

Islamic Religiosity Among the Older Adults in Turkey: The Association Among Religious Activities, Health Status, and Life Satisfaction

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Abstract

Religiosity and religious activity increase with age. On the other hand, it is less known whether religiosity is related to satisfaction and physical and psychological health status. Associated variables with being religious in old age are aimed to examine in this empirical research held in Turkey among the older adults over the age of 60. Religious practices of the older adults (N=150) such as attending to the mosque, practicing daily prayers, and praying (often, rarely never) were compared with respect to their physical and psychological health, life satisfaction, self-serenity and fear of death. According to Chi-square results, participants who rated both physical and psychological health status as good, the number of participants performing often praying was higher than the number of people who were rarely praying or did not ever praying. People who rated their both life satisfaction and self-serenity as "good", the number of participants visiting a mosque often was higher than the number of people who were rarely visiting or did not ever visiting. Also, people who describe their fear of death as "never", the number of participants never performing daily prayers was lower than the number of people who often prayers and rarely prayers. Results revealed the possible association between physical/psychological health outcomes and religious participation.

Keywords: Religiosity, gerontology, psychological, health, life satisfaction, fear of death

Key Practitioners Message

- In practice, considering possible roles of religious activity on physical and psychological health is recommended.
- Religious participation, including active engagement like daily praying and praying, is associated with better physical and psychological health outcomes.

Religion has always been an important part of life around the World (Badkar, 2018; Dollahite, Marks, & Dalton, 2018). Its effect on building human relations (Dollahite et al., 2018) and forming traditions in culture (Yang, 2019) has been mentioned in several studies. The discussions are more about the image of religion than the religious beliefs themselves.

The sociological explanation of religion is spread on a wide spectrum regarding the theoretical analysis. Religion is defined as part of social life (Wie-

be, 2019). According to some researchers, religion has the power to rebuild the generations' continuity (Bell, 1979) and regulates social life (Wiebe, 2019). Next, when the anthropologic thesis is regarded, the function of religion is to tolerate the unresolvable problems of individual and social life emotionally and to create symbols to perceive the society as a "unit" (Hillmann, 2007). Finally, religion is also one of the dimensions of pedagogical education, which is taught by using a pedagogical methodology (Schweitzer, 2005). Religion

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is learned through education (Demirel Ucan, & Wright, 2019).

The importance of religion is observed, especially among older adults in societies. There is a remarkable increase in the number of publications carried about religion in the field of gerontology in western societies (Koenig, Peteet, & Balboni, 2017; Levin, 1997; Shaw, & Stevens, 2019; Sperling, 2004). This increment shows the significance of religion among older adults; however, it does not mean that the tendency to practice religious activities more increases in old age. It is highlighted that the religious and symbolic world is important for human being regardless of old age (Sperling, 2004).

The relationship between religion and aging is one of the critical focuses of gerontology. The findings of studies, however, are controversial. Regarding the disengagement theory, religious practices decrease by age (Argyle, 2000; Koenig, 1992). Although, some researchers state that religion helps to overcome the fear of death among older adults (Fortuin, Schilderman, & Venbrux, 2019; Wittowski & Baumgaertner, 1977), others believe that it is not possible to cope with the pressure of the end of life with religion (Templer & Datson, 1970). Death is perceived as a way of reaching God (Menzies & Menzies, 2018). Also, it is pointed out that older adults having religious participation has higher scores from fear of death (Fortuin et al., 2019).

Religious activity is defined as the frequency of attendance at religious services, or an amount of participation in religious activities (Witter, Stock, Okun, & Haring, 1985). It is proved that people performing religious activities feel content about themselves (Witter et al., 1985). Additionally, religious activities increase subjective well-being more than religiosity, which is defined as the importance of religion or interest in religion (Witter et al., 1985). Intrinsic religiosity has a negative correlation with the negative perception of death (Hood et al., 1996). The fear of death decreases when there is a belief in endless life and there is a spiritual meaning of death (Dittmann-Kohli, 1990; Utsch 1992).

There is a discussion about the age in religious behavior. The younger generation is refusing the traditional religious concept. They are more autonomous, praying less, practicing meditation more, and have less expectancy from religious communities than older adults (Dieckmann & Maeillo 1980). There is also a gender difference, where women are found to be practicing religion more than men (Dieckmann & Maiello 1980).

The Theoretical Model of the Research

The frequency of attending religious ceremonies, the visit of religious settings (church, mosque, and synagogue), praying and practicing religion are accepted as criteria of being religious (Seppling, 2004). The interest of gerontology with respect to religion is its contribution to health (Kruse, 2007). The Turkish population is aging, and the frequency of chronic illness is increasing in old age. Therefore, the question of whether religion helps to contribute to preventing health problems seems to be necessary. Around 27% of the people between the age of 60 and 64 are handicapped and in most cases, the reason is a chronic illness. Over the age of 80, the percentage of being handicapped is over 54% (DIE 2002, as cited in Tufan, 2007).

Devotion to religion is a multidimensional development process. Besides its religious-cultural content, its importance for individuals should be taken into consideration (Sperling, 2004). In a study, the importance of the fact that religious needs can be fulfilled by praying, meditation, and joining religious discussions (Sulmasy, 2002).

Hays, Meador, Branch, and George (2001) have created a tool to determine the development of individual devotion to religion. During an individual lifetime, the spirituality help someone gets, the importance of religion in family bibliography, the supports gathered over religious beliefs and disadvantages of being religious has been taken into consideration.

Idler and her colleagues (2003) draw attention that all the factors indicated here should be accepted as religious dimensions such as the religion, the

effects of religion of private life, the religious experiences, the religious practices, participation in religious activities, the supports due to religion, the commitment for the religious community, and the forgiving tendency of religiosity (I do forgive myself, others and know that God forgives me). Researches about older adults usually show a positive effect of religion on subjective health status, life satisfaction, and happiness. (Levin, 1997; Sperling, 2004).

Hypotheses

The hypothesis before the research was that subjective health, life satisfaction, and self-serenity are increasing with increased religious acts. The subjects were asked to evaluate their individual health status, life satisfaction self-serenity, and fear of death.

Method

Participants

The sample consists of 150 people. While selecting participants, an equal number of men (n = 75) and women (n = 75) was assigned to each group with respect to the frequency of their practicing daily prayers¹. Daily prayers were divided into three groups: never (n = 50), rarely (n = 50), and

often (n = 50) practicing daily prayers. Participants' gender, marital status, and education level were distributed equally with respect to the sequence of daily prayers. The distribution of the participants in each group is demonstrated in Table 1.

It is well known that the education level has an essential effect on the economic status of the people in Turkey (Tufan, 2007). Therefore, balancing the number of people according to their educational level may mean the minimization of the effect of their economic status. Another factor affecting the economic status is gender. It is well known that women have a markedly lower education level and economic status than men. (Tufan, 2007). In this sampling, the effects of educational status and gender differences were avoided by selecting an equal number of people in each category since economic status might be a confounding factor physical and psychological well-being of individuals.

When looking at age groups, participants frequency of daily prayers aged 60-64 (n = 25), 65-69 (n = 35), 70-74 (n = 50), 75-79 (n = 25), 80 and above (n = 15) were shown at Table-2.

Procedure

Research has been performed in Antalya. The data collected by a questionnaire that was de-

Table-1. The distribution of the participants in each group

		Gender		Marital Status			Educational Status			Total
		Male	Female	Single	Married	Widowed	Low (0-5 years)	Medium (6-11 years)	High (12-16 years)	
Frequency of Daily Praying	Never	25	25	10	20	20	20	20	10	50
	Rarely	25	25	10	20	20	20	20	10	50
	Often	25	25	10	20	20	20	20	10	50
	Total	75	75	30	60	60	60	60	30	150

1 Performing daily prayers (known as "namaz" into Turkish) is one of the five basic religious acts in Islam. Each Muslim is obliged to pray to Allah five times a day. Praying is a way of personal connection with Allah to express his/her gratitude. Each Muslim who performs prayers turns his face to the Kaaba in Mecca. The difference between daily prayers and praying is that daily prayers is more systematic and time limited. On the other hand, praying does not need to be systematic, it can be done at any time of the day and can be performed verbally or heartily.

signed regarding theoretical and practical findings from the literature. The participants were informed about the aim of the present study, and their consent was obtained. All subjects participated voluntarily.

Interviews were conducted by specially trained 10 interviewers. Three groups have been developed based on the frequency of practicing daily prayers: Never practicing daily prayers (n = 50), rarely practicing daily prayers (n = 50), often practicing daily prayers (n = 50). Participants were rated their subjective physical health status, subjective psychological health status, life satisfaction, self-serenity, and fear of death by using a 3-point Likert scale (1= Bad, 2= Average, 3= Good; for fear of death 1= Often, 2= Average, 3= Never Exist).

Table-2. The distribution of the participants according to age and performing daily praying

		Age Groups					Total
		60-64	65-69	70-74	75-79	80+	
Frequency of Daily Praying	Never	8	12	17	4	9	50
	Rarely	12	12	15	11	0	50
	Often	5	11	18	10	6	50
Total		25	35	50	25	15	150

Results

Data was computerized, and the hypotheses had been examined via the SPSS.

Physical Health

24.67% of participants (n = 37) reported as their physical health as "good," while 75.33% (n = 113) of the participants reported as their health as "bad".

A chi-square test of independence was performed to test the relationship between daily prayer and physical health status perception. As can be seen, by the frequencies cross-tabulation in Table-3, there was a significant relationship between daily prayers and health status perception, $\chi^2 (2, n = 150) = 22.46, p \leq .001$. Among those who describe their health status as "good", the number of participants performing daily prayers often (n = 24) was higher than the number of people who rarely prayers (n = 8) or did not ever prayers (n = 5).

A chi-square test of independence was per-

formed to test the relationship between visiting a mosque and physical health status perception. As can be seen, by the frequencies cross-tabulation in Table-3, there was no significant relationship between visiting a mosque and health status perception, $\chi^2 (2, n = 150) = .93, p \geq .05$.

A chi-square test of independence was performed to test the relationship between praying and physical health status perception. As can be seen, by the frequencies cross-tabulation in Table-3, there was a significant relationship between praying and health status perception, $\chi^2 (2, n = 150) = 23.32, p \leq .001$. Among those who describe their health status as "good", the number of participants performing praying often (n = 24) was higher than the number of people who were rarely praying (n = 9) or did not ever praying (n = 4).

Table-3. The distribution of the participants in each group according to the health status and religious participation

		Health Status "Good" (n = 37)		
		Practicing of daily praying	Visiting to the mosque	Praying
Frequency of The Religious Activity	Never	5	10	4
	Rarely	8	13	9
	Often	24	14	24

Psychological Health

22.67% of participants (n = 34) reported as their psychological health as "good," while 77.33% (n = 116) of the participants reported as their psychological health as "bad".

A chi-square test of independence was performed to test the relationship between daily prayer and psychological health status perception. As can be seen, by the frequencies cross-tabulation in Table-4, there was a significant relationship between daily prayers and psychological health status perception, $\chi^2 (2, n = 150) = 21.53, p \leq .001$. Among those who describe their psychological health status as "good", the number of participants performing daily prayers often (n = 22) was higher than the

number of people who rarely prayers (n = 9) or did not ever prayers (n = 3).

A chi-square test of independence was performed to test the relationship between visiting a mosque and psychological health status perception. As can be seen, by the frequencies cross-tabulation in Table-4, there was no significant relationship between visiting a mosque and psychological health status perception, $\chi^2(2, n = 150) = .99, p \geq .05$.

A chi-square test of independence was performed to test the relationship between praying and psychological health status perception. As can be seen, by the frequencies cross-tabulation in Table-4, there was a significant relationship between praying and psychological health status perception, $\chi^2(2, n = 150) = 20.39, p \leq .001$. Among those who describe their psychological health status as "good", the number of participants performing praying often (n = 22) was higher than the number of people who were rarely praying (n = 8) or did not ever praying (n = 4).

Table-4. The distribution of the participants in each group according to the psychological health status and religious participation

		Psychological Health Status "Good" (n = 34)		
		Practicing of daily praying	Visiting to the mosque	Praying
Frequency of The Religious Activity	Never	3	9	4
	Rarely	9	12	8
	Often	22	13	22

Life Satisfaction

26% of participants (n = 39) reported as their life satisfaction as "good," while 74% (n = 111) of the participants reported as their life satisfaction as "bad".

A chi-square test of independence was performed to test the relationship between daily prayer and psychological health status perception. As can be seen, by the frequencies cross-tabulation in

Table-5, there was no significant relationship between daily prayers and life satisfaction, $\chi^2(2, n = 150) = .00, p \geq .05$.

A chi-square test of independence was performed to test the relationship between visiting a mosque and life satisfaction. As can be seen, by the frequencies cross-tabulation in Table-5, there was a significant relationship between visiting a mosque and life satisfaction, $\chi^2(2, n = 150) = 13.93, p \leq .001$. Among those who describe their life satisfaction status as "good", the number of participants visiting a mosque often (n = 22) was higher than the number of people who were rarely visiting (n = 11) or did not ever visiting (n = 6).

A chi-square test of independence was performed to test the relationship between praying and life satisfaction. As can be seen, by the frequencies cross-tabulation in Table-5, there was a significant relationship between praying and life satisfaction, $\chi^2(2, n = 150) = 5.82, p \leq .05$. Among those who describe their life satisfaction status as "good", the number of participants performing praying often (n = 17) was lower than the number of people who were rarely praying (n = 15) or did not ever praying (n = 7).

Table-5. The distribution of the participants in each group according to the life satisfaction and religious participation

		Life Satisfaction "Good" (n = 39)		
		Practicing of daily praying	Visiting to the mosque	Praying
Frequency of The Religious Activity	Never	13	6	17
	Rarely	13	11	15
	Often	13	22	7

Self-Serenity

20.67% of participants (n = 31) reported as their self-serenity as "good," while 79.33% (n = 119) of the participants reported as their serenity as "bad".

A chi-square test of independence was performed to test the relationship between daily prayer and self-serenity status perception. As can be seen

by the frequencies cross-tabulation in Table-6, there was a significant relationship between daily prayers and self-serenity, $\chi^2 (2, n = 150) = 10.82, p \leq .01$. Among those who describe their self-serenity as "good", the number of participants never performing daily prayers ($n = 3$) was lower than the number of people who often prayers ($n = 16$) and rarely prayers ($n = 12$).

A chi-square test of independence was performed to test the relationship between visiting a mosque and self-serenity. As can be seen by the frequencies cross-tabulation in Table-6, there was a significant relationship between visiting a mosque and self-serenity, $\chi^2 (2, n = 150) = 23.01, p \leq .001$. Among those who describe their self-serenity status as "good", the number of participants visiting a mosque often ($n = 21$) was higher than the number of people who were rarely visiting ($n = 8$) or did not ever visit ($n = 2$).

A chi-square test of independence was performed to test the relationship between praying and self-serenity. As can be seen, by the frequencies cross-tabulation in Table-6, there was no significant relationship between praying and self-serenity, $\chi^2 (2, n = 150) = 1.06, p \geq .05$.

Table-6. The distribution of the participants in each group according to the self-serenity and religious participation

		Self-Serenity "Good" (n = 31)		
		Practicing of daily praying	Visiting to the mosque	Praying
Frequency of The Religious Activity	Never	3	2	8
	Rarely	12	8	11
	Often	16	21	12

Fear of Death

20.67% of participants ($n = 31$) reported as their fear of death as "never," while 79.33% ($n = 119$) of the participants reported as their health as "often".

A chi-square test of independence was performed to test the relationship between daily prayer and fear of death. As can be seen by the frequencies

cross-tabulation in Table-7, there was a significant relationship between daily prayers and fear of death, $\chi^2 (2, n = 150) = 7.40, p \leq .05$. Among those who describe their fear of death as "never", the number of participants never performing daily prayers ($n = 4$) was lower than the number of people who often prayers ($n = 14$) and rarely prayers ($n = 13$).

A chi-square test of independence was performed to test the relationship between visiting a mosque and a fear of death. As can be seen by the frequencies cross-tabulation in Table-7, there was a significant relationship between visiting a mosque and fear of death, $\chi^2 (2, n = 150) = 10.82, p \leq .001$. Among those who describe their fear of death status as "never", the number of participants visiting a mosque never ($n = 3$) was lower than the number of people who were rarely visiting ($n = 12$) or often ($n = 16$).

A chi-square test of independence was performed to test the relationship between praying and fear of death. As can be seen, by the frequencies cross-tabulation in Table-7, there was no significant relationship between praying and fear of death, $\chi^2 (2, n = 150) = 1.55, p \geq .05$.

Table-7. The distribution of the participants in each group according to the fear of death and religious participation

		Fear of Death "Never Exist" (n = 31)		
		Practicing of daily praying	Visiting to the mosque	Praying
Frequency of The Religious Activity	Never	4	3	13
	Rarely	13	12	10
	Often	14	16	8

Discussion

The results of the research revealed the possible association between religious participation and physical or psychological health outcomes. Perceived physical and psychological health status, life satisfaction, self-serenity, and fear of death were taken into account when considering religious participation.

Participants who rated both physical and psychological health status as useful; the number of participants often performing daily prayers was higher than the number of people who rarely pray or did not ever pray. In other words, people whose physical and psychological health status perception as good participated in daily prayers more often or vice versa. Similarly, participants who rated both physical and psychological health status as good; the number of participants performing often praying was higher than the number of people who were rarely praying or did not ever pray. In other words, people whose physical and psychological health status perception as good participated praying more often. Similar findings of religious participation health status relationships were mentioned in the literature (Kruse, 2007). On the other hand, there was no significant relationship between visiting a mosque and physical and psychological health perception. Therefore, visiting a mosque was independent of health perception.

When looking at life satisfaction, there was no significant relationship between daily prayers and life satisfaction. On the other hand, there was a significant relationship between visiting a mosque and life satisfaction. People who rated their life satisfaction status as "good", the number of participants visiting a mosque often was higher than the number of people who were rarely visiting or did not ever visiting. Those people with good life satisfaction might have more economic independence to visit a different mosque. Moreover, when looking at life satisfaction and praying relationships, people who describe their life satisfaction status as "good", the number of participants performing praying often was lower than the number of people who were rarely praying or did not ever praying.

When looking at self-serenity and religious participation, there was a significant relationship between daily prayers and self-serenity. Among those who describe their self-serenity as "good", the number of participants never performing daily prayers was lower than the number of people who often pray and rarely pray. The significant difference was also observed between

self-serenity and visiting a mosque. Among those who describe their self-serenity status as "good", the number of participants visiting a mosque often was higher than the number of people who were rarely visiting or did not ever visiting. Findings for daily praying and visiting mosque and self-serenity revealed that participation in religious activities and a sense of content are associated (Witter et al., 1985). On the other hand, there was no significant relationship between praying and self-serenity. Therefore, on the basis of the type of religious participation, self-serenity and religious participation results might be different.

When looking at fear of death relationships with religious participation, there was a significant relationship between daily prayers and fear of death. Among those who describe their fear of death as "never", the number of participants never performing daily prayers was lower than the number of people who often pray and rarely pray. Also, people describe their fear of death status as "never"; the number of participants visiting a mosque never was lower than the number of people who were rarely visiting or often. In other words, people who never visit a mosque had a higher fear of death. Those results were showing a significant association between fear of death and both daily praying and visiting a mosque, all of which confirmed earlier studies revealing higher religious participation and fear of death relationship (Fortuin et al., 2019). On the other hand, there was no significant relationship between praying and fear of death, which means the importance of the type of religious participation in fear of death.

The practice of daily prayers and prayers are behaviors that are obviously different from visiting a mosque. In both of these religious activities, the body and soul need to be active. This reminds us of the disengagement and activity theories of gerontology. Praying is more a passive behavior and resembles the disengagement of the older adults. The practicing of daily prayers and visitings to the mosque is keeping one active, and this increases life satisfaction and self-confidence and helps to maintain health in old age.

This research was limitedly evaluating the relationships between religious participation, physical and psychological health outcomes. Daily praying, visiting a mosque, and praying were taken as religious participation in the Islamic religion. Those connections between religious participation and health outcomes should be considered in the light of Islamic religion that could not be generalizable. Also, further studies are needed to a causal relationship between other religious participation variables into Islamic religion as well as other religions from the perspective of gerontology.

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