrich Pargament's (1997, 2007) theory by offering a different conceptual picture of how Buddhism is involved in coping. Pargament's trailblazing work provided an important point of departure for the present study. As with any theory, Pargament's theory is not immune from criticism. From this study's point of view, ego-transformational coping tends to be less developed in Pargament's theory. Efforts may need to be made to expand his theory to encompass elaboration on ego-transcendence and its emancipatory and empowering effects. Additionally, the results of this study lend support to Pargament's distinction between positive and negative religious coping, though they

cannot stamp a seal of authenticity upon his assertion that negative religious coping equals religious struggle. The thesis argues that negative religious coping and religious struggle can be conceptually distinguished. Moreover, staying reasonably close and true to the subjective meanings constructed by participants and endeavoring not to strangle the empirical data in the coils of fore-structures, this study avoided polarizing positive and negative Buddhist coping in absolute and static terms. Rather, it brought to light their relative, dynamic meanings and did justice to the evolving, complex, and nuanced nature of Buddhist coping.

5.3.2 Limitations

We must recognize that every research method has biases and distortions (Reker, 1995). Likewise, this exploratory study was not without limitations, which should be given a reasonable scrutiny. The existence of these limitations means that the findings and conclusions have to be treated with caution.

5.3.2.1 Limitations of using IPA

Several limitations of IPA are worth discussing here. First, generalizability of the study findings was relatively limited. For one thing, data generated from a small purposive sample could only shed light on a tip of the iceberg of Buddhist coping, and thus did not allow for representative statistical significance. Although studying a larger sample may be preferable, the labor-intensive and time-consuming nature of qualitative research rendered it impossible to do so within a limited period of time. For another, this was a retrospective inquiry of elderly Chinese Buddhists in Singapore, so the findings might be cohort-, period-, and culture-specific.

The qualitative nature of this study warrants a little more discussion about so-called generalizability. Arguing for “extrapolation” instead of “generalization” to be used for qualitative research, Patton (1990) defined extrapolations as “modest

speculations on the likely applicability of findings to other situations under similar, but not identical, conditions” (p. 489). Similarly, Smith, Flowers, and Larkin (2009) promoted the notion of “theoretical transferability” instead of “empirical generalizability” to be applied to IPA research: “The analyst should provide a rich, transparent and contextualized analysis of the accounts of the participants. This should enable readers to evaluate its transferability to persons in contexts which are more, or less, similar” (p. 51). As far as the current study is concerned, it did not claim generalizability (in the quantitative sense) for its results; rather it sought to produce theoretically transferable findings.

Second, researcher biases were unavoidable. IPA adopts Heidegger's view that “our being-in-the-world is always perspectival” (Smith, Flowers, & Larkin, 2009, p. 18). Moreover, IPA infers from Heidegger's concept of fore-understanding that “bracketing...can only be partially achieved” (Smith, Flowers, & Larkin, 2009, p. 25). Additionally, some of researcher biases may exist unconsciously and influence research imperceptibly. Thus, however hard researchers try to minimize biases, researcher biases remain.

Third, there was no control group or comparison group comprising non-religious or less religious older persons. In IPA research, reasonably homogeneous samples are viewed in positive light (Smith, Flowers, & Larkin, 2009). However, the relative homogeneity of the sample may constitute a limitation. Bearing this in mind, in the future, researchers could compare and contrast the coping experiences of non-religious samples and religious samples.

Finally, the data relied heavily on participants’ retrospective self-reports, whose accuracy, in turn, depended on their capacity to recall past events and their truthfulness and generosity in sharing their lived experiences of religious coping.

Participants might exaggerate or confabulate on their stress and coping experiences in a socially desirable manner. Additionally, the accuracy of their memory was uncertain. There might be distortions of memory arising from the mellowing or maturity with age (Vaillant, 2002).

5.3.2.2 Limitations in terms of sociodemographic characteristics

The participants represented a reasonable diversity in age and an even gender distribution. On the other hand, their educational level and economic status tended to be low. The conception of karma was often employed by participants to account for their differential socioeconomic status (i.e., a higher status is largely due to positive karma while a lower status is because of negative karma). It may be tempting to conclude that certain sociodemographic characteristics (e.g., age, gender, socioeconomic status, education, and character traits) may moderate or mediate the relationship between Buddhism and coping. However, the available qualitative data of this study was not sufficient to support such a conclusion. On the whole, although sociodemographic variables such as gender, age, living arrangement, marital status, socioeconomic status, and educational attainment added to the uniqueness of the coping experience for each participant, they scarcely affected their religious coping; rather, their religious coping relied significantly on their Buddhist meaning system.

There is a cultural stereotype that more emotion-focused coping is adopted by females while males employ more problem-focused coping, which is just unable to hold true (Aldwin, 2007, p. 242). Taylor (2009) proposed that as compare with males, females are more inclined to “tend and befriend” (“social affiliation and nurturant behavior toward offspring”) under stressful conditions (pp. 148-149). The findings of this study cannot be taken as evidence for gender difference in Buddhist coping. As a

matter of fact, many Pure Land Buddhists make no distinction between male and female; for them, even a female Buddhist should be addressed with the title *shixiong* (师兄; dharma brother). This can be considered a religiously based deconstruction of gender identity.

In a nutshell, the strengths of this study lay in its methodological strengths, empirical contributions, and theoretical contributions. This study, however, along with other qualitative studies, had several limitations. Thus, care should be taken when generalizing its findings and conclusions.

5.4 Concluding Remarks

This chapter delineates and discusses the lived experience of Buddhist coping in relation to theoretical and empirical literature on coping in general and religious coping in particular. It conceptualizes Buddhism-as-a-meaning-system (BMS) and proposes a BMS-based model of coping. The crowning idea is the meaning-giving roles and remedial, preventive, transcendent, and integrative functions of BMS for coping in old age. Each of the four functions has its own internal dynamic, but they interpenetrate and coalesce to militate against stress. The normalization and attribution functions lie at the heart of the BMS-based perception of stress. BMS can play a tripartite role of existential, cognitive, and relational meaning providers in coping. Findings indicate that meaning offers a fresh perspective on Buddhist coping in late life. A meaning system appears to be the more effective concept that can offer more valuable insights into Buddhism-based coping.

Stress-related growth and religious struggle need to receive more attention. Elderly Chinese Buddhists who experience religious struggle might retrogress or stagnate spiritually, thus forfeiting stress-related growth or facing a diminution of the spiritual resources. It makes sense to say that religious struggles stem from meaning deconstruction, and that meaning reconstruction creates new visions and vistas of reality, with harsh realities often being converted into congenial challenges.

CHAPTER 6

IMPLICATIONS AND CONCLUSIONS

“At any time we may be pushed beyond our immediate resources, exposing our basic vulnerability to ourselves and the world. To this most basic of existential crises, religion holds out solutions. The solutions may come in the form of spiritual support when other forms of social support are lacking, explanations when no other explanations seem convincing, a sense of ultimate control through the sacred when life seems out of control, or new objects of significance when old ones are no longer compelling.”

—Pargament (1997, p. 310)

CHAPTER 6

IMPLICATIONS AND CONCLUSIONS

This chapter has two sections. One section deals with the practical and policy implications of the study and suggests some directions for future research. The other is concerned with overall conclusions of the study.

6.1 Implications

Incorporation of spirituality in social work is far from being a luxury inasmuch as it may provide an expansive landscape for social work's exploration of theoretical and practical innovations. It is hoped that this qualitative study, at the intersection of religion, coping, aging, and social work, would offer gerontological social work a new realm of possibilities.

6.1.1 Implications for social work practice

6.1.1.1 Are social workers "specialists without spirit"?

In a world that has become increasingly bureaucratized and rationalized, social work agencies should guard against the tendency that "the organization increasingly devotes itself to efficiency, predictability, calculability, and control for their own sake" and buries its original goal in oblivion (Ritzer, 2008, p. 156). Otherwise, the flourishing of social work bureaucracies would be accompanied by the floundering of

clients. Furthermore, as helping professionals, social workers should not be content with being “specialists without spirit” (Weber, 2003/1958, p. 182) in this spiritless and technotronic age haunted by nihilism, solipsism, and dehumanization. Paying due attention to the spiritual dimension of not only clients but also social workers themselves may offer a new realm of possibilities for social work practice. It may also give a balm of Gilead to the social workers and the clients who might suffer from the “irrational consequences” of “formal rationality” (e.g., meaninglessness) as discussed by Weber (see Ritzer, 2008, pp. 139-140). In terms of gerontological social work, its unique contribution should consist in its holistic view of the person and its comprehensive approach to service delivery. In this sense, a holistic practice model of aging that accommodates the spiritual dimension of aging and promotes older adults’ bio-psycho-social-spiritual integration and growth is warranted.

Social workers need to foster a deeper understanding of strengths-related concepts such as empowerment, healing, resilience, and holism. Understanding and applying these concepts would prevent social workers from merely viewing clients as a problematic person. It would help social workers to locate clients’ strengths and resources and to enhance their sense of power, assertiveness, and hopefulness. From the strengths perspective (Saleebey, 1996, 1997, 2002), spiritual (religious and nonreligious) resources, for many elderly, can be salient or potential strengths. Sound gerontological social work practice needs to resonate with the strengths perspective and appreciate the functions of religion and spirituality in restoring or improving clients’ social functioning. Thus, it behooves social workers to be spiritually sensitive and to help clients tap their spiritual resources. Overlooking spiritual resources would be like what Zen Buddhism has often described “coming out of a treasure-laden

mountain empty-handed.” Starting with the client’s spiritual perspective may pave the way to tapping spiritual treasures.

“One person’s cult is another’s innovation. One person’s superstition is another’s dearly held belief” (Canda & Furman, 2010, p. 274). Under social work’s value commitment to religious and spiritual diversity (Nelson-Becker & Canda, 2008), it is incumbent upon social workers to “venture outside their own familiar religious landscapes, entering and exploring new religious worlds” (Pargament, Magyar-Russell, & Murray-Swank, 2005, p. 682) including Buddhism. If a social worker gets constricted by his or her own spiritual or religious straightjacket, he or she may run the risk of misinterpreting or belittling the client’s religious or spiritual behavior. To minimize or avoid religious unilateralism, social workers can consider adopting what Pargament (1997) has called “religious constructivism” (p. 368). Religious constructivism provides helpers (including the most secular ones) with an approach to helping people with different religious backgrounds (Pargament, 1997, p. 368). Characteristically, religious constructivists are willing to explore different worlds, are able to assist people to understand their problematic situations in light of their personal orienting systems, and are interested in aligning solutions with both methods and metaphors of such orienting systems (Pargament, 1997, pp. 367-368). Insofar as a person’s constructions of the world are religious in character and insofar as these constructions become a source of problems on one hand or potential solutions on the other hand, it is appropriate for the religious constructivist to talk about the religious topic with the person regardless of whether he or she share the person’s religious views (Pargament, 1997, p. 367). But what a religious constructivist must do, according to Pargament (1997), is to respect religious traditions and to attain familiarity with symbols, images, and methods thereof (p. 367). Accordingly, social

workers who work with elderly Buddhists need to familiarize themselves with Buddhist symbolism and methodology, among other things.

6.1.1.2 Can meditation benefit social workers?

According to Pargament and Ano (2004), religion is correlated with both physical and mental health and clients are actually not uninterested in spiritually sensitive intervention. They acknowledged that comprehending and addressing religious issues from clients' own standpoints as well as incorporating these issues into professional practitioner-client relationships is a challenge for practitioners. In the field of social work, developing an egalitarian and collaborative worker-client relationship should be a sine qua non for spiritually sensitive social work. Egalitarian collaboration would help social workers and clients co-create an environment that is facilitative to exploring religious or spiritual topics. It would encourage clients to verbalize and unfold their narratives from their own perspectives and enable social workers to gain an empathic and phenomenological understanding of clients. Such a worker-client relationship is of particular importance when working with older clients. Foucault (1980) argued that through distinguishing what is normal from what is abnormal, the institutionalized professional discourse invests professionals who have acquired expert knowledge with power. Spiritually sensitive social workers need to be mindful of the influence of professional power and to treat older clients as partners and experts. They should try to walk in elderly clients' shoes, viewing situations from elderly clients' points of view, and tailoring the assessment and intervention to clients' particular circumstances. They need to show empathy, warmth, humility, and egalitarianism, and to give older clients a helping hand, a listening ear, and a faithful heart. To empower elders who have been marginalized, disempowered, or oppressed,

they should make full use of egalitarian collaboration to raise these elders' awareness of personal strengths and environmental resources and of the negative effects of socio-cultural, politico-economic, or other social forces on personal life. Plausibly, mindfulness meditation can help social workers establish and maintain an egalitarian and collaborative worker-client relationship. In particular, ego sometimes makes helping professionals fixate on their own needs instead of clients' needs, which renders it difficult to deliver client-centered service (Atchley, 2009, p. 102). In this regard, social workers can benefit from applying mindfulness in that maintaining non-judgmental, open, and kind attitudes would lessen the influence of ego. This may be the first benefit of meditation for social workers.

A second benefit of meditation for social workers is related to their personal development. As Canda (2001) soliloquized eloquently:

My development as a Zen practitioner and my development as a social worker have been complementary and mutually beneficial. Zen practice has helped me to keep centered and focused when relating with clients, students, and colleagues, even during stressful times. It has also helped me to cut through the veil of confusing and conflicting religious differences and conflicts by seeing life more directly and simply. (p. 60)

According to Brenner (2009), there are three areas in which Zen Buddhist meditation can influence clinical social workers: nurturing awareness (e.g., awareness of the present moment shared with the client and of withholding preconceptions about the client), increasing acceptance, and fostering responsibility. These would contribute to the personal growth of social workers.

The final benefit of meditation lies in its contribution to social workers' self-reflection. McInnis-Dittrich (2009) urged social workers to profoundly cognize the role of spirituality and religion in their personal lives (p. 271). Indeed, social workers should reflect on and make sense of their own religious or spiritual experiences so that

they can better understand and handle clients' religious or spiritual experiences. They should be keenly aware of their own preconceptions about religious and spiritual issues so that they can have a better position to assess clients' values, strengths, and weaknesses and to maintain professional objectivity. Such self-reflection and self-discovery can profit from mindfulness meditation.

6.1.1.3 Assessment

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) mandates that a brief spiritual assessment shall be conducted by its accredited facilities as part of the intake phase (McInnis-Dittrich, 2009, p. 273). According to McInnis-Dittrich (2009), spiritual or religious assessment by social workers who tune in to their own spirituality can constitute an important part of a complete psychosocial assessment of older clients to whom religion or spirituality is important (p. 280). Some of the difficult situations in older adults such as depression, chronic or terminal illness, death anxiety, bereavement, substance abuse, faith crisis, and abuse/neglect might need careful assessment of their spirituality (Nelson-Becker, Nakashima, & Canda, 2007). To conduct holistic assessment of religious elderly clients' strengths and needs in a spiritually sensitive, empathic, phenomenological, and collaborative manner, social workers should, with readiness, cordiality, and care, view these clients from a bio-psycho-social-spiritual perspective. Such a perspective asks the social worker to identify and accommodate these client's strengths and needs not only in physical, psychological, and social dimensions but also in the spiritual dimension. Respecting clients' spiritual needs and concerns gears social workers more to the clients' fullest perspective (Ellor, Netting, & Thibault, 1999, p. 191).

Generic assessment questions such as religious orientation and self-rated levels of religiosity are necessary but not sufficient (Pargament, Koenig, Tarakeshwar, & Hahn, 2004). Social workers need to dive into the depth of elderly clients' religiousness. Nelson-Becker, Nakashima, and Canda (2007) have proposed a framework for spiritual assessment with the elderly. It consists of eleven domains: spiritual affiliation, spiritual beliefs, spiritual behaviors, spiritually evoked emotions, values, spiritual experiences, spiritual history, therapeutic resources, social support, spiritual well-being, and extrinsic/intrinsic spiritual orientation. This framework provides a feasible initial basis for spiritual assessment with older clients given its breadth and depth.

Religious coping in general and Buddhist coping in particular should be assessed in a finer-grained manner. Assessment tools such as spiritual genogram and timeline developed by Bullis (1996) and spiritual lifemap, ecomap, and ecogram developed by Hodge (2003) can be employed to initiate the assessment process. The present study informed social workers that it is helpful to explore Buddhist coping concepts such as dukkha, karma, nonattachment, egolessness, impermanence, compassion, and wisdom when assessing elderly Buddhists who are coping with a stressful life event. To foster a better understanding of them, the following components can be incorporated into spiritual assessment with them:

- Determine whether the client gives preeminence to religion and how he or she defines religion.
- Appraise how the client perceives stress.
- Consider how the client's stress interacts with the socio-cultural environment.
- Clarify the client's developmental needs.

- Evaluate the client's personal strengths and environmental resources including religious resources (e.g., spiritual capital, spiritual support, religious peer support).
- Identify the ways Buddhism has influenced the client's thinking, feeling, and acting about stress.
- Explore and pinpoint which of the client's religious beliefs and practices are helpful or baneful to his or her coping.
- Determine whether there is any religious or spiritual crisis or struggle.
- Ascertain the roles of BMS-based existential-cognitive-relational meaning components in the client's coping process.
- Establish whether and which of the remedial, preventive, integrative, and transcendent functions of BMS-based coping mechanism are conducive to the client's coping.
- Learn about what the client's thoughts and attitudes about death are and how the client would accept death.
- Assess whether the client needs to be referred to a religious professional or specialist.

Stressful experience might distort a realistic and reasonable evaluation of personal strengths and resources. Client-friendly and client-specific assessment would help older clients to inventory their religious or spiritual beliefs and practices and religious or spiritual coping capabilities. This sets the stage for separating the wheat from the chaff in terms of religious coping methods. The availability, adequacy, and accessibility of religious or spiritual resources should be titrated as well in that these resources are a source of empowerment and encouragement when stress stirs up

miseries for them. Identification of older persons who are at risk for stress and a better understanding of religious coping have the potential to facilitate interventions with elderly Buddhists who are at risk for stress exposure.

Social work assessment cannot afford to divorce itself from culture inasmuch as the client system is embedded in a larger cultural context. To disrobe social work assessment of its cultural garb is to make it vulnerable to the risk of incomplete or inaccurate assessment. Accordingly, the social worker needs to respect and appreciate cultural diversity and demonstrate sensitivity to the client's cultural context. They should try to master culturally relevant knowledge, understand culture-based behavior, and capture cultural nuances and subtleties.

6.1.1.4 Corrective intervention

If people opt to view their stressors and attendant psychological distress from a religious perspective, then it will be more likely for them to attribute these problems to religious causes and to solve them in religious ways (Krause, 2008, p. 117). Social workers should respect older Buddhist clients' religious coping strategies such as karma-attribution, positive religious reframing, meditation, ritual participation, and seeking transcendent control. They can validate and support these clients' tapping their religious community resources such as faith-based support. This study found that faith-based support was a more reliable source of support to participants. This might be the reason why they would be more likely to turn to the Buddhist community for help with their problems. Some clients may prefer to use private religious practices such as meditation to cope, which should be honored and affirmed. Here, it may not be superfluous to give this caveat: Clients' autonomy and self-determination should be held in the highest value in every matter, in particular the religious or spiritual

matter (Ellor, Netting, & Thibault, 1999, p. 189). On the other hand, passive withdrawal and narcissistic ego-absorption, if any, should be recognized and addressed. Ego-transcendence coping can be employed here.

Buddhist concepts such as karma, dukkha, impermanence, compassion, and ego-transcendence have important practical implications for social work with elderly Buddhist clients. Social workers can assist them in viewing stress through a religious lens and using Buddhist reframing to perceive stress in a more constructive and positive manner. For instance, the conceptions of dukkha and karma can be utilized to help them gain new insight into stress, normalizing, rationalizing, and assimilating stress. The five ways of remedial reframing as discussed in the previous chapter can be adopted to help them transform stumbling stones of stress into stepping stones of growth and turn suffering in their favor. For example, they can be reminded that suffering is an opportunity to generate positive karma when they feel stretched and hopeless. It seems that a shift from an egoistic to a trans-egoistic perspective accounts for the gist and thrust of Buddhist practice and BMS-based coping. In this sense, stress opens a window of opportunity for a shift in focus from an egocentric to a trans-egoistic concern with coping. Elderly Buddhist clients can be encouraged to cope with stress by weakening egoism and pursuing an ego-transcending self (through, e.g., volunteering or visualization). For example, unrealistic preoccupation with physical functioning and fixed standards of physical health may spin older clients into the razzle and dazzle of physical activity and of wrestling with physical limitations quixotically. This body preoccupation may give older clients a moratorium on learning how to accept physical losses and how to transcend physical constraints. Buddhist ego-transcendence can be helpful here by giving a new and higher perspective on the ego.

Gerontological social workers may consider incorporating meditational techniques into interventions. For example, mindfulness can be integrated with such narrative therapy techniques as externalization and narrative repair or such cognitive therapy techniques as cognitive restructuring and cognitive reframing. This syncretism would help older clients paint a fuller and clearer picture of themselves and problems. It would help them focus on here and now and keep the infiltration of greed, hatred, and delusion at bay, thus getting less attached to problems. And all these, in turn, would facilitate them to deconstruct negative, dysfunctional, or irrational narratives and to reconstruct positive, realistic narratives, thereby elevating their sense of hopefulness, empowerment, and meaning.

Spiritual life review is an effective approach for client empowerment. Tools such as spiritual genogram and timeline developed by Bullis (1996) and spiritual lifemap, ecomap, and ecogram developed by Hodge (2003) can be individually tailored to facilitate a spiritual life review. Through review, social workers can help elderly Buddhist clients reorganize the spiritual chapters of their life book on the basis of BMS. Helping them to find positive meaning in suffering (through, e.g., reframing religious struggles as opportunities for personal growth and development), thus fostering a sense of acceptance of a litany of losses, decrements, and mortality is advisable. Social workers can employ BMS, especially the existential and relational meaning components, to raise clients' awareness of their own uniqueness and to help them enhance compassion for and reconcile with others and themselves. Clients can be encouraged to reflect on and draw on spiritual meaning to integrate and transcend themselves. When they become more capable of appreciating not only rosy pleasure but also thorny pain in life, they may be more likely to achieve a sense of peacefulness and wholeness.

Social workers can facilitate elderly Buddhist clients' cathartic expression of negative emotions and their cultivation of positive emotions. For example, although many younger Buddhists cast doubt on the value of ritual practices that may be valued by elderly Buddhists (Kuah, 2008a), as this study showed, ritual participation can serve to generate positive emotions and release negative emotions simultaneously. Therefore, social workers should be supportive of older Buddhist clients' participation of meaningful rituals.

Religious coping varies not only among but also within major religions (Pargament & Ano, 2004, pp. 128-129). Social workers working with elderly Buddhist clients should be well aware that Buddhism is not a totally monolithic entity. Rather, it is like a tree composed of different branches that converge and diverge, with each branch having its emphasis (some denominations accentuate self-help; others underscore other-help; and still others lie in between). In Pure Land Buddhism, the dependence on other-help and the importance of faithful and devotional facets are highlighted. Thus, elderly Pure Land Buddhists may adopt some of the religious coping methods (e.g., chanting Amitabha Buddha's name, visualization of Amitabha's Pure Land) quite different from those employed by elderly Zen Buddhists. Given the possible existence of such discrepancy, it is incumbent upon social workers to ascertain what denomination an elderly Buddhist client belongs to and what particular methods of religious coping he or she tends to use. As Canda (2001) rightly advised, when working with Buddhist clients, social workers should identify their specific cultural and denominational backgrounds (p. 66).

The literature suggests that the elderly prefer faith-based social services to services rendered by community agencies (Tirrito & Choi, 2004, p. 129). In this sense, social work agencies and Buddhist institutions may collaborate in delivering care to

older Buddhist clients (e.g., religious outreach programs tailored for shut-ins or terminally ill patients). They may also cooperate in forming self-help groups, educational groups, and therapy groups catering to elderly Buddhist clients' needs. Through group participation, clients can learn and acquire new Buddhist coping methods and skills, share and socialize with others who have similar problems, and identify and redress their cognitive distortions of Buddhist beliefs. Social workers and Buddhist professionals should respect clients' need to be listened to, affirm their positive religious coping approaches, and help them to consolidate what they have learnt from group dynamics and to turn insight into action. Group work and group therapy can also be used to help clients recognize, face, and deal realistically with their religious struggles. Social workers and Buddhist professionals should help clients to clarify and affirm the meanings of religious struggles. In addition, they should impart information about relevant resources including referral resources to clients, who may be unaware of the range of community services and programs available to them for patching up their problems.

6.1.1.5 Preventive intervention

Proactive coping competencies are teachable and promoting proactive coping will most benefit those who possess relatively few resources and those whose resources are on the decrease (Aspinwall, 2011, p. 359). As we have seen in the preceding chapter, there is a preventive function of BMS in coping. In particular, the four ways of forestalling stressors are remarkably relevant here. These ways can be used to aid elderly Buddhists in lowering stress exposure. It seems that emphasis on proactivity holds the promise for promoting the nurturance, development, and employment of spiritual resources. Social workers should help older Buddhists to expand the ways of

gaining and garnering religious strengths and resources and to translate strengths and resources into concrete and feasible coping behavior.

Sometimes, religion itself brings about problems. This has been recognized by DSM-IV, which added a diagnostic category, namely, V62.89 *Religious or Spiritual Problem*: “Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution” (American Psychiatric Association, as cited in Canda & Furman, 2010, p. 280). Early detection and intervention would nip the danger in the bud and deter it from deteriorating. As front line helping professionals, social workers should be sensitive to warning signs of religious struggle in elderly Buddhists. Once any sign (e.g., religious doubt, religious conflict, meditation-related discomfort) is detected, assessment and intervention should be activated and referral to a religious professional might be considered. For example, improper meditation as described in the previous chapter vividly shows what being out of kilter during meditation is like. Under such circumstances, support and guide from meditation experts are desirable for them to steer clear of the pitfalls of meditation. Resolving religiously induced stress in a timely manner would prevent it from deteriorating.

Social work agencies and Buddhist institutions can forge teamwork and partnership in preventive intervention. For example, they can co-organize workshops to impart Buddhist coping knowledge and skills to elderly Buddhists so that these Buddhists would be better equipped to grapple with the stressors they may meet in future. In particular, dissemination of the information and knowledge on potential religious struggles would provide them with a prophylaxis against a Pollyanna view of spiritual development. According to the National Survey of Senior Citizens in

Singapore 2005 (Ministry of Community Development, Youth and Sports or MCYS, 2012a), a low proportion (5.9%) of senior citizens (aged 55 and older) performed volunteer work in the past 12 months (p. 10); those who did perform were more likely to perceive old age as having less stressors (p. 54). Such a beneficial effect was also supported by this study. Accordingly, social work agencies and Buddhist institutions can work together to encourage and assist aged Chinese Buddhists to volunteer. This also conforms to the policy of active ageing formulated and promoted by MCYS (2012b). The notions of collective karma, compassion, and loving-kindness can be used to promote volunteering spirit and behavior. As active agents, human beings are able to transform not only themselves but also society (Kondrat, 2002, p. 439). One area in which elderly Chinese Buddhists can join hands might be to promote a religiously and racially harmonious society and a more caring society in Singapore. Another area they can engage in would be that of facilitating their religious peers' ageing in place by providing social support (e.g., spiritual support, peer counseling, respite care, and befriending). Learning how to be mindful of their own emotions without falling prey to these emotions might enhance elderly Buddhists' compassionate and empathic understanding of support recipients. Given the *broaden-and-build* functions of positive emotions as found by Fredrickson (1998, 2001, 2003), social workers and Buddhist professionals can cooperate to help elderly Buddhists develop positive emotions, especially hope and optimism in that a dose of hope and optimism can serve as an antidote to negatively valenced emotional complications. Positive emotions can be nurtured and developed through ritual, meditative, or compassionate practices as found in this study.

Preventive intervention can also help address end-of-life issues. Gerontological social workers have a vested stake in preserving and protecting dignity

at the end of life. In a sense, meaning in life cannot be fully understood without reference to death. As this study showed, five participants had death anxiety, which sparked powerful negative feelings. Perception of death as formidable may be legitimate and understandable. However, social workers need to monitor psychological manifestations and ramifications that accompany death fears. They need to help elderly Buddhist clients emotionally process death and cognitively come to terms with death. They should help older clients get over death anxiety or resolve ambivalence toward death. A lowering of death anxiety would improve clients' quality of life. Not only so, holistic care also asks gerontological social workers to ascertain what constitutes the spiritual needs of a dying older Buddhist and what way may lead them to death transcendence. For example, the dying Buddhist may wish to receive *linzhongzhunian* (临终助念; assisted chanting by a group of Buddhists for a dying Buddhist), have a religiously sanctioned funeral, or receive *huixiang* (回向; transfer of merit) or *chaodu* (超度; expiation of sins) after death. Such spiritual needs should be respected and accommodated.

6.1.1.6 A note of caution

Social workers embracing a strengths-based approach may wish to help clients tap into their spiritual strengths and resources. A few words of caution, however, might be appropriate here. First of all, religious coping does not always present a rosy picture. It may go awry and backfire. Since empirical evidence has shed light on negative as well as positive aspects of religious coping, it behooves social workers to approach clients' religious coping in a more balanced manner, helping clients distinguish negative from positive religious coping.

In addition, gerontological social workers who are religiously sensitive should bear in mind the following three important precautions proposed by McInnis-Dittrich (2005, p. 271). First, not all older persons regard religion as a source of solace and an important part of self-definition. Therefore, social workers should not assume religion as a comfortable topic for older persons, neither should they use religious therapeutic interventions with those older persons for whom religion is not important. Second, to proselytize, preach, or try to recruit the elderly into a religious institution is none of the business of social workers. Third, religious techniques are not appropriate for clients with serious mental illness or past experiences of abuse by religious professionals.

Last but not least, although embracing a religious or spiritual tradition is not prerequisite for practicing mindfulness, which can occur in a completely secular milieu (Hick, 2009, p. 3), it is important to note that when meditative practices are taken out of their original religious contexts, they are profoundly changed (Canda & Furman, 2010, p. 332). An example, according to Canda and Furman (2010, p. 332), is that mindfulness, one of the integrative practices geared toward enlightenment, becomes a therapeutic technique aimed to improve mental health (e.g., lower anxiety or depression, higher self-esteem, and greater peace and joy). These positive psychological outcomes, as they emphasized, may have nothing to do with enlightenment, and attachment to them will actually obstruct enlightenment from the Buddhist point of view. Social workers who fervently embrace mindfulness as a therapeutic technique should be sober to remember this.

6.1.2 Implications for social policy

Notwithstanding Singapore claims itself a secular country, the government “has wielded significant influence on religious life in Singapore” (Tong, 2007, p. 2). The role played by religion in helping people to cope with life stress is recognized and appreciated by the government, which seeks to mobilize religion as a contributor to nation-building (Tan, 2008). For example, religious institutions are encouraged by the state to be actively involved in welfare services (Kuah, 2008b, p. 506). This reflects the Singapore’s welfare philosophy that emphasizes the collaborative involvement of “many helping hands” from individuals, communities, and government agencies (Mehta & Lee, 2011, p. 335).

From a systemic perspective, policymakers may need to keep track of religious developments in society in that many elderly interact with and are influenced by religious systems. A prominent development in Singapore, as Tong (2007) observed, is the ongoing religious revivalism. This phenomenon should be recognized by policymakers, who then can study and address its implications for older people in Singapore. For now, at least, policymakers should attend to the trends in the research on the religious dimension of aging and re-examine the aging discourse that informs and shapes the aging policy in Singapore. In particular, policymakers can embrace a holistic model of aging and take the religious dimension into account when crafting or revising the aging policies. From a holistic perspective, some questions are worth considering. These include how to get religious institutions more involved in community-based elder care, how to foster a sense of meaning and purpose among older adults, how to promote spiritual care, especially in hospices and long-term care facilities, and how to address religious issues and concerns and ensure spiritual well-being of religious committed elderly when formulating or amending bioethics-related policies (e.g., euthanasia, human organ transplant, and stem cell research). Presently,

it appears that questions outnumber answers. Although it may be still premature to formulate concrete and feasible answers to such thought-provoking questions, there is much promise.

With regard to Buddhism-related developments, four trends are notable. First, according to Kuah (2008b), the Buddhist community in Singapore, which has been actively engaged in delivering welfare services to the less fortunate, is exploring new roles in response to globalization and will probably highlight the translation of the Buddhist compassionate spirit into welfare practices in the subsequent years (p. 521). Thus, the state can encourage, promote, and facilitate their involvement in helping people to cope with various stressors such as providing caregiving support and end-of-life care. In particular, caregiving stress will probably befall aging cohorts who may need to care for their even older parents while remaining in employment⁹. Buddhist institutions may be encouraged to play an important role in helping alleviate this role conflict by delivering supportive services. Besides caregiver stress, continued employment or re-employment of older workers might expose them to work stress. Moreover, encouragement of a work-oriented lifestyle might contradict some older adults' desire to have more discretionary time for spiritual pursuits. Buddhist institutions may consider how to help elderly Buddhists address these stressors.

And second, Kuah's (2008a) study suggested that in Singapore, older Buddhists tend to be Mahayana Buddhists while younger Buddhists are more likely to be reformist (non-sectarian or humanistic) Buddhists. Intergenerational conflict within the Buddhist community may thus arise. Policymakers need to accord attention to this possibility. Third, according to Tham (2008, p. 23), in Singapore, the greatest

9. In 2008, the labor force participation rates for residents aged 65-69, 70-74, and ≥ 75 in Singapore were 27.5%, 15.1%, and 5.4% respectively (MCYS, 2009, <http://app1.mcys.gov.sg/ResearchRoom/ResearchStatistics/StatisticalIndicatorsontheElderly.aspx>)

intrafamilial religious diversity resides in Chinese families, which may result in family conflict and may even put interreligious harmony in jeopardy. This study has found such cases. Finally, as Teo, Mehta, Thang, and Chan (2006) argued, aging contains not only a physical experience but also a political one (p. 1). When the current younger Buddhists get old, belief in collective karma might make them more determined to address societal stressors such as higher medical costs through collective coping (e.g., political participation) instead of individual coping. Policymakers should anticipate these potential issues and proactively address them.

One may scarcely escape the impression that elderly Buddhists who are keen on solitary or group sitting-meditation are inactive, avoidant, and disengaged. However, these older Buddhists might be actively and wisely engaged with life in a meaningful and mindful manner. Here, their right of self-determination and pursuit of a higher level of being should be recognized and respected. Policymakers should not take it for granted that a busy lifestyle is preferable in old age. They should expand the scope of active ageing indicators to encompass religious activity in addition to social and physical activity. In doing so, these aged Buddhists and elders within other religions who prefer a contemplative life would not be inappropriately labelled as a non-active and thus unsuccessful ager. From a meaning perspective, it is safe to assume that spiritual goals and pursuits are what makes their lives worth living and keeps them going. The issue of meaning would appear to be merely a personal matter. Actually it is not. At the policy level, Japan has been encouraging its senior citizens to pursue a health-promotive lifestyle and “a sense that life is worth living (ikigai)” (Nakanishi, 1999, p. 323). Perhaps it is time that the importance of living a meaningful life should also be recognized and promoted in Singapore’s aging policy. Doing so would enhance elderly Singaporeans’ existential and spiritual well-being. It

might also help to reduce the elderly suicide rate¹⁰ in that oftentimes suicide is “a cry for meaning” (Wong, 2000, p. 29).

Some important human problems such as those arising from socioeconomic institutional arrangements, according to Pearlin and Schooler (1978), are not amenable to individual coping efforts and need collective coping endeavors. In this sense, they argued that coping failures are not necessarily attributable to individuals' inadequacies; rather, the failures may be ascribed to societal malfunctions (p. 18). Indeed, there is an important issue of how to reduce stress arising from society although the level of stress may vary from society to society. Presumably, if there are higher levels of resource competition in society, stress would be more likely to affect more people, compromising their well-being. If society is a cooperative and mutually beneficial community, stress would be less likely to bother people. In Singapore, instances of ageism transpire from time to time, which may add stress to senior citizens. For example, according to AsiaOne (Feb. 3, 2012), the residents from two HDB blocks in Woodlands objected to establishing an elder care center at the void decks of these two blocks. One of the reasons for such objection was their concern that the area might witness more deaths. Another reason was their fear that there might be the depreciation of their property value because of its existence. AsiaOne (Feb. 9, 2012) also reported that the residents from Toh Yi estate in Bukit Timah were opposed to constructing a block of studio apartments in the area intended to house senior citizens. One of the reasons cited was that their public space might shrink. Such stress arising from society calls for collective coping involving concerted efforts from all walks of life. In this regard, invocation of the Buddhist notion of collective karma

10. In 2009, the male elderly suicide rate was 28.7 per 100,000 while the female was 19; both rates were lower than the rates for late 1980s and mid-1990s, but much higher than the rates in other countries including the United States (The Sunday Times, May 6, 2012, Lonely and depressed elderly cause for worry, retrieved from http://www.nuh.com.sg/news/media-articles_2349.html).

may be helpful in encouraging Buddhists to contribute to the reduction of societal stress. Policymakers can consider this possibility.

To be spiritually sensitive and competent, social workers would be well advised to seek education and training on religion and spirituality to equip themselves with adequate knowledge, skills, and abilities to address clients' religious and spiritual issues. As for social work education and training programs, they can consider incorporating religious and spiritual contents. In Singapore, inclusion of religious studies in curriculum is not a new thing. Actually, the 1980s saw the implementation of the Religious Knowledge Program, which required all secondary school students to engage in a two-year study of one religion on campus (Tong, 2007). But integrating comprehensive religious and spiritual contents into social work education will be a new attempt. In all likelihood, it is worth having a try.

6.1.3 Directions for future research

The study presented here would provide valuable insights into Buddhism-based coping in the elderly. However, it was not without limitations. Plausibly, further research in this line would be instrumental in redressing some of the aforementioned limitations of the study and informing the development of instruments for assessing older adults' use of Buddhism-based coping. For example, there was no control group or comparison group comprising non-religious older persons in this study. Researchers can design tightly controlled studies to compare and contrast the coping experiences of non-religious samples and religious samples. Additionally, the present study focused on Pure Land Buddhism. Further research can be undertaken to compare and contrast coping behavior among different Buddhist denominations. Moreover, factors affecting Buddhist coping may include the timing, frequency,

duration, quantity, and magnitude of stressors. Future quantitative research might seek to examine the effects of these factors on Buddhist coping. Also of particular relevance to future research is to further the understanding of Buddhism-based coping within a wider array of individual characteristics (e.g., age, gender, and personality) and within different settings such as rural areas and institutional care settings. According to Taylor (2009), individuals' personalities affect the ways they cope with stressful events: While some personality traits improve stressful situations, others worsen them (p. 174). It may be reasonable to speculate that in addition to the direct influence of Buddhism on coping responses, Buddhism may influence coping via personality—in the first place, Buddhism affects personality directly and personality, in turn, influences coping responses. Such topic might be placed on the agenda of future research. Another issue that deserves empirical attention is how positive emotions mediate or moderate the relationship between Buddhism and coping.

One may wonder whether the findings of this study are generalizable. Future quantitative studies are thus suggested deriving variables from the concepts and insights identified in this study (e.g., BMS, existential-cognitive-relational meaning givers, remedial-preventive-integrative-transcendent functions) and using more demographically representative samples to test, verify, or modify the findings grounded in this qualitative data. This would help to enrich and validate the findings of this study, comprehend the roles and functions of Buddhism in coping, and generate more conclusive information about BMS and the BMS-based model of coping. In particular, research using confirmatory factor analysis or path analysis is more likely to verify or modify the BMS-based model of coping. Future research might attempt to quantitatively investigate the prevalence, mediators, moderators, and predictors of Buddhist coping. Four functions (remedial-preventive-integrative-

transcendent functions) of BMS in coping, for example, may serve to mediate and moderate the effects of BMS on coping, which can be statistically tested in future studies. It also would be valuable to examine in more depth the interactive effects of the four functions. This would strengthen and expand our understanding of the process of BMS-based coping.

A longitudinal approach providing an evolutionary trajectory would probably be exciting and enlightening, providing profound insight into Buddhism-based coping. It is worth noting that some aspects of Buddhist coping may function positively in the short run but prove negative in the long run, or vice versa. Longitudinal research would be of much greater service to capture the unfolding of Buddhist coping over the course of time. Additionally, Buddhist coping tends to be a dynamic, ongoing, and continuing process. In the process, stagnation, retrogression, or re-coping may occur and spiritual development may be accelerated or slackened. Longitudinal research would be desirable for tracking the dynamics and thus bettering our understanding of Buddhist coping. The research literature is fraught with cross-sectional studies that conduce to identifying correlations but fail to provide necessary information to establish causality. Longitudinal research would be helpful in silencing the noise of placebo effects and other confounders and in our establishing causal links.

It is necessary for researchers to accord attention and importance to theory development. In the not too distant future there hopefully would be a theory on Buddhism-based coping in the elderly. To advance theory, research needs to go beyond religious cognitive meaning to encompass religious existential meaning and religious relational meaning. An enhanced understanding of Buddhism as a meaning system would probably provide deeper insight into Buddhism-based coping. This heralds a need to pinpoint the underlying mechanisms accounting for Buddhist coping.

Several potential pathways are likely to be responsible for Buddhism-based coping in later adulthood as indicated in BMS-based model of coping. Continued research in this line is likely to elucidate the Buddhist coping process more.

The complexity of the phenomenon of Buddhist coping entails a balanced perspective on the positive and negative sides of religious coping. In this study, Buddhism was demonstrated to be a source of stress in some situations and there were less desirable religious coping responses. Therefore, Buddhism-based spiritual struggle as well as stress-related growth are worth further in-depth investigation. Future research in this area may benefit from investigating when, how, and why Buddhism can be resources or liabilities in coping and when, how, and why Buddhist coping can lead to growth or retrogression.

This study placed great weight on the importance of meaning. One avenue of inquiry might involve gauging how younger persons use BMS to cope with existential stress such as loneliness and emptiness and how Buddhism potentially illuminates their search for meaning and helps or hinders their coping with stress. For those social workers who are concerned with their personal meaning issues, this study may provide them with some insights. In Singapore, one important meaning issue for social workers is the meaningfulness of the social work profession (Lee & Ghoh, 2002, p. 212). How a social worker's own religion or spirituality maintains his or her sense of meaning in work is an empirical question that merits more research, at least in Singapore.

There is a need for more studies investigating ways of attuning Buddhist coping to different cultural situations and circumstances. Empirical evidence has indicated that coping within the same religion can vary across cultures (Bjorck, Lee, & Cohen, 1997). More attention should be given to the relationship between

Buddhism-based coping and culture. The current study was embedded in the context of an ethnic Chinese culture. In order to identify cross-cultural differences in Buddhism-based coping and formulate broader explanations about the impact of culture on Buddhism-based coping in the elderly, future research on how aged Buddhists in Western culture cope is warranted.

Collective coping is particularly understudied. It seems that collective coping can forge new ways of coping with societal stressors including discrimination against older adults. Carefully designed studies could investigate potentially adaptive coping responses at a collective level (e.g., the use of the Buddhist concept of collective karma). Another issue in need of further examination is the role of Buddhism in societal stress prevention. This line of research would provide knowledge necessary to preventive intervention at the societal level.

Also under-researched are Buddhism-integrated clinical interventions (e.g., MBSR) with older persons. Mainly inspired by Kabat-Zinn's work and his greatly successful program of MBSR (mindfulness-based stress reduction), research into the positive therapeutic effects of mindfulness has been rapidly expanding (Wallace, 2007, p. 9). Much remains to be learned about how to tailor these interventions to the particular needs of older clients under stressful conditions. Interdisciplinary research (e.g., collaboration with cognitive neuroscience, affective neuroscience, or psychoneuroimmunology) would be better able to capture and chart the ebb and flow of these interventions and therefore be valuable to enhance our understanding of these interventions.

Future research can investigate the following questions: Do Buddhists experience more stress due to their embracing the doctrine of dukkha? Is Buddhism more helpful in coping with some kinds of stressors than others? How do we

determine what proportion of coping is attributable to Buddhism versus other resources? Will those who are less religious employ more negative Buddhist coping? When Buddhism becomes a source of stress, what would be more effective ways of coping? Would compassion and loving-kindness yield more forgiveness? All of these questions merit further investigation. These interesting questions represent only a fraction of the possible ways. Future research including qualitative studies using IPA would inform a greater understanding of Buddhist coping by addressing these and other relevant questions.

Several important limitations associated with retrospective reporting include systematic recall biases and simple forgetting (Davis, Burleson, & Kruszewski, 2011, p. 249). To minimize the retrospective recall bias, ecological momentary assessment (EMA) can be used to capture day-to-day experiences of stress and coping. EMA is a self-report approach involving the real-time capture of the unfolding of psychosocial stress experience in daily life (Kamarck, Shiffman, & Wethington, 2011, p. 597). Although it has limitations such as ongoing disturbance of respondents' daily routines (Kamarck, Shiffman, & Wethington, 2011, p. 612), with the advancements in technology, research in this direction will probably be more viable. Another useful method is the utilization of stress diaries. It is instrumental in examining the nature of chronic stressors, mechanisms for stressors to affect individuals, and the role of personality and external (social or environmental) factors in the stress process; it is also helpful in investigating perceived stress on a day-to-day basis, common causes of stress, patterns in recurrent stressors, and details of a particular stressor (Edenfield & Blumenthal, 2011, pp. 303-304).

A final interesting area for future research is the experience of future older cohorts who may be more spiritual than religious and thus less involved in religious

public life. Some questions may arise here: Will they have less religiously based social support and therefore experience more stress, given that social support can be stress-buffering (Taylor, 2009, p. 404)? Will they have to put more individual efforts to cope because of having less religiously based support? Will they experience less stress resulting from religious peer pressure? What will characterize their spiritual coping? What will be the differences between religious coping and spiritual coping? These questions and the like await research.

6.2 Conclusions

We are entering a world in which “on a collective level and in day-to-day life moral/existential questions thrust themselves back to centre-stage” (Giddens, 1991, p. 208). Accordingly, there is a growing recognition that social work should address existential and spiritual issues. In other words, to uphold a holistic view of the person, social work cannot afford to thrust the spiritual dimension into limbo. This development seems to represent a return to the ideals of the early social work pioneers.

Deeper religious commitment and involvement is predictive of greater religious coping (Pargament, 1997, p. 143). Pargament (1997) suggested that the involvement of religion in coping is because it is not only “a relatively available part of the orienting system” but also “a relatively compelling way of coping” (p. 144). In this study, participants regarded Buddhism as the central part of their life, or in the words of Pargament (2007), “the focal point of existence” (p. 122). With a proviso that participants were more religiously committed Buddhists who had faith in Amitabha's Pure Land and a caveat that generalization of the findings of this study has

to be treated with caution given that they were based on a small sample and a retrospective data set, some conclusions can be arrived at.

6.2.1 The BMS conceptualization

The current thesis conceptualizes Buddhism-as-a-meaning-system (BMS). BMS can provide elderly Chinese Buddhists with a spiritual blueprint in accordance with which they are able to dynamically interweave the warp and woof of life into a meaningful and coherent tapestry. BMS can be the overarching theme of elderly Chinese Buddhists' life story, inspiring and defining their perception of and coping with stress. BMS embeds them within a frame of reference offering compelling and reliable interpretations and solutions and affords them a sense of meaningfulness and empowerment.

This thesis proposes a BMS-based model of coping. The model holds that BMS can provide conative motives, moral compasses, cognitive schemas, behavioral guidelines, emotional channels, relational interdependencies, and existential reasons, thereby enabling the coping process to proceed meaningfully and purposefully. It can be argued that this model offers valuable insights into the interplay of BMS and coping as a dynamic and recursive meaning-searching, meaning-making, and meaning-affirming process within the socio-cultural context. Notable is that this model is an ideal type rather than a normative and prescriptive model. Within this model, coping is a matter of fathoming the meaning of stress and of regaining a sense of control, order, and meaning.

6.2.2 Summary of BMS-based perception of and coping with stress

One common thread running through participants' narratives was that old age was a ripe time to pursue spiritual interests and goals. Spiritual goals oriented their energies and efforts in a constructive, purposeful, and meaningful direction. Their religious identity endowed aging with life-affirming meaning.

BMS shapes, defines, and structures participants' perception and understanding of stress. Such Buddhist concepts as suffering (*dukkha*), causality (*karma*), egolessness (*anatman*), impermanence (*annica*), and non-attachment (*apratishthitacittam*) informed and influenced participants' perception of stress eminently. They tended to interpret or reframe stressful events and situations in terms of such Buddhist concepts. In particular, they placed stress in the context of *dukkha* and attributed stress to *karma*.

Findings indicated six BMS-based coping categories, namely, karma-based coping, wisdom-based coping, emotion-based coping, meditation-based coping, compassion-based coping, and existential coping. Participants were found to use such Buddhist coping strategies as meditative practice, volunteerism, ego-transcendence, religious reframing, adherence to a salubrious religious lifestyle, faith in sacred powers, belief in the doctrine of *karma*, and hope for a blissful afterlife in the Pure Land. BMS can ignite the beacon of hope, activates the engine of strength, and unleashes the stream of potential. BMS can lend equilibrium, order, and structure to the coping process.

Presumably, positive aspects of religious coping are music to religious ears. However, we should not be blind to its negative aspects. What seems needed is an awareness of both positive and negative functions of Buddhism in coping. Those elderly Chinese Buddhists who are unable to make sense of stressful twists and turns may be more likely to be shrouded in a sense of meaninglessness and to be alienated

from the meaningful spiritual pathway. It is worth noting that even for those elderly Chinese Buddhist who seem to have mature faith, their religious coping may not always be helpful or positive and they sometimes experience the peaks and troughs of religious struggles. Thus, religious struggle should be recognized and addressed. When BMS helps elderly Chinese Buddhists reinterpret religious struggles as crucibles for growing spiritually and opportunities for transcending various structural constraints and personal limitations, the meanings of religious struggles would be therefore affirmed and validated.

Stressful experience may form a fertile soil for growth. Coping with stress had left indelible positive marks on participants' spiritual landscapes, signaling that stress had led to personal growth and transformation such as hardiness, compassion, optimism, ego-transcendence, and integration, which, in turn, broadened the range of coping resources.

In a nutshell, first, BMS-based coping could be salutary or deleterious. Second, BMS-based coping appeared to be more instrumental than detrimental in coping with late-life stress.

6.2.3 Three roles of BMS

BMS has three meaning-giving roles in coping: existential-meaning provider, cognitive-meaning provider, and relational-meaning provider. The existential-cognitive-relational meaning components are complementary, symbiotic, and synergistic yet distinguishable from one another; they synchronize inextricably and pivot on the spiritual intimately. This study calls into question the biased emphasis on cognitive meaning that has entrenched itself in the literature and appeals for explicit attention to existential meaning and relational meaning as well. Examining meaning

from an existential-cognitive-relational perspective promises to give a finer-grained analysis of how BMS can be functional and viable or dysfunctional and detrimental in defusing or detracting from stress. On the basis of these three roles, BMS can provide a viable, reliable, consistent, and comprehensive religious frame of reference for normalizing and explaining stress and initiating and sustaining coping.

6.2.4 Four functions of BMS

BMS can perform remedial, preventive, integrative, and transcendent functions in the coping process among elderly Chinese Buddhists. These four functions represent four hallmarks of BMS in coping. They are mutually supportive, facilitative, and enhancing. They would serve to buttress the veracity and viability of BMS-based coping, helping elderly Chinese Buddhists to attenuate or eliminate psychosocial distress and to retain or regain psychosocial equilibrium.

BMS may determine and pattern the choice and execution of coping resources and coping strategies. Most reflective of this is karma-locus-of-control. The law of karma allows personal agency to remedy wrongdoings and assures that the world and the life are ultimately meaningful, justifiable, and controllable. It also can provide a profoundly creative way of control, according power and agency to them for their intervention with their fate by assessing, defining, and regulating the deployment and course of proactive coping. Given their religious coping is in large measure anchored in the belief in the law of karma, this belief can be utilized to help elderly Chinese Buddhists to accept and assimilate stress and to enrich and enhance coping. To attain a more profound understanding of Buddhist coping among elderly Chinese Buddhists, explicit attention should be accorded to the notion of karma.

BMS-based coping mechanism places emphasis on an ego-transcending process. It is a shift in vision from an egoistic to a trans-egoistic perspective that accounts for the gist and thrust of BMS-based coping. Late-life stress can be eased by loosening the hold of egoism. A sense of transcendent control would promote empowerment, hopefulness, and security in elderly Chinese Buddhists. Within BMS-based model of coping, integration of Buddhist belief, practice, and experience, person-environment integration, and integration of religious and nonreligious coping all would sustain and enhance Buddhist coping.

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Appendices

Appendix 1

Participant Information Sheet & Consent Form

You are invited to participate in a research. This information sheet provides you with information about the research. The principal investigator will also describe this research to you and answer all of your questions. Read the information below and ask questions about anything you don't understand before deciding whether or not to take part.

- 1. Project title:** Religious Coping by Elderly Buddhists: A Qualitative Study of Chinese Singaporeans
- 2. Principal investigator & Co-investigator:**
Principal investigator: Xu Jianbin, Ph.D. Candidate, Department of Social Work, National University of Singapore (Contact number: 91991695)
Co-investigator: Dr. Kalyani K. Mehta, Associate Professor, Department of Social Work, National University of Singapore
- 3. What is the purpose of this research?**
The purpose of this research is to explore 1) how elderly Chinese Buddhists in Singapore perceive their life stressors; and 2) what the roles and functions of Buddhism in their coping process are.
- 4. Who can participate in the research? What is the expected duration of my participation? What is the duration of this research?**
If you 1) are a Chinese Singaporean (Singapore citizen), 2) are 65 years of age or older, 3) are cognitively healthy, 4) have been practicing Buddhism since you attended a conversion ritual to vow to take refuge in the “triple gem” (consisting of the Buddha, the Dharma or teachings of the Buddha, and the Sangha or disciples of the Buddha), 5) have a higher level of self-rated religiousness, 6) are community-residing, 7) speak any one of the three languages: English, Mandarin and Hokkien, and 8) agree to have your interviews audio-recorded, you are warmly welcome.

Prior to seeking your informed consent, two short and quick questionnaires will be administered to you to determine if you meet the criteria of being cognitively healthy and having a high level of self-rated religiousness respectively. Cognitive health will be measured with Elderly Cognitive Assessment Questionnaire (ECAQ), which consists of 10 short questions, and self-rated religiousness will be gauged with Assessment of Self-Rated Religiousness (ASRR), which comprises 3 scaling questions. The completion of ECAQ will take about 10 minutes and ASRR should take approximately 5 minutes to complete. The administration of ASRR is prior to that of ECAQ. If you do not meet the ASRR criterion, you are not eligible and you do not need to be measured with ECAQ.

There are two phases for this research. The first phase consists of semi-structured interviews with 17 participants. The second phase involves one focus group discussion among 6 participants, who will be selected from the 17 participants of the first phase. The estimated duration of this research is 9 months.

Your participation in the first phase involves two or three face-to-face interviews. Every interview generally will last 60-90 minutes. If you are selected to participate in the second phase, you will join in one focus group discussion lasting approximately 1.5 hours.

5. What is the approximate number of participants involved?

17 participants will be involved.

6. What will be done if I take part in this research?

After your suitability have been confirmed, the principal investigator will provide you with a copy of participant information sheet and informed consent form as well as a copy of the schedule for semi-structured interviews and the guideline for focus group discussion, so that you will have better understanding of what to expect. After signing the consent form, two or three semi-structured, in-depth, and face-to-face interviews, spaced one week apart, will be conducted with you. The length of time for every interview will rest primarily on your stamina (generally 60-90 minutes). The interviews will focus on how you use Buddhism to cope with late-life stressors. The language to be used for interviewing can be one of the three languages: English, Mandarin and Hokkien, or a combination of two or three of them may be used, contingent on the effectiveness of communication. With your permission, all interviews will be audio-recorded into a digital voice recorder, and subsequently transcribed verbatim and analysed. Debriefing will be conducted at the conclusion of every interview.

If you are selected to participate in the focus group discussion, which will last approximately 1.5 hours, you will examine the principal investigator's summary of his findings and interpretations of all interview data gathered from you and other participants, in addition to discussing the questions in the guideline for focus group discussion. The language to be used for the focus group discussion will be Mandarin. With your permission, your discussion in the focus group will be audio-recorded into a digital voice recorder, and subsequently transcribed verbatim and analysed.

7. How will my privacy and the confidentiality of my research records be protected?

All information about you as a participant in this research will be used only for research and publication purposes. The principal investigator will make every effort to ensure your privacy and the confidentiality of your research records. Measures to be taken to protect your privacy and confidentiality will include: 1) all written information will be secured in a locked place; 2) the digital voice recorder to be used for recording the interviews and the focus group discussion (if you are selected to participate in) will be secured in the same locked place; 3) the audio-recorded information will be deleted after transcription; 4) the computer to be used to process relevant research data will be password-protected; 5) all your identifiable information and research data will be coded (i.e., only identified with a code number) at the earliest possible stage of the research; 6) only the principal investigator will have your identifiable information (e.g. name, gender, date of birth, contact information, and residential address) and this will not be released to any other person; and 7) all your identifiable information will never be used in a publication or presentation.

8. What are the possible discomforts and risks for participants?

The risks associated with this research are minimal. You may feel some emotional discomforts during or after the interview. For example, you may feel tired and/or bored due to the length of each interview (generally 60-90 minutes). You may feel uneasy when sharing your stressful experiences. To lessen any discomfort, you can discuss your feelings with the principal investigator, decide not to answer any

question that you do not want to answer, take breaks at any time, and/or choose to discontinue the interview or participation in the research. After the conclusion of the interview, if you experience any emotional discomfort that may arise as a result of your participation, you can contact the principal investigator to discuss it. You are also encouraged to contact one of the counselling services on the list the principal investigator will give you.

9. What is the compensation for any injury?

No injury and/or compensation are expected.

10. Will there be reimbursement for participation?

You will receive a token of appreciation for participation, i.e., a S\$10 *hongbao* (red packet).

11. What are the possible benefits to me and to others?

There are few significant benefits to you by participating in this research. However, participation may help you reflect on your own lived experiences in a manner that might be of use to you. The knowledge gained will benefit the public in the future, including educating elderly Buddhists about potential effective religious coping strategies, and aiding in the development of community-based elder care policies, programmes and practice.

12. Can I refuse to participate in this research?

Yes, you can. Your decision to participate in this research is voluntary and completely up to you. You can also withdraw from the research at any time without giving any reasons, by informing the principal investigator and all your data collected will be discarded.

13. Whom should I call if I have any questions or problems?

Please contact the principal investigator, Xu Jianbin at telephone [91991695](tel:91991695) and email xubenny@yahoo.com for all research-related matters and in the event of research-related injuries.

For an independent opinion regarding the research and the rights of research participants, you may contact a staff member of the National University of Singapore Institutional Review Board (Attn: Mr Chan Tuck Wai, at telephone 6516 1234 or email at irb@nus.edu.sg).

Consent Form

Project title: Religious Coping by Elderly Buddhists: A Qualitative Study of Chinese Singaporeans

Principal investigator

Xu Jianbin, PhD Candidate, Department of Social Work, National University of Singapore

Contact Number: 91991695

I hereby acknowledge that:

1. My signature is my acknowledgement that I have agreed to take part in the above research.
2. I have received a copy of this information sheet that explains the use of my data in this research. I understand its contents and agree to contribute my data for the use of this research.
3. I understand that this is a two-phase research and that participation in the first phase involves being interviewed face-to-face TWO or THREE times and participation in the second phase (if selected) involves joining in one focus group discussion. I further understand that participation involves being audio-recorded with a digital voice recorder during the face-to-face interviews (language required: Mandarin or Hokkien or English) and the focus group discussion (language required: Mandarin). I hereby agree to participate in the FIRST PHASE ONLY/BOTH PHASES (*please delete accordingly*). If choosing the first phase only, I agree to be re-contacted for the further interviews, but do not agree to be re-contacted for the focus group discussion. If choosing both phases, I agree to be re-contacted for the further interviews and the focus group discussion.
4. I can withdraw from the research at any point of time by informing the principal investigator and all my data will be discarded.
5. I will not have any financial benefits that result from the commercial development of this research.

* This research has been explained to me in _____ (state language), which I understand, by _____ (name of translator) on _____(date).

Name and Signature (Participant)

Date

Name and Signature (Consent Taker)

Date

* Name and Signature (Translator)

Date

**(Please include this section if the participant is unable to understand English and read any of the translated consent documents available.)*

Appendix 3

Schedule for Semi-Structured Interviews

Part One: Demographic Information

Gender

0. Male 1. Female

Name: _____

Contact No.: _____

Residential Address: _____

Date of Birth: _____

Participant Code No.: _____

Place of Birth

1. Singapore
2. Malaysia
3. Mainland China
4. Hong Kong
5. Taiwan
6. Macao
7. Other, please specify _____

Ancestry Origin /Dialect Group

1. Hokkien
2. Cantonese
3. Teochew
4. Hainanese
5. Hakka
6. Foochow
7. Hingwas
8. Other, please specify _____

Languages Spoken

1. Mandarin
2. Hokkien
3. English
4. Other, please specify _____

Current Marital Status

1. Never married/Single
2. Married/Living with a partner
3. Separated
4. Divorced
5. Widowed

Educational Attainment

1. No formal education
2. Primary education
3. Secondary education
4. Tertiary education

Self-Rated Health Status

1. Very poor
2. Poor
3. Average
4. Good
5. Very good

Current Employment Status

1. Retired from paid work

2. Gainfully employed (full-time)
3. Gainfully employed (part-time)
4. Self-employed
5. Homemaker
6. Other, please specify_____

Living Arrangement

1. Live alone
2. Live with spouse only
3. Live with spouse and child(ren)
4. Live with child(ren)
5. Live with other relative(s)
6. Live with non-related person(s)
7. Other, please specify_____

Type of Residence

1. HDB flat
2. Apartment/Condo
3. Semi-detached/ Terrace house
4. Bungalow
5. Other, please specify:_____

Are you a tenant of your current residence?

1. Yes
2. No

Monthly Income

1. S\$500 and below
2. S\$ 501-1000
3. S\$1001-2000
4. S\$2001-3000
5. S\$3001 and above

In what year did you become a Buddhist? _____

Part Two: In-Depth Interview Guideline

General Religious Life

1. Could you kindly tell me something about your life? Begin wherever you'd like and include whatever you'd like to talk.
2. What were your turning points in life? What were the happiest moments in your life? How about the saddest moments?
3. Could you tell me your thoughts and feelings about growing old?
4. What is the hardest thing about growing old? What aspect of growing old do you enjoy most?
5. Could you describe a typical day in your present life?
6. Could you share with me your plans and hopes for the future, if any?
7. How did you become a Buddhist? (Probes: context, situation, denomination, and motivation)
8. Describe your current religious beliefs (Prompts: e.g., karma, impermanence, and non-attachment). Over the years, what changes, if any, have taken place in your religious beliefs? Why?
9. Describe your current religious practices.
 - Organizational practices (Prompts: e.g., attending rituals).
 - Non-organizational practices (Prompts: e.g. meditation, reading Buddhist literature, watching Buddhist videos)Over the years, what changes, if any, have taken place in your religious practices? Why?
10. Could you describe your religious group(s) and your interaction with your group members?
11. What aspects of your religion do you think are particularly important to you? Why?

Religious Coping

12. What does the term "stressor" mean to you?
13. Could you tell me about what it is like when you perceive a life stressor?
14. What have been your perceived life stressors since you entered late adulthood? (Prompts: e.g., bereavement and grief, health problems, death anxiety, financial strain, caregiving, divorce, retirement, social isolation, loneliness, disability, cognitive decline, and elder abuse)
15. Could you share with me what might be your future life stressors?
16. Could you describe how your late-life stressors affect you?
17. Could you tell me a story on how Buddhism was involved in your coping with late-life stress?
 - Describe your experience
 - Did you use Buddhist concepts to interpret circumstances?
 - Describe your religious coping strategies
 - Did Buddhism give you hope and optimism?
 - Did you receive social support from fellow Buddhists or any religious group to which you belong?
 - What were the outcomes of your religious coping?
 - Were your religious coping strategies helpful or not helpful?
 - What are your current thoughts about this story?

18. Generally, what Buddhist beliefs and practices are especially important to your coping?
19. Generally, what religious resources (e.g., spiritual support, social support from fellow Buddhists) are especially important to your coping?
20. Can you tell me what you have learnt, if any, from your religious coping?
21. Has your faith in Buddhism been affected by your religious coping efforts? If so, how?
22. When you think about potential dependency, do you feel stressed? If so, how would you cope?
23. Older people generally are afraid of loneliness. Suppose you feel lonely, how would you cope?
24. What are your thoughts about death? How would you accept death? Suppose you have death-related stress (e.g., fear of death), how would you cope?
25. Is there anything else about your religious coping with late-life stress that you would like to share with me?

THANK YOU FOR YOUR PARTICIPATION IN THIS STUDY!

Note: Throughout the interview, either of the two probing questions - “Could you explain more about this?” and “Could you tell me more about this?”- may be used when anything interesting or significant arises.

Appendix 4

Guideline for Focus Group Discussion

Subsequent to discussing a summary of the findings and interpretations of semi-structured interviews, the following questions will be discussed.

1. The involvement of Buddhism in the coping process
 - How and in what ways has Buddhism influenced your thinking about late-life stress?
 - How and in what ways has Buddhism influenced your feeling about late-life stress?
 - How and in what ways has Buddhism influenced your acting about late-life stress?
2. Which of your Buddhist beliefs and/or practices have you found helpful to coping? Why?
3. Which of your Buddhist beliefs and/or practices have you found harmful to coping? Why?
4. What would you do if you have found some of your Buddhist beliefs and/or practices harmful to coping?
5. It seems that spiritual growth and development is not a smooth process. Have you experienced any religious struggle during coping? Could you tell me more about it? Has religious coping made you grow spiritually?
6. In coping with late-life stress, are these factors—age, gender, socio-economic status, educational level, health status, and financial resources—important?
7. Suppose non-religious coping and religious coping are equally effective, which one would you choose? Why?

Conclusion (summarizing and debriefing)

Appendix 5

Debriefing Questions

1. Could we talk about any of your feelings, thoughts, or questions about the interview in particular and/or the study in general?
2. What are your feelings after participating in this study and/or answering the interview questions?
3. What are your thoughts after participating in this study and/or answering the interview questions?
4. Do you have any concerns after participating in this study and/or answering the interview questions?
5. Are there any comments and feedback you wish to give?
6. Are there any questions you want to ask me?

Appendix 6

Selected List of Counselling Services

Helpline Services

*National Family Service
Centre Helpline*

1800 838 0100 9am-6pm

SOS Emergency

1800 221 4444 24 hours

SAGE Counselling Centre

1800 555 5555 Weekdays 9 am - 7 pm
Saturdays 9 am - 1 pm

Counselling Services

Care Corner Mandarin Counselling Centre

Blk 149 Toa Payoh Lorong 1 #01-963 Singapore 310149

Tel: 6353 1180 Fax: 6354 1180

Samaritans of Singapore

Blk 10 Cantonment Close #01-01 Singapore 080010

Tel: 1800 221 4444 Fax: 6220 7758

Sage Counselling Centre

19 Toa Payoh West Singapore 318876

Tel: 1800 555 5555 Fax: 6353 7148

Shan You Counselling Centre

Block 5 Upper Boon Keng Road #02-15

Singapore 380005 (Near Kallang MRT Station)

Tel: 6741 9293 Fax: 6741 9352